

NEW HAMPSHIRE EMPLOYMENT SECURITY
45 South Fruit Street
Concord, New Hampshire 03301-4857
RFP NHES 2017-01

PROPOSAL FOR: DOCUMENT TRANSLATION SERVICES

DATE: June 24, 2016, RFP Distribution Began

DATE OF PROPOSAL OPENING: July 8, 2016

TIME OF PROPOSAL OPENING: 2:30 PM @ 45 South Fruit St., Concord, NH, 03301



**UNEMPLOYMENT INSURANCE DOCUMENT TRANSLATION SERVICES
REQUEST FOR PROPOSAL
RFP# NHES2017-01**

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Attachments

Attachment A – Description of Work - Phases I and II
(Phase I - Appendix #1, Phase II - Appendix #2)

Attachment B - Vendor Proposal Page

Attachment C – Document for Practical Translation Exercise

Attachment D – Additional Sample Documents (Phase II Scope)

PROPOSAL DUE DATE: July 8, 2016 @ 2PM, 45 South Fruit Street, Concord, NH 03301

PART I – GENERAL

1.01 PURPOSE

New Hampshire Employment Security (NHES) is seeking Proposals from qualified Vendors for document and other language translation services to ensure equal, effective and meaningful access to NHES's Unemployment Insurance Program and its benefits, services and information. In its delivery of services, NHES seeks to ensure that information about Unemployment Insurance (UI) benefit processes, including claims filing, Benefits Rights Information (BRI), continued claims filing, fact-finding, adjudication and determinations, and appeals hearings/decisions, as well as referrals and links to reemployment services, are accessible regardless of English language proficiency. Translation services are required in the following languages: Spanish, Vietnamese, Bosnian, Arabic and Mandarin. More detailed information about the specific documents and on-line materials for which translation services are required appears in Part II (Scope) below.

1.02 ISSUING OFFICE

This Request for Proposal (RFP) is issued by New Hampshire Employment Security, 45 South Fruit Street, Concord, NH 03301. The point of contact for all questions and requests for additional information is:

Jill D. Revels, Business Manager
New Hampshire Employment Security
45 South Fruit Street
Concord, NH 03301
Telephone - 603-229-4449
E-Mail - Jill.D.Revels@nhes.nh.gov

Respondents should not contact any other New Hampshire employee, official, Commissioner or Director other than the above-listed contact regarding the RFP until after a contract has been awarded. Any such unauthorized contact may result in disqualification from further consideration.

1.03 PROPOSALS

Proposals must be received by NH Employment Security (NHES) on or before the date and time specified for proposal opening at 45 South Fruit Street, Concord, NH, 03301. Proposals must include the information requested in this RFP, including complete information as may be required by the Vendor Proposal Page. Responses must be typed or clearly printed in ink. Participating Vendors must propose to perform all items of work specified herein.

1.04 SUMMARY OF KEY DATES AND DEADLINES

06-24-2016	RFP issue date.
06-30-2016	Deadline for receipt of questions and requests to amend the RFP.
07-05-2016	Posting of responses to questions and amendments or modifications to the RFP on the Administrative Services website (http://das.nh.gov/purchasing/vendorresources.asp).
07-08-2016	Deadline for receipt of proposals - 2:00 p.m. EST

NHES reserves the right to change any of the foregoing dates and times. If any changes are made to the original RFP, the changes will be posted on the NH Department of Administrative Services' purchasing

website (<http://das.nh.gov/purchasing/vendorresources.asp>) and NHES website. **Respondents will be responsible for monitoring this website for changes throughout the RFP process.**

1.05 SUBMITTAL REQUIREMENTS

Respondents must submit a **cover letter** to accompany the Vendor Proposal Page and the document translation exercise described at RFP Part 2.04. The purpose of the letter is to transmit the proposal, and to provide the Respondent's name, address, telephone number, e-mail address and Federal Tax Identification Number. If Respondent is a sole proprietor using a social security number, the SSN will be required before finalizing a contract.

