

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No. _____ Department or Agency: Department of Labor
Rule No. 480-4-3-.07
Rule Title: Social Security Number Required for Processing a Claim.

_____ New X Amend _____ Repeal _____ Adopt by Reference _____

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer Stephen McCord

Date 9-19-13

(DATE FILED)
(STAMP)

Department of
Labor

NOTICE OF INTENDED ACTION

AGENCY NAME: DEPARTMENT OF LABOR

RULE NO. & TITLE: 480-4-3-.07 Social Security Number Required
for Processing a Claim.

INTENDED ACTION: Amendment.

SUBSTANCE OF PROPOSED ACTION: The adoption is necessary to update the procedures for verifying Social Security numbers for those who claim unemployment compensation benefits.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments in writing to Stephen McCormick, Department of Labor, 649 Monroe Street, Montgomery, Alabama 36131 by mail or in person between the hours of 8:00 am and 4:30 pm, Monday through Friday until and including November 08, 2013. Persons wishing to submit data, views or arguments orally should contact Stephen McCormick by telephone at (334) 242-8274 during this period to arrange an appointment.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: November 08, 2013

CONTACT PERSON AT AGENCY:

Stephen McCormick
Department of Labor
649 Monroe Street
Montgomery, AL 36131
Telephone: (334) 242-8274



Stephen McCormick
Director, Governmental Affairs

ALABAMA DEPARTMENT OF LABOR
ADMINISTRATIVE CODE

CHAPTER 480-4-3
BENEFITS

480-4-3-.07 Social Security Number Required For Processing A Claim.

(1) In order for a claim for unemployment benefits to be processed the law requires the claimant to furnish the Unemployment Compensation Agency his/her correct social security number. The social security number provided by the claimant shall be verified using a cross-match system with the Social Security Administration.

(2) Should there be a discrepancy between the social security number or related information provided by the claimant and the information on file with the Social Security Administration, the individual's ~~such~~ social security number should be verified from the individual's social security card and a government issued photo identification. If the social security card is not legible or has been lost or destroyed, the social security number from the claimant's W-2 form, payroll check stub or other document that might contain the number is acceptable.

(3) If, upon request by Agency representative, the individual cannot produce any document verifying his/her social security number, the ~~local office~~ Unemployment Compensation Agency data files may be used to verify the claimant's base period employment and wages. If this means of verification is used, the claimant shall provide some form of positive personal identification acceptable to the ~~local claims office manager~~ Agency.

(4) If the individual fails to abide by this rule, his Individual's claim for unemployment benefits cannot be processed.

Authors: Hoyt Russell, Director Unemployment Compensation Division
Statutory Authority: Code of Ala. 1975, §§25-2-7, 25-2-8, 25-4-111.

History: