



Claimant

Guide for Federal Overpayment Waiver Form

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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 (Florida Department of Economic Opportunity) and DEO (Florida Department of Economic Opportunity). The date is Saturday May 23 2020. Below the logos is a navigation bar with 'Logon' and a note that an asterisk indicates a required field. The main content area is titled 'Warning Notice' and contains the following text:

CLAIMANT WARNING NOTICE
2-28-14

****WARNING****

This is a State of Florida computer system owned and operated by the Florida Department of Economic Opportunity (Department) and is for authorized use only. There is no right of privacy in this system and use of this system constitutes consent to monitoring, interception, recording, reading, copying, or capturing of all activities by authorized State of Florida public officials or their authorized agents. Information in this system is confidential and protected pursuant to section 42 U.S.C. subsection 653(j)(8)(C)(ii) and section 443.1715(1), Florida Statutes, and is confidential and exempt from section 119.07(1), Florida Statutes and section 24(a), Article 1 of the State of Florida Constitution. Anyone accessing this system or the information contained within this system that violates the provisions of section 443.1715(1), Florida Statutes, commits a misdemeanor of the second degree, which is punishable as provided in section 775.082, 775.083, Florida Statutes. State and federal penalties may also apply.

At the bottom of the warning notice, there is a checkbox labeled 'I acknowledge I have read the above' which is checked. To the right of the checkbox is an asterisk. Below the checkbox is a 'Next' button. A red box highlights the checkbox and the 'Next' button. A red circle with the number '2' is positioned to the right of the 'Next' button.

- 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. Below the logos is a navigation bar with 'Logon' and a note that an asterisk indicates a required field. The main content area contains the following text:

Welcome to CONNECT, Florida's Online Reemployment Assistance System

NOTE: Tablets, phones, and other mobile devices are not currently supported by CONNECT and may result in errors. Supported browsers are - Internet Explorer, Microsoft Edge, Chrome, Mozilla Firefox, or Apple Safari.

Due to COVID-19, the Florida Department of Economic Opportunity is currently experiencing higher than average wait times when contacting the Reemployment Assistance Program. We apologize for the inconvenience. Thank you for your patience during this time.

New Claimant
If you have not filed for Florida Reemployment Assistance before, select the link to **File a New Claim**.

Existing Claimant/Logon
Log in to your account if you have previously filed for Florida Reemployment Assistance.

Note: If you previously filed in FLUID, you are an existing claimant. Your FLUID PIN expired if 90 or more days have elapsed since you last logged in to that system. You will need to reset your PIN. To reset your PIN, enter your Social Security Number and select the **Forgot PIN** button.

For security purposes, we discourage using an easily identifiable PIN sequence such as your year of birth or the last four digits of your social security number. If you are currently using one of these numbers as your PIN, we strongly encourage you to change it immediately.

You may now login with your CONNECT Claimant ID or your Social Security Number. You can find this Claimant ID number after your next login by reviewing the new summary bar at the top of each page.

Below this text is a login form with two input fields: 'Social Security Number or Claimant ID' and 'PIN'. Below the input fields are two buttons: 'Log In' and 'Forgot PIN'. A red box highlights the input fields and the 'Log In' and 'Forgot PIN' buttons. A red circle with the number '3' is positioned to the right of the 'Log In' button.

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 (4)
View and Maintain Account Information
Determination, Pending Issue and Decision Summary
Explore Available Supports and Services
My 1099-Gs and 49T's
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: 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 * Indicates Required Field

Claimant Home
Inbox
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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 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.