The cover letter must include a description of the Respondent's organization, including total number of years in business. The letter must also provide a description of the experience and qualifications of all key staff members who are expected to perform translation work in connection with the scope of work described in this RFP. The Respondent must also indicate whether it will be able to perform the Phase I and Phase II work within the completion deadlines provided at RFP Part 2.03.

Proposals must be submitted in a sealed envelope clearly marked with the DATE and TIME of proposal opening as well as the PROPOSAL TITLE. Proposals not so marked may be disallowed.

1.06 AWARD

- A. Award will be made to the Respondent that best meets all specifications as determined in this RFP process. Unless otherwise stated, award will be based on the weighted criteria set forth herein. NH Employment Security reserves the right to reject any or all Proposals or any part thereof.
- B. Discounts will not be considered in making an award, but may be offered on invoices for earlier payment and will be applicable on the date of acceptance by NH Employment Security.
- C. Final acceptance of a proposal submittal is made when Governor and Council (G&C) approves an agreement entered into by NHES with the successful Respondent. No contract will be binding upon NHES until approved by the Commissioner or his designee and G&C.
- D. All Proposals submitted must be held open for ninety (90) days after submission.

1.07 STATEMENT

At the time of contract award, the successful Respondent will be required to provide:

1. A Certificate of Good Standing issued by the NH Secretary of State's Office.
2. A notarized statement authorizing the person signing the contract to bind company to the terms of the contract. If a Corporation, a Certificate of Vote from the Board of Directors is required.
3. An Insurance Certificate for Comprehensive General Liability insurance with appropriate riders against claims of bodily injury, death or property damage, in a minimum amount of **\$1,000,000.00 per occurrence and \$2,000,000.00 in the aggregate** and Workers' Compensation coverage for all employees performing work under the contract.

Failure to provide documentation in a timely manner will be considered a material breach and award will be made to next most qualified Respondent.

PART II – SCOPE AND REQUIREMENTS

2.01 SCOPE

A. PHASE I

NHES currently offers a web-based application that allows unemployed individuals to file on-line for benefits. Screen pages are presented for completion and additional screens may be dynamically presented based on previous answers. This application has been available on-line since 2009 in English and Spanish. NHES has recently rewritten the entire on-line claimant application, including initial application screens, multiple informational screens, and weekly certification (also referred to as a continued claim). Help text and validation and error messages have also been revised with the goal of assisting users and enabling NHES to gather higher quality information. All of the changes and improvements made to the screens and information provided to claimants must be translated into Spanish before the updated dual language application can be deployed to the public. This scope of work is estimated to comprise approximately 25% of the total translation project and will be the priority for immediate completion after a contract is approved. **Estimated volumes of text, word counts and sample content of application screens for Phase I are provided at Attachment A, Appendix #1 to this RFP.** Required completion dates appear below at Section 2.03.

B. PHASE II

NHES is committed to providing the non-English speaking population with information and supportive documentation regarding the State unemployment benefit program. To that end, translation to several languages is required for a variety of commonly used program documents. This scope of work is estimated to make up approximately 75 % of the workload included in this RFP. Several of the documents are multiple page information and/or instruction booklets; others are one-page, single sided or double sided handouts and forms. All listed documents will be required to be translated into Spanish, and also translated into up to four additional languages, including Vietnamese, Bosnian, Arabic and Mandarin. **Estimated document volumes, word counts, and a sample document to be translated in connection with the RFP are provided at Attachment A, Appendix #2 to this RFP.**

2.02 SPECIFICATIONS

The project will consist of performing all work, and providing all labor, materials, expertise, tools, equipment and transportation necessary to provide language translation from English to Spanish in Phase I for the text identified in Appendix #1, and from English to Spanish, Vietnamese, Bosnian, Arabic, and/or Mandarin in Phase II, for the documents and materials identified in **Appendix #2**. Source documents and text are available in English. The documents and text which are the subject of this RFP are instructive in nature, and should be translated in a way to make them as accessible as possible to readers of the various languages.

