



# REQUEST TO FILE A LATE INITIAL CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS

State Form 56923 (R4 / 11-23)  
DEPARTMENT OF WORKFORCE DEVELOPMENT

**INSTRUCTIONS:** 1) Answer all questions honestly, 2) read the certification, and 3) sign and date at the bottom. Incomplete forms will not be processed.

After you have submitted the form, the Department may contact you for additional information by e-mail or telephone.

Read the information below before submitting a request to file a late initial claim for unemployment insurance benefits. This will be referred to below as "backdating" or "backdate."

- Backdate requests are approved according to 646 IAC 5-7-4.
- Backdating your claim may result in use of a different base period to calculate your benefit amount. Use of a different base period may negatively impact your benefit amount and cause a lower or \$0.00 weekly benefit amount. See the Claimant Handbook for more information about unemployment insurance base periods.
- Backdating a claim that is using out-of-state wages could result in long benefit payment delays.
- Continue to file weekly vouchers timely.
- Backdating a claim will not increase the number of weeks unemployment benefits are payable.

## CLAIMANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last four digits of Social Security number or your DWD Claimant Identification number: \_\_\_\_\_

E-mail address as entered in Claimant Self Service (CSS): \_\_\_\_\_

Telephone number as entered in Claimant Self Service (CSS): \_\_\_\_\_

When did you experience an agency error that prevented you from filing a claim?: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

When is the last day you worked and earned wages prior to the agency error? \_\_\_\_/\_\_\_\_/\_\_\_\_

What agency error caused you to file your claim late? Attach all evidence to support the reason you filed your claim late.

Failure to provide supporting evidence may result in a denial of the request.

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## CERTIFICATION

I understand that a decision will be made based on the information I have provided and failure to provide all requested information may result in a denial of the request. I certify that the information I have provided is true and correct, knowing that the law provides penalties for false statement or the withholding of facts. If my request for backdating is approved, I understand that the decision could be reversed by a higher authority, and I agree to repay any amounts for which it is determined I am not eligible and have been paid.

Signature: \_\_\_\_\_ Date: (month, day, year): \_\_\_\_\_

Printed Name: \_\_\_\_\_