



**IMPORTANT!**

Response must be received within (10) ten days from the Date Mailed of your last Monetary Benefit Determination.

**UNEMPLOYMENT INSURANCE  
Request for Alternate Base Period**

**Complete the following information**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CLAIM EFFECTIVE/START DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BENEFIT YEAR ENDING DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Form requirements**

If you wish to use the Alternate Base Period to increase your Weekly Benefit Rate:



- | Complete the steps below using black or blue ink;
- | Include proof of wages, (wages include the monetary value of tips, bonuses, meals and lodging, as well as commissions and vacation pay). Requests submitted without proof of wages will be rejected;
- | Photocopy all supporting documentation onto 8 x 11 single-sided paper. Do not send originals;
- | Write your Name, Social Security Number and Telephone Number on each attachment;
- | This completed notice and all attachments must be received within the timeframe noted above in the IMPORTANT! message.



If the wages in your last completed calendar quarter exceed the "High Quarter Wages" on your Monetary Benefit Determination, use of the Alternate Base Period may increase your benefit rate. If you choose the Alternate Base Period to establish a claim, you will not be able to use these wages for a future claim.

**Step 1  
Last Calendar Quarter Information**

The last completed calendar quarter prior to your claim effective/start date is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Month Day Year

Refer to your Monetary Benefit Determination for calendar quarter dates and compare the Alternate Base Period Quarter Wages with your records, then check? the appropriate box below and proceed to the "Step" indicated.

- The Alternate Base Period Quarter Wages are incorrect or missing. (Proceed to Step 2)
- The Alternate Base Period Quarter Wages are correct. (Proceed to Step 3)

**Step 2  
Wage Information**

Complete the information below, include proof of wages and attach an additional page if you have information for more than (3) three employers. Requests without proof of wages will be rejected.

EMPLOYER NAME: _____	QUARTERLY GROSS WAGES \$ _____
EMPLOYER ADDRESS: _____	
CITY: _____ STATE: ____ ZIP: _____	If work was performed outside New York State, indicate State _____
<hr/>	
EMPLOYER NAME: _____	QUARTERLY GROSS WAGES \$ _____
EMPLOYER ADDRESS: _____	
CITY: _____ STATE: ____ ZIP: _____	If work was performed outside New York State, indicate State _____
<hr/>	
EMPLOYER NAME: _____	QUARTERLY GROSS WAGES \$ _____
EMPLOYER ADDRESS: _____	
CITY: _____ STATE: ____ ZIP: _____	If work was performed outside New York State, indicate State _____

**Step 3  
Acknowledgment**

I understand that if I use the Alternate Base Period, these wages cannot be used for a future claim.

\_\_\_\_\_  
Signature Required Date Area Code Telephone Number

**Step 4  
Return Instructions**

This notice and all attachments must be received within the timeframe noted above in the IMPORTANT! message.



**FAX:** 518-457-9378 **OR**  
 This notice is your cover page.  
 Indicate total # of pages \_\_\_\_



**MAIL:** New York State Department of Labor  
 P.O. Box 15130  
 Albany, NY 12212-5130



Claim your weekly benefits on the web or by calling Tel-Service.



For additional information visit our website: [www.labor.state.ny.us](http://www.labor.state.ny.us)



For assistance, review your Claimant Handbook