



BY: .....

**CORPORATE MANAGEMENT GROUP INC  
12000 WASHINGTON ST STE 350  
THORNTON, CO 80241-3136**

Date	August 23, 2016
Social Security Number	XXX-XX-3954
Claimant Name	SPENCER A RUSSELL
Due Date	<b>September 2, 2016 - Please</b>

### WAGE-VERIFICATION REQUEST

Unemployment Insurance (UI) Benefit Accuracy Measurement (BAM) reviews randomly selected UI claims to verify that entitlement to UI benefits has been properly determined. The review also serves as a tool to gather data to improve the overall quality of the UI Program.

Detection and prevention of improperly paid UI benefits results in decreased benefit outlays, which, in turn, decrease employer costs. You can help reduce your costs by providing the requested information so that it can be determined whether UI benefits have been properly paid. Supplying this information is not in violation of the Federal Privacy Act of 1974.

To help verify the information UI BAM has on file or to supply additional information, complete the two enclosed forms as indicated below:

- Form UIQC-13**, Verification of Base-Period Wages:
  - State whether any additional remuneration (e.g., severance allowance) was paid when or after the claimant left the job.
  - Complete the appropriate information under **Pay-Period Ending Date**, **Date Paid** (quarterly wages are reported on the date paid, not when earned), and **Gross Taxable Wages** for each pay period. We are verifying wages that are defined as taxable for Colorado UI tax purposes, which, in most cases, is the same as Federal Unemployment Tax Act (FUTA) wages.
  - The quarterly amount you reported on Form UTR-1, Unemployment Insurance Tax Report, is at the top of each column.
- Form UIQC-35**, Benefit Accuracy Measurement Request for Job-Separation Information: Explain why the above-named claimant no longer works for you and add any comments you think are appropriate.

Also enclosed is an information sheet explaining the BAM Program and a copy of the Colorado Employment Security Act 8-72-107 and 8-72-108, which permit us to request this information.

Mail or e-mail the completed forms to the address above or **fax** them to **303-318-9129** by the above **Due Date**. If you have any questions, call Kim at 303-318-9216 or send e-mail to [kim.pham@state.co.us](mailto:kim.pham@state.co.us).



**VERIFICATION OF BASE-PERIOD WAGES**

Employer Name: **CORPORATE MANAGEMENT GROUP INC** Social Security Number: **524-79-3954** Claimant Name: **SPENCER A RUSSELL** Due Date: **September 2, 2016 - Please**

Payroll Frequency:  Daily  Weekly  Biweekly  Semi-monthly  Monthly  Commission Day of Week That Payroll Begins: Day of Week That Payroll Ends: Pay Date on What Day of Week?

Please enter wages for the quarters specified and break them down as indicated.

Amount	\$ 0.00	Amount	\$ 0.00	Amount	\$ 0.00	Amount	\$ 0.00	Amount	\$ 0.00		
Reported Wages for quarter 2 <sup>nd</sup> 2015	Beginning 04/01/15	Ending 06/30/15	Reported Wages for quarter 3 <sup>rd</sup> 2015	Beginning 07/01/15	Ending 09/30/15	Reported Wages for quarter 4 <sup>th</sup> 2015	Beginning 10/01/15	Ending 12/31/15	Reported Wages for quarter 1 <sup>st</sup> 2016	Beginning 01/01/16	Ending 03/31/16
Pay-Period-Begin and End Dates	Date Paid	Gross Taxable Wages	Pay-Period-Begin and End Dates	Date Paid	Gross Taxable Wages	Pay-Period-Begin and End Dates	Date Paid	Gross Taxable Wages	Pay-Period-Begin and End Dates	Date Paid	Gross Taxable Wages
1.			1.			1.			1.		
2.			2.			2.			2.		
3.			3.			3.			3.		
4.			4.			4.			4.		
5.			5.			5.			5.		
6.			6.			6.			6.		
7.			7.			7.			7.		
8.			8.			8.			8.		
9.			9.			9.			9.		
10.			10.			10.			10.		
11.			11.			11.			11.		
12.			12.			12.			12.		
13.			13.			13.			13.		
14.			14.			14.			14.		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

I certify that the above information is true, correct, and complete to the best of my knowledge.

