State of Illinois
Department of Employment Security
Fax Number: (217) 557-4913
www.ides.illinois.gov

Backdating Questionnaire

Claimant Information:

Last Name: _____ **First Name:** _____ **MI:** _____

ID and SSN: _____

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Instructions: *Please read the instructions and questions carefully before answering.*

A claim for unemployment insurance benefits is effective the Sunday of the week in which you report to file your claim. You have requested that we backdate your claim to an earlier date. We need the following information to make a decision regarding your request. Once you have completed this form, please fax it to (217) 557-4913.

I request my claim be backdated to:

Explain in detail the reason(s) for not filing your claim during the first week you became unemployed.

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(Use additional sheet of paper if necessary.)

Does the reason you were unable to report still exist? ☐ Yes ☐ No

If NO, list the date the problem no longer existed: _____

Please provide a telephone number in case additional information is required.

Telephone Number: _____

I have made this statement in order to get unemployment insurance benefits. I am aware that the law requires me to provide accurate and truthful information, or I may be subject to penalties.

Signature: _____ Date: _____