



# Claimant

## Guide for Federal Overpayment Waiver Form

I. Overview .....	2
II. Federal Overpayment Waiver Form.....	3

## I. OVERVIEW:

The Coronavirus, Aid, and Economic Security Act (CARES Act) and the Continued Assistance for Unemployed Workers Act authorizes the state of Florida to waive overpayments for claims if certain conditions are met for the following Federal Reemployment Assistance programs:

- Pandemic Unemployment Assistance (PUA)
- Pandemic Emergency Unemployment Compensation (PEUC)
- Federal Pandemic Unemployment Compensation (FPUC)
- Mixed Earners Unemployment Compensation (MEUC)
- Lost Wages Assistance (LWA)

To qualify for an overpayment waiver, eligible claimants must meet the following criteria:

- Claimant must not be at fault for the creation of the overpayment; and
- Recovery of the overpayment would be contrary to equity and good conscience.

CONNECT provides claimants the ability to submit a request for the Department to waive a federal overpayment by completing an Overpayment Waiver Form. Eligible claimants who are currently receiving PUA or PEUC benefits may be eligible to receive an overpayment waiver.

FPUC, MEUC, and LWA benefit program overpayment waivers will be available soon.

Claimants will receive a notice that the form is available in their CONNECT inbox through their preferred method of communication. Claimants will also have six months to complete the form once it has been issued in their CONNECT account. Claimants may receive multiple overpayment fact finding forms to complete due to other Reemployment Assistance benefit programs for a filed claim that an overpayment was established on.

**NOTE:** The overpayment waiver is only available for claimants who have an overpayment with federal Reemployment Assistance benefits. **The overpayment waiver will not apply to overpayments for state Reemployment Assistance benefits.**

Please follow the steps below to complete the Overpayment Waiver Form.

## II. Federal Overpayment Waiver Form

- 1- Visit FloridaJobs.org and select “Claimants” in the top right hand corner or [click here](#) to access the CONNECT homepage.
- 2- Read the Claimant Warning Notice and select “I acknowledge I have read the above.” And then click “Next.”

The screenshot shows the CONNECT website interface. At the top, there are logos for CONNECT and DEO (Florida Department of Economic Opportunity). The date is Saturday May 23, 2020. There are links for Print, Preview, English, Español, and Kreyol. A 'Ligon' button is on the left. A navigation bar contains 'Translation Services' and 'Warning Notice'. The 'Warning Notice' section is expanded, showing a 'CLAIMANT WARNING NOTICE' dated 2-28-14. Below the title is a '\*\*\*\*WARNING\*\*\*\*' section. The main text of the warning notice is visible. At the bottom of the warning notice, there is a checkbox labeled 'I acknowledge I have read the above' and a 'Next' button. A red box highlights these two elements, and a red circle with the number '2' is placed next to the checkbox.

- 3- Enter your Social Security Number or Claimant ID and PIN. Then select “Log-in.”

The screenshot shows the CONNECT website login page. At the top, there are logos for CONNECT and DEO. The date is Wednesday June 17, 2020. There are links for Print, Preview, English, Español, and Kreyol. A 'Ligon' button is on the left. The main content area has a 'CONNECT' header and a 'Welcome to CONNECT, Florida's Online Reemployment Assistance System' message. Below this is a 'NOTE' about mobile devices and a 'Due to COVID-19' message. There are two main sections: 'New Claimant' and 'Existing Claimant Login'. The 'Existing Claimant Login' section is expanded, showing a 'Log in to your account if you have previously filed for Florida Reemployment Assistance' message. Below this is a form with two input fields: 'Social Security Number or Claimant ID' and 'PIN'. There is a 'Log-in' button and a 'Forgot PIN' link. A red box highlights the input fields and the 'Log-in' button, and a red circle with the number '3' is placed next to the input fields.

## 4- Select the “Inbox” link on the Claimant Home page.

**CONNECT**  
FLORIDA DEPARTMENT of  
ECONOMIC OPPORTUNITY

**DEO**  
FLORIDA DEPARTMENT of  
ECONOMIC OPPORTUNITY

Friday April 23 2021  
[Print Preview](#)  
[English](#) [Español](#) [Kreyol](#)

Change PIN | Logoff

Claimant Home  
**Inbox**  
View and Maintain Account Information  
Determination, Pending Issue and Decision Summary  
Explore Available Supports and Services  
My 1099-Gs and 497s  
FAQs  
Workforce Registration Information  
Initial Skills Review  
Read the Benefit Rights Information Handbook  
Florida Reemployment Assistance Way2Go Debit Card Fee Schedule

**Claimant Information**  
Name: [Redacted] Claimant ID: [Redacted] Claim ID: 2020-02  
Effective Date: 03/22/2020 Benefit Year End: 09/04/2021 Claim Status: Active

