



Phone: TTY:
Fax:
www.ides.state.il.us

Date Mailed:

ID/SSN:

Interstate Intercept Claimant Agreement Statement

Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

I understand that the Unemployment Insurance Claim I filed against the State of Illinois was filed in error because I was eligible to file against

As a result, I understand that Unemployment Insurance benefits received by me from Illinois were overpaid benefits within the meaning of the Illinois Unemployment Insurance Act.

I thereby, agree to have benefits sufficient to recover the amount of \$ overpaid by Illinois, withheld from the Unemployment Insurance claim which I filed (or will be filed) against and forwarded to Illinois. My debt to Illinois will be absolved to the extent by which my overpayment is reduced as a result of this action.

(Claimant's Signature)

(Date)