2.03 TIMEFRAMES FOR COMPLETION

The deadline for completing all translation services required in Phase I above is **thirty (30) days** from the effective date of the contract. The deadline for completing all translation services required in Phase II above is **sixty (60) days** from the effective date of the contract. (The effective date of the contract is the date the contract is approved by the Governor & Executive Council, currently estimated to occur on August 3, 2016.) Time is of the essence in completing all work described at Part 2.01 above.

The Contractor will be provided access as needed to electronic copies of materials and computer resources, as may be needed to complete the work. The Contractor must maintain confidentiality of all materials used in connection with this project.

All translation work must be performed by qualified language interpreters. Computer aided translation software or machine translation are not acceptable options or vehicles for performing the work.

NHES requires translation of on-line application screens into Spanish language only and translation of documents, pamphlets and forms into up to five languages described above. Appendix #1 (Phase 1) and Appendix #2 (Phase 2) describe the types of text and documents to be translated, the volume of such materials, and approximate word counts. See Attachment A. Representative samples are provided for informational purposes only.

2.04 PRACTICAL TRANSLATION EXERCISE

In order to receive full points in connection with the evaluation process, Respondents must translate the document that appears as **Attachment C** from English into Spanish. This exercise will be scored based on language translation and formatting.

2.05 EVALUATION PROCESS

The Department will use an Evaluation Committee to evaluate proposals received in response to this RFP. The Evaluation Committee will consist of a team of designated Department employees that will make recommendations for award to the Commissioner of NHES. All proposals will be evaluated using the evaluation criteria listed at 2.04 below.

2.06 EVALUATION CRITERIA

The following criteria will be used to evaluate each Respondent's proposal. The criteria and relative weights for each shall consist of the following:

- | | | |
|----|---|-----|
| A. | <u>Credentials</u> of Individual(s) Performing the Language Translation Work. (Credentials may be based on education, training, experience, certifications and/or accomplishments and should be included in cover letter.) | 15% |
| B. | <u>Deadlines</u> - Stated ability to complete the required translation services within the timeframes/deadlines provided in this RFP. | 15% |
| C. | <u>References</u> – Must provide names and contact information for three (3) Business clients for whom you have performed language translation services (Provide reference information at Attachment B , Vendor Proposal Page) | 10% |
| D. | <u>Pricing</u> – Provide pricing for translation services stated in a “per word” basis. (Pricing must be provided at Attachment B , Vendor Proposal Page) | 50% |
| E. | <u>Practical Translation Exercise</u> - Translate Attachment C into Spanish and Submit along with Attachment B, Vendor Proposal Page | 10% |

PART III – SPECIAL CONDITIONS

3.01 TERM & EXTENSION

This agreement will begin upon Governor and Council approval and terminate on December 30, 2016

3.02 TERMINATION

Termination for cause shall be in accordance with the provisions of the Standard State Contract Form, P-37. Either party may terminate this agreement for convenience at any time. The party seeking to terminate the contract for convenience must give written notice, by certified mail, at least thirty (30) days prior to effective date of termination.

3.03 CONFIDENTIALITY, CRIMINAL RECORD, CERTIFICATE OF GOOD STANDING

Contractor and employees must sign and submit **STATEMENT OF CONFIDENTIALITY OF RECORDS FORMS** and **CRIMINAL RECORD CHECK FORMS** prior to entrance into NHES facilities. NHES will provide all necessary forms prior to any work being done. There is a \$25 fee for each Criminal Record check which must be paid by the Contractor. Contractor must provide a **Certificate of Good Standing** from NH Secretary of State.

3.04 DAMAGE

Contractor agrees that damage to building(s), materials, equipment or other property during performance of service will be repaired at its expense. Contractor agrees to return all materials, equipment or property used in the performance of these services in original or better condition.

3.05 INSURANCE

Contractor will furnish a Certificate of Insurance as evidence of comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts not less than \$1,000,000 per claim and \$2,000,000 per incident. NHES will be named as an additional insured on such certificate. Contractor agrees to maintain workers' compensation and employer's liability insurance for all of its employees working under this agreement.