**Monetary Information**  
Weekly Benefit Amount: \$125 Balance: \$3,000 Monetary Status: Eligible Redetermined  
Maximum Benefit Amount: \$9,875 [Earnings Disregard](#) \$58.00 File Date: 05/26/2020

**Requested Benefit Payment Information**  
Last Week Signed: 4/11/2021 - 4/17/2021 Waiting Week: [Redacted] Current Program Type: Pandemic - COVID 19  
Last Week Paid: 4/11/2021 - 4/17/2021 Service Language: English

**IMPORTANT ITEMS THAT NEED YOUR IMMEDIATE ATTENTION - CLICK ON LINK TO VIEW ITEMS**

⚠ You have not responded to a request for information. Failure to provide this information may delay the completion of your claim or possibly delay or prevent benefit payments. Click [here](#) to view a list of requested information.

**Messages - Notice of events, status changes, and other available actions**

- You need to respond to a request for information. Failure to provide this information may delay the completion of your claim or possibly delay or prevent benefit payments.
- [More Messages...](#)
- Your IRS Form 1099-G was sent to your mailing address on file. If you have not received the form: 1) Select 1099-Gs option to view and print a copy; or 2) Contact this office at 800-204-2418 to request an additional copy. To review your current mail or email address information, select "View and Maintain", then "Contact Information".

## 5- Once you have accessed your CONNECT inbox, look at the “Action Status” column for the “Action Requested” item with a subject line “Fact Finding,” then select the date link under the “Issued Date” column.

Change PIN | Logoff

**Claimant Home**  
**Inbox**  
View and Maintain Account Information  
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My 1099-Gs and 497s  
FAQs  
Workforce Registration Information  
Initial Skills Review  
Read the Benefit Rights Information Handbook  
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**Claimant Information**  
Name: [Redacted] Claimant ID: [Redacted] Claim ID: 2020-02  
Effective Date: 03/22/2020 Benefit Year End: 09/04/2021 Claim Status: Active

**Claimant Inbox**

**Applications**  
[Click here to view all reemployment assistance applications](#)

**Notice of Hearing**  
The Action Due Date below refers to any hearing(s) scheduled through the present date. To access Notice of Hearing documents for past hearing dates, search using Subject dropdown.

Issued Date	Action Status	Subject	Correspondence Number	Action Due Date
No Records Found				

**Correspondence**  
Previously viewed correspondence will not initially display in the list below.

- To display ALL correspondence, including previously viewed correspondence, select the Search button.
- To narrow your search, use the search filters below and select the Search button.

Subject: All  
Issued Date From: [Redacted] (mm/dd/yyyy) Issued Date To: [Redacted] (mm/dd/yyyy) Action Status: All

Reset Search

- The initial results below are items that require your attention and that you may need to take action on for your claim.
- Select the Issued Date to see the detailed information about your correspondence.

Issued Date	Action Status	Subject	Correspondence Number	Action Due Date
04/22/2021	Action Requested	Fact Finding	221502097	10/20/2021
04/21/2021	View	PUA Continued Claim PDF	221074881	
04/21/2021	View	PUA Continued Claim PDF	221071773	
04/08/2021	View	PUA Continued Claim PDF	217938852	
04/08/2021	View	PUA Continued Claim PDF	217867163	
04/08/2021	View	Quarter Change Questionnaire	217867939	
04/02/2021	View	View and Maintain Notice of Contact Information Change	216531612	
04/02/2021	View	View and Maintain Notice of Contact Information Change	216531606	
03/24/2021	View	PUA Continued Claim PDF	213449118	
03/24/2021	View	PUA Continued Claim PDF	213443131	

Rows 1-10 of 50 Page 1 of 5

Previous

- 6- After selecting the “**Issued Date**,” you will be prompted to complete the Overpayment Waiver form. Answer all the required questions on the fact-finding form. Then click “**Submit**.” You will have six months to complete the form once it is issued in your CONNECT account.

