



COMMONWEALTH of VIRGINIA
Virginia Employment Commission



B-MON-012

Name -----
Address line 1-----
Address line 2-----
City, state zip+4-----
Country-----

Claimant Information

Mail Date: <Mail Date>
First Name: <First Name>
Last Name: <Last Name>
Claimant ID: <Claimant ID>

Did you know... you can retrieve this and other documents by going online and logging into your account? Creating an on-line account is simple, secure, and easy. Go to the VEC's website at www.vec.virginia.gov for more information.

Statement of Potential Benefit Liability
Unemployment Compensation for Federal Civilian Employees

The Virginia Employment Commission (VEC) is notifying you of your potential benefit liability for the individuals listed below who have filed a claim for unemployment insurance (UI) compensation under the Unemployment Compensation for Federal Civilian Employees (UCFE) program. Their monetary entitlement is based on federal civilian wages reported by you during their base period.

You are potentially liable to reimburse the U.S. Department of Labor the percentage of benefits paid which is equal to the percentage of base period wages attributable to Federal Civilian service performed by these individuals for you. This is an informational, non-appealable document issued pursuant to the Miscellaneous Revenue Act of 1982 (PL-362), enacted October 25, 1982.

Direct any questions regarding this document to the Benefit Payment Charge Unit at 804-786-6921.

NOTE: EB claims are notated to the right of your potential charge amount. The American Reinvestment and Recovery Act provides for charging EB to the employer.

Table with 9 columns: Social Security Number, Last Name, First Name, File Date, Weekly Benefit Amount, Weeks, Your %, Your Potential Charge, EB Claim. It contains three rows of data with placeholder values like 000-00-0000, LAST, FIRST, 12/31/2020, \$378, 26, 100, \$9,828, and x.

(CONTINUED ON BACK)

The Virginia Employment Commission is an Equal Opportunity Employer/Program. Auxiliary Aids and Services are available upon request to individuals with disabilities. Email reasonableaccommodations@vec.virginia.gov or call 800-828-1140/Virginia Relay 711 to request accommodations. Most services available at www.vec.virginia.gov or call 866-832-2363.

Social Security Number	Last Name	First Name	File Date	Weekly Benefit Amount	Weeks	Your %	Your Potential Charge	EB Claim
000-00-0000	LAST	FIRST	12/31/2020	\$378	26	100	\$9,828	x
000-00-0000	LAST	FIRST	12/31/2020	\$378	26	100	\$9,828	x
000-00-0000	LAST	FIRST	12/31/2020	\$378	26	100	\$9,828	x

IMPORTANT!

This document contains **important information** about your rights, responsibilities and benefits. It is critical that you understand the information in this document. If English is not your preferred language, we will provide the information in your preferred language at no cost to you. Upon request, auxiliary aids and services are available for individuals with disabilities. Email languageaccess@vec.virginia.gov or call 804-584-9841 or Virginia Relay 711 for assistance in translating and understanding the information in this document.