Employer or Representative Signature / Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

For Office Use Only  
 Investigator Name: **KLIM PHUAM (F) 303-318-9129** Method of Verification:  Telephone  Mail  Fax  E-Mail



Batch Number 2016-34	Sequence Number 4	Claim Type I-Paid	Date August 23, 2016	Due Date <b>September 2, 2016 - Please</b>
Claimant Name <b>SPENCER A RUSSELL</b>		Social Security Number <b>524-79-3954</b>	Benefit-Year-Begin Date 07/03/2016	Benefit-Year-End Date 07/01/2017
Employer Name CORPORATE MANAGEMENT GROUP INC			Employer Account Number 624474005	
Employer Contact Person		Employer Telephone Number	Employer Fax Number	

**BENEFIT ACCURACY MEASUREMENT REQUEST FOR JOB-SEPARATION INFORMATION**

Unemployment Insurance Benefit Accuracy Measurement is reviewing the unemployment claim of the person in **Claimant Name**. Please complete, sign, and return this form to the address at the top of this form or **fax** it to **303-318-9129** by **09/02/16 - Please**.

Date of Hire	Date of Separation	Last Day Worked	Rate of Pay	Recall Date <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Job Title		Job Responsibilities		
States in Which the Claimant Worked		Did the claimant work under another name or social security number within the last three years? If yes, provide. _____		
Type of Work (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract Worker <input type="checkbox"/> Federal <input type="checkbox"/> Military <input type="checkbox"/> Seasonal				Is the Claimant Actively Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Separation <input type="checkbox"/> Quit <input type="checkbox"/> Fired or Discharged for Misconduct <input type="checkbox"/> Discharge With No Misconduct (e.g., unable to perform job duties) <input type="checkbox"/> Retired <input type="checkbox"/> Permanent Layoff (Reduction in Force) <input type="checkbox"/> Temporary Layoff <input type="checkbox"/> Other Compelling Reasons (e.g., move with spouse, family illness) <input type="checkbox"/> Still Working				
What is the reason the claimant no longer works for you? _____ _____ _____ _____				

Please continue on the reverse if necessary.

Indicate whether you paid your former employee any of the following types of pay on or after the last day worked.

	Gross Amount	Date Paid	Number of Hours, Days, or Weeks That the Pay Covered	Dates Covered by the Pay (mm/dd/yyyy to mm/dd/yyyy)
Vacation				
Severance/Separation Pay				
Pension—Contributed by Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Holiday/Sick				
Wages in Lieu of Notice				
Commission/Bonus				
Last Pay Period				

Has your company offered the claimant a job since the last day of work?  Yes  No  
If **Yes**, what were the results?  Accepted  Refused  Other

Do you plan to rehire this person when work is available?  Yes  No If **Yes**, on what date? \_\_\_\_\_

Did your former employee give you Employment Eligibility Verification Information (federal form I-9)  Yes  No  
Please circle appropriate answer: U.S. Citizen Alien Authorized to Work Lawful Permanent Resident  
Alien Number (if you circled anything other than U.S. Citizen) \_\_\_\_\_

If you hired this person after the above **Benefit-Year-Begin Date**, was this new hire reported to the New Hire Registry?  
 Yes  No If **Yes**, on what date? \_\_\_\_\_ and to which state? \_\_\_\_\_

Date the claimant first worked on or after the **Benefit-Year-Begin Date**? \_\_\_\_\_

If you did not report this person as a new hire, did you previously employ this person within 60 days of the **Date of Hire** above?  
 Yes  No

I certify that the above information is true, correct, and complete to the best of my knowledge.				
Signature of the Employer or Employer Representative		Title	Telephone Number	
Signature of the Investigator <i>Kim Pham</i> <a href="mailto:kim.pham@state.co.us">kim.pham@state.co.us</a>		Date	For Office Use Only Method of Verification	<input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail



## BENEFIT ACCURACY MEASUREMENT PROGRAM INFORMATION FOR EMPLOYERS

### Benefit Accuracy Measurement Program

The Benefit Accuracy Measurement (BAM) Program is a system designed to prevent both error and fraud in the Unemployment Insurance (UI) Program. It is administered for the United States Department of Labor by all 50 states. It is a review of the records of a sample group of claimants, selected each week at random, to test the accuracy of UI benefits paid or denied.