Change PIN   Logoff		* Indicates Required Field	
Claimant Home	<b>Claimant Information</b> Name: <input type="text"/> Claimant ID: <input type="text"/> Claim ID: <b>2020-02</b> Effective Date: <b>03/22/2020</b> Benefit Year End: <b>09/04/2021</b> Claim Status: <b>Active</b>		
Inbox	<b>This screen will time out after 30 minutes of inactivity. Please select "Save" if unable to complete within this time frame.</b>		
View and Maintain Account Information	<b>Application for Waiver of Federal Unemployment Compensation Overpayment</b>		
Determination, Pending Issue and Decision Summary	Claimant First and Last Name : <input type="text"/> Mail Date of Fact-Finding Form : 04/23/2021 Claimant ID : <input type="text"/> Claim ID : 202002 Issue ID associated with the Determination that lists the overpayment for which the waiver is requested: <input type="text"/> Mail or distribution date on the Determination that lists the overpayment for which you are requesting a waiver: 04/22/2021		
Explore Available Supports and Services	The following information is needed to determine your eligibility to potentially waive the overpayment on your claim referenced above. To request to waive the overpayment, you must complete the following questions and submit your responses by 10/20/2021. To be considered for the overpayment waiver, you must respond by the deadline provided above. Once responses are submitted, your application will be processed, and you will receive a determination about your eligibility for waiver of the overpayment. Please allow time for the Department to process your request.		
My 1099-Gs and 49Ts	1. What is the date you first became aware of this overpayment? <input type="text"/> *		
FAQs	2. Did you file an appeal with the Department to challenge the overpayment? <input type="radio"/> Yes <input type="radio"/> No *		
Workforce Registration Information	3. (if yes to question 2) If you filed an appeal to the determination establishing the overpayment, have you received a decision from an Appeals Referee? <input type="radio"/> Yes <input type="radio"/> No * <input type="radio"/> Not applicable because I didn't file an appeal		
Initial Skills Review	4. Has your appeal deadline passed for the determination establishing the overpayment? <input type="radio"/> Yes <input type="radio"/> No *		
Read the Benefit Rights Information Handbook	5. Have you made any payments toward the overpayment? <input type="radio"/> Yes <input type="radio"/> No *		
Florida Reemployment Assistance Way2Go Debit Card Fee Schedule	6. If yes, how much has been paid and on what dates? <input type="text"/> *		
	<b>WAIVER QUESTIONS</b>		
	1. Did you unintentionally provide details or information to the Department that resulted in erroneous payments? <input type="radio"/> Yes <input type="radio"/> No *		
	2. Did you fail to respond to requests for information or fact-finding to the Department? <input type="radio"/> Yes <input type="radio"/> No *		
	3. Did you respond to all fact-finding requests or other requests for information as requested by the Department? <input type="radio"/> Yes <input type="radio"/> No *		
	4. Did you leave out any information when completing your responses to the Department? <input type="radio"/> Yes <input type="radio"/> No *		
	5. When you received the benefit payments, did you know they were issued in error? <input type="radio"/> Yes <input type="radio"/> No *		
	6. Did you know that you should not have received those benefits? <input type="radio"/> Yes <input type="radio"/> No *		
	7. A. Would having to repay this overpayment cause a significant financial hardship for you? <input type="radio"/> Yes <input type="radio"/> No * B. Do you need all of your current income to meet your current ordinary and necessary living expenses? (i.e., rent/mortgage, food, insurance, and utilities) <input type="radio"/> Yes <input type="radio"/> No *		
	8. A. I was provided a Notice of Eligibility or Notice of Approval from the Department for the benefits I was paid, and I reasonably believed I was eligible to receive the payments provided. I did not take action to repay the benefits because of the Notice of Eligibility or Approval. <input type="radio"/> Yes <input type="radio"/> No * B. If you relied on the information in the Notice of Eligibility or Notice of Approval, would repaying these benefits significantly change your economic position? <input type="radio"/> Yes <input type="radio"/> No * C. Even though you relied on the information in the Notice of Eligibility or Notice of Approval, did you suspect the payments were made in error? <input type="radio"/> Yes <input type="radio"/> No *		
	9. Did you receive the Department's correspondence notifying you of the overpayment associated with your claim several weeks after you received your benefit payment? <input type="radio"/> Yes <input type="radio"/> No *		
	If your request for an overpayment waiver is denied you may still request an adjustment to the repayment schedule if it would cause you a financial hardship.		
	<div> <input type="button" value="Previous"/> <input type="button" value="Save"/> <input type="button" value="Submit"/> </div> <div>6</div>		

- 7- Once you have completed the form, you will be redirected to the Inbox and the **“Action Requested”** item will no longer be on the list of inbox items. Once the form has been reviewed and eligibility is determined, a determination will be issued either approving or denying the overpayment waiver request.

[Change PIN](#) | [Logoff](#)

Claimant Home

Inbox

View and Maintain Account Information

Determination, Pending Issue and Decision Summary

Explore Available Supports and Services

My 1099-Gs and 497s

FAQs

Workforce Registration Information

Initial Skills Review

Read the Benefit Rights Information Handbook

Florida Reemployment Assistance Way2Go Debit Card Fee Schedule

Claimant Information

Name:

Claimant ID:

Claim ID: 2020-02

Effective Date: 03/22/2020

Benefit Year End: 09/04/2021

Claim Status: Active

Claimant Inbox

Applications

[Click here to view all reemployment assistance applications](#)

Notice of Hearing

The Action Due Date below refers to any hearing(s) scheduled through the present date. To access Notice of Hearing documents for past hearing dates, search using Subject dropdown.

Issued Date

Action Status

Subject

Correspondence Number

Action Due Date

No Records Found

Correspondence

Previously viewed correspondence will not initially display in the list below.