3.06 SUB-CONTRACTING

Contractor will not assign, subcontract or otherwise transfer any duty, obligation, or written task required by this agreement without the prior written consent of NH Employment Security. Subcontractors must be listed on bid page of this document for pre-approval.

3.07 ACCEPTANCE OR REJECTION BY NH EMPLOYMENT SECURITY

NH Employment Security reserves the right to accept or reject any or all proposals. Proposals will be kept sealed until date, time and place of public opening.

3.08 DEBARMENT CERTIFICATION, SUSPENSION, OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

Contractor certifies that primary participant, and its principals, to the best of his knowledge and belief, are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency. Contractor will inform NH Employment Security of any changes in status regarding this statement.

3.10 AMERICANS WITH DISABILITIES ACT

The undersigned agrees to comply with all Federal, State and Local ADA rules and regulations.

3.11 CONFIDENTIAL OR PROPRIETARY INFORMATION

Any information submitted with or as part of a proposal in response to this RFP may be subject to public disclosure under RSA 91-A, the New Hampshire Right-to-Know law. If you believe that any information being submitted in response to this RFP should be kept confidential as financial or proprietary information, then you must specifically identify that information in a letter to the Department.

ATTACHMENT A

APPENDIX#1 for PHASE I

SAMPLE SPREADHEET AND ESTIMATED WORD COUNT

Estimated word count is based on an Excel spreadsheet that will be provided with multiple tabs. Each tab contains multiple lines of words, phrases and/or sentences for translation. There will be three (3) columns. The first column is for NHES purposes and is to not to be translated or changed. The second provides the English version of what needs to be translated. The third column is for the Spanish translation, per line.

SAMPLE SPREADSHEET

TRANSLATION NOT REQUIRED	ENGLISH	SPANISH TRANSLATION
state.not.selected	Please select a state for the claim.	
primaryOccExp.required	Please enter the months of experience for your primary occupation.	
jobId.required	Please enter the Job ID # pertaining to this work search entry. Enter 0000 if no Job ID # is available.	
validationError.Occured	We are unable to log you in at this time. Please contact NHES at 1-800-266-2252	
typeMismatch.cmtBirthDt	Date of birth is not in MM/DD/YYYY format.	
clmtLoginFlow.noBrowserButtonsMsg	While entering information and navigating through the application, DO NOT use your web browser buttons, especially the BACK button. This may cause your session to be terminated. Once you have provided all the information sought, you will have the opportunity to review the information you have entered and to return to any page to make corrections at that time.	
HELP TEXT	In the File for Benefits section you may file a new application for benefits, reopen an existing claim or file weekly continued claims. Your filing option will display based on your current status. To file a claim, click on the application name and you will be navigated to the online claim application. This section will also provide information regarding the applicable effect dates and the deadlines in which to file the claim. If a deadline has been missed, any unprocessed claims will be deleted and no longer display as being available to file.	

APPENDIX#1 for PHASE I - Cont'd

Estimated Word Count for Phase I:

<u>Subject Matter</u>	<u>Estimated Word</u>
	<u>Count</u>
Initial claim error messages	2,288
Continued claim error messages	1,295
Log-in and other error messages	375
Labels	7,834
Special labels	2,218
Drop down lists	94
Questions	382
NMI list	1,788
Fact finding phrases	454
SUBTOTAL	16,728
Help Text	7113
GRAND TOTAL	23,841

ATTACHMENT A

APPENDIX #2 for PHASE II

DOCUMENT LIST AND ESTIMATED WORK COUNT

Estimated word count is based on documents that will be provided electronically in a Microsoft Word format. Documents may consist of single-page notices, double-sided leaflets and multi-page booklets.