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	

- 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 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	<p>Claimant Information</p> <p>Name: [redacted] Claimant ID: [redacted] Claim ID: 2020-02</p> <p>Effective Date: 03/22/2020 Benefit Year End: 09/04/2021 Claim Status: Active</p> <p>This screen will time out after 30 minutes of inactivity. Please select "Save" if unable to complete within this time frame.</p> <p>Application for Waiver of Federal Unemployment Compensation Overpayment</p> <p>Claimant First and Last Name : [redacted] Mail Date of Fact-Finding Form : 04/23/2021</p> <p>Claimant ID : [redacted]</p> <p>Claim ID : 202002</p> <p>Issue ID associated with the Determination that lists the overpayment for which the waiver is requested: [redacted]</p> <p>Mail or distribution date on the Determination that lists the overpayment for which you are requesting a waiver: 04/22/2021</p> <p>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.</p> <p>1. What is the date you first became aware of this overpayment? <input type="text"/> *</p> <p>2. Did you file an appeal with the Department to challenge the overpayment? <input type="radio"/> Yes <input type="radio"/> No *</p> <p>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 *</p> <p>4. Has your appeal deadline passed for the determination establishing the overpayment? <input type="radio"/> Yes <input type="radio"/> No *</p> <p>5. Have you made any payments toward the overpayment? <input type="radio"/> Yes <input type="radio"/> No *</p> <p>6. If yes, how much has been paid and on what dates? <input type="text"/> *</p> <p>WAIVER QUESTIONS</p> <p>1. Did you unintentionally provide details or information to the Department that resulted in erroneous payments? <input type="radio"/> Yes <input type="radio"/> No *</p> <p>2. Did you fail to respond to requests for information or fact-finding to the Department? <input type="radio"/> Yes <input type="radio"/> No *</p> <p>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 *</p> <p>4. Did you leave out any information when completing your responses to the Department? <input type="radio"/> Yes <input type="radio"/> No *</p> <p>5. When you received the benefit payments, did you know they were issued in error? <input type="radio"/> Yes <input type="radio"/> No *</p> <p>6. Did you know that you should not have received those benefits? <input type="radio"/> Yes <input type="radio"/> No *</p> <p>7. A. Would having to repay this overpayment cause a significant financial hardship for you? <input type="radio"/> Yes <input type="radio"/> No *</p> <p>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 *</p> <p>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 *</p> <p>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 *</p> <p>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 *</p> <p>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 *</p> <p>If your request for an overpayment waiver is denied you may still request an adjustment to the repayment schedule if 6 use you a financial hardship.</p> <p style="text-align: center;"> <input type="button" value="Previous"/> <input type="button" value="Save"/> <input type="button" value="Submit"/> </p>

- 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
* Indicates Required Field

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

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No Records Found				

Correspondence

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- To narrow your search, use the search filters below and select the Search button.

Subject: Action Status: *

Issued Date From: </input>/</input>/</input> (mm/dd/yyyy) Issued Date To: </input>/</input>/</input> (mm/dd/yyyy)

- 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
04/21/2021	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	
03/22/2021	View	Notice of Appeal Withdrawal - Final Order	212126910	04/12/2021

Version Date: April 26, 2021

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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 :	Mail Date of Fact-Finding Form : 11/18/2021
Claimant ID :	
Claim ID : 202003	
Issue ID associated with the Determination that lists the federal overpayment for which the waiver is requested:	
Mail or distribution date on the Determination that lists the federal overpayment for which you are requesting a waiver: 11/18/2021	
<p>You are receiving the option to complete a federal overpayment waiver because the Department has determined you have a non-fraudulent federal pandemic overpayment on your account. The CARES Act and the Continued Assistance Act authorized and provided states the option to waive federal overpayments issued to claimants under the federal pandemic programs. The Department recognized the hardships many Floridians faced throughout this unprecedented time and opted to provide federal overpayment waivers for eligible claimants who meet specific criteria outlined in federal law and guidance. The following information is needed to determine your eligibility to waive the federal overpayment on your claim referenced above. To request to waive the federal 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. Once responses are submitted, your application will be processed, and you will receive a determination with information about your eligibility for waiver of the federal overpayment. Please allow time for the Department to process your request.</p>	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable because I didn't file an appeal
4. Has your appeal deadline passed for the determination establishing the overpayment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you made any payments toward the overpayment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If yes, how much has been paid and on what dates?	_____
WAIVER QUESTIONS	
1. Did you knowingly provide false information or fail to provide information in order to receive benefit payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will the repayment of the overpayment cause you to fall behind on your bills, cause you financial hardship, cause you to give up a valuable possession, or change your position for the worse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I reasonably believed I was eligible to receive the payments provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I certify that the information I provided above is true and correct, and I understand that the law provides penalties for false information.	
If your request for overpayment waiver is denied, you may still request an adjustment to the repayment schedule if the overpayment would cause you a financial hardship.	