Paid Claims Accuracy reviews paying claims and provides detailed information regarding the rates, types, and causes of improper payments. The primary benefit of the program is the elimination and collection of improper payments.

Denied Claims Accuracy reviews claims to determine the accuracy of decisions to deny benefits.

### The Review

The review includes an examination of records and actions from the employer, the claimant, the workforce center, and the UI Program. Eligibility, payroll records, and work-search contacts, relative to each claim, are investigated.

Former employers are contacted to verify payroll records, including previous and current wages. The dates of employment, reasons for being unemployed, and any separation payments other than earnings are also verified.

Employers are contacted to verify that work-search contacts reported by claimants were made.

Employers are contacted to verify employment and earnings if full or partial UI benefits were paid for weeks in which claimants reported earnings.

If you have any questions or can offer more information, contact **Kim** at **303-318-9216** or by e-mail at [kim.pham@state.co.us](mailto:kim.pham@state.co.us). You may submit the requested information by e-mail to the same address or by fax to **303-318-9129**.

### Cases Selected for Review

Each week, sample claim records of claimants who received UI benefits during a selected week and claimants who were denied benefits are randomly chosen for review.

Because claim records are randomly selected, a specific claim or claimant may be reviewed more than once. Claim records are **not** selected for review because of suspicions of wrongdoing.

### How Often Are Employers Contacted?

The number of times that an employer may be contacted is not predictable because of the random selection of claim records. Employers are contacted only when such contact is necessary to properly complete a review.

### Benefits to Employers

Better detection and prevention of improperly or overpaid UI benefits may result in decreased benefit outlays. This, in turn, can have an impact on decreasing employer costs.

### Employers Can Help

Employers can help by:

- Promptly responding to requests for information by BAM investigators.
- Providing accurate information.
- Attending all UI appeal hearings when requested.
- Sharing other information that might help to determine if the person under review is truly eligible for benefits and received the proper payment or denial of benefits.

## Excerpts From the Colorado Employment Security Act

The following excerpts from the Colorado Employment Security Act (CESA) require employers to keep records that can be reviewed by the UI Program and give authority to its representatives to request documentation related to a claim.

You may request a complete copy of the CESA by calling the BAM investigator at the telephone number listed on the front side of this form.

NOTE: *Division* in the following excerpt refers to the Division of Employment and Training. The UI Program is part of the Division of Employment and Training within the Colorado Department of Labor and Employment.

### Maintaining Records:

8-72-107. Records and reports - fee - violation - penalty.

(1) Each employing unit shall keep true and accurate work records, containing such information as the division may prescribe. Such records shall be retained for a period of not less than five years and shall be open to inspection and be subject to being copied by the division or its authorized representatives at any reasonable time and as often as may be necessary. The division or any referee may require from any employing unit any sworn or unsworn reports, with respect to persons employed by it, which it or the referee deems necessary for the effective administration of articles 70 to 82 of this title....

### Giving Permission to Obtain Records:

8-72-108. Oaths - witnesses - subpoenas.

(1) In the discharge of the duties imposed by articles 70 to 82 of this title, the division or its duly authorized representative shall have power to administer oaths and affirmations, take depositions, certify to official acts, and issue subpoenas to compel the attendance of witnesses and the production of books, papers, correspondence, memoranda, and other records deemed necessary as evidence in connection with a disputed claim or the administration of articles 70 to 82 of this title.