<u>Document Title</u>	<u>Word Count</u>
Rights and Obligations Booklet	9,500
Quick Tips Rights and Obligations Booklet	2,976
Addendum to Rights and Obligations Booklet	346
Package Form Letter for Interstate Rights and Obligations Booklet	235
Confidentiality Form	245
Election to Withhold Federal Income Tax	242
Affidavit – Lost /Stolen Check	253
Alien Verification Form	152
Claimant’s Guide to an Appeal Hearing	1,355
NH Working- Return to Work Initiative Information for Trainees	670
NH Working – Pathway to Work	590
How to File an Initial UI Application	879
How to File Weekly Claims Sheet	610
How to File Weekly Claims with Screenshots	932
UI Initial Application	1,186
Job Match Instruction Sheet	302
Release of Information – NH Works System Partners	264
Federal Bonding Brochure	327
Work Opportunity Tax Credit Brochure	582
Employment Services Brochure	1,343
Continued Claim Form	500
New Claim Instruction Sheet	989
Work Search Warning	326
QC: Info for Claimants Brochure	516
QC: Separation Pay Letter	197
BPC: Request for Employment and Earnings	774
BPC: Second Request for Employment and Earnings	729
BPC: Request for Wage Information	609
BPC: Notice of Potential Overpayment	465
BPC: New Hire Notification Letter	188
BPC: Decision of Commissioner	802
BPC: Claimant Audit Letter	210
Appellate: Consideration Regarding Oral Presentations	190
Appellate: Importance of Hearing	194
Appellate: LOB Directions	255
Appellate Request Received	189
Appellate: Hearing Scheduled	220
Appellate: Limitation of Fees	303
Appellate: Appeal Rights	495
<u>GRAND TOTAL</u>	<u>30,740</u>

ATTACHMENT B

VENDOR PROPOSAL PAGE

PLEASE RETURN THIS PAGE

The undersigned hereby proposes to provide Translation Services to New Hampshire Employment Security in accordance with all terms and specifications of Request for Proposal, at prices quoted below:

<u>Document Translation Services:</u>	<u>Per Word Rate</u>
Spanish	\$ _____
Vietnamese	\$ _____
Bosnian	\$ _____
Arabic	\$ _____
Mandarin	\$ _____

Estimated Total Cost for Phase I: \$ _____

Estimated Total Cost for Phase II: \$ _____

** If there are any additional costs that may be charged or discounts that may be applied to the rates shown above, please itemize such costs or discounts on a separate page and attach to this form.*

Contractor: _____
Company Name & Address

Printed Name Signature

E-Mail: _____ #'s: _____
Land Line Telephone Cell Phone

NH Employer ID Number _____ Corporation Partnership Individual

List Name, Address, Email, Phone # of three (3) Customer/Client References

1. _____
2. _____
3. _____

Signing bid page constitutes agreement and compliance with Request for Proposal requirements.
Business Administrator will answer questions regarding RFP/bid process. Questions/Answers are provided to all RFP recipients. Please forward questions via email @ Jill.D.Revels@nhes.nh.gov or phone @ (603) 229-4449.

ATTACHMENT C

PRACTICAL TRANSLATION EXERCISE

**NEW HAMPSHIRE EMPLOYMENT SECURITY
ELECTION FORM FOR WITHHOLDING OF FEDERAL INCOME TAX**

NAME: _____ SOCIAL SECURITY: # _____
(Print Name)

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HOME ADDRESS: _____
Street/Apartment

City/Town State Zip Code

As an individual filing for unemployment compensation, please be advised that:

- (1) Unemployment Compensation is subject to Federal Income Tax;
- (2) It may be necessary for you to make estimated tax payments;
- (3) Effective January 1, 1997, you must elect whether or not you want to have Federal Income Tax deducted and withheld from your unemployment compensation. The standard rate of deduction is 15% of your gross weekly benefit amount; **effective August 7, 2001, the rate is changed to 10%.**
- (4) Upon written request, you may change your withholding election. Your request to change or terminate your election must contain your name, social security number, home address, and signature.
- (5) The effective date of your election is the date on which the department enters your election into its automated benefit system, and it only applies to payments made after that date.

Instructions:

On this form you must indicate whether you want Federal Income Tax deducted and withheld