- To display ALL correspondence, including previously viewed correspondence, select the Search button.
- To narrow your search, use the search filters below and select the Search button.

Subject: All

Action Status: All

Issued Date From: (mm/dd/yyyy)

Issued Date To: (mm/dd/yyyy)

Reset

Search

- The initial results below are items that require your attention and that you may need to take action on for your claim.
- Select the Issued Date to see the detailed information about your correspondence.

Rows 1-10 of 49

1

2

3

4

5

Page 1 of 5

Issued Date	Action Status	Subject	Correspondence Number	Action Due Date
<a href="#">04/21/2021</a>	View	PUA Continued Claim PDF	221074881	
<a href="#">04/21/2021</a>	View	PUA Continued Claim PDF	221071773	
<a href="#">04/08/2021</a>	View	PUA Continued Claim PDF	217938852	
<a href="#">04/08/2021</a>	View	PUA Continued Claim PDF	217867163	
<a href="#">04/08/2021</a>	View	Quarter Change Questionnaire	217867939	
<a href="#">04/02/2021</a>	View	View and Maintain Notice of Contact Information Change	216531612	
<a href="#">04/02/2021</a>	View	View and Maintain Notice of Contact Information Change	216531606	
<a href="#">03/24/2021</a>	View	PUA Continued Claim PDF	213449118	
<a href="#">03/24/2021</a>	View	PUA Continued Claim PDF	213443131	
<a href="#">03/22/2021</a>	View	Notice of Appeal Withdrawal - Final Order	212126910	04/12/2021

Rows 1-10 of 49

1

2

3

4

5

Page 1 of 5

Previous

Version Date: April 26, 2021

Page 6

Below is an example of the fact-finding form mailed to claimants. Claimants will receive a copy of this form if they have selected U.S. Mail as their preferred method of communication. Claimants will need to fill out this form and mail it back to the Department by the date listed on the form. Claimants who have U.S. Mail as their preferred method of communication also have the option to respond to the form in their CONNECT account.

Claimant First and Last Name : Claimant ID : Claim ID : 202001 Issue ID associated with the Determination that lists the overpayment for which the waiver is requested: 85872949 Mail or distribution date on the Determination that lists the overpayment for which you are requesting a waiver: 04/15/2021	Mail Date of Fact-Finding Form : 04/15/2021
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The following information is needed to determine your eligibility to potentially waive the overpayment on your claim referenced above. To request to waive the overpayment, you must complete the following questions and submit your responses by . To be considered for the overpayment waiver, you must respond by the deadline provided above. Once responses are submitted, your application will be processed, and you will receive a determination about your eligibility for waiver of the overpayment. Please allow time for the Department to process your request.

1. What is the date you first became aware of this overpayment? \_\_\_\_\_
2. Did you file an appeal with the Department to challenge the overpayment? ☐ Yes ☐ No
3. (if yes to question 2) If you filed an appeal to the determination establishing the overpayment, have you received a decision from an Appeals Referee? ☐ Yes  
☐ No  
☐ Not applicable because I didn't file an appeal

**WAIVER QUESTIONS**

1. Did you unintentionally provide details or information to the Department that resulted in erroneous payments? ☐ Yes ☐ No
2. Did you fail to respond to requests for information or fact-finding to the Department? ☐ Yes ☐ No
3. Did you respond to all fact-finding requests or other requests for information as requested by the Department? ☐ Yes ☐ No
4. Did you leave out any information when completing your responses to the Department? ☐ Yes ☐ No
5. When you received the benefit payments, did you know they were issued in error? ☐ Yes ☐ No
6. Did you know that you should not have received those benefits? ☐ Yes ☐ No
7. A. Would having to repay this overpayment cause a significant financial hardship for you? ☐ Yes ☐ No  
 B. Do you need all of your current income to meet your current ordinary and necessary living expenses? (i.e., rent/mortgage, food, insurance, and utilities) ☐ Yes ☐ No
8. A. I was provided a Notice of Eligibility or Notice of Approval from the Department for the benefits I was paid, and I reasonably believed I was eligible to receive the payments provided. I did not take action to repay the benefits because of the Notice of Eligibility or Approval. ☐ Yes ☐ No  
 B. If you relied on the information in the Notice of Eligibility or Notice of Approval, would repaying these benefits significantly change your economic position? ☐ Yes ☐ No  
 C. Even though you relied on the information in the Notice of Eligibility or Notice of Approval, did you suspect the payments were made in error? ☐ Yes ☐ No
9. Did you receive the Department's correspondence notifying you of the overpayment associated with your claim several weeks after you received your benefit payment? ☐ Yes ☐ No

If your request for an overpayment waiver is denied you may still request an adjustment to the repayment schedule if it would cause you a financial hardship.