

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
REEMPLOYMENT ASSISTANCE DIVISION

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REQUEST FOR FINANCIAL WAIVER OF OVERPAYMENT

Open this form in an Adobe reader to complete. Changes made in your internet browser will not save.

Complete this form if you have an overpayment and it has been determined you are not at fault, and you would like to request a financial waiver.

This is not an appeal request.

Claimant's Name:

Determination Date:

Claimant ID#:

Check the box, add additional comments, and sign and date this form.

- I hereby request consideration of the right to waive the recovery of the overpayment (include reasons in the explanation box below). An overpayment may be waived, provided the overpayment was without fault of the claimant and where the claimant's family gross income for the preceding 12 months does not exceed a set standard. The claimant's family income would include readily convertible assets of the claimant and his/her spouse.

Please write your explanation here:

Sign in ink: _____

Date ____/____/____

Mail or fax the completed request to the address or fax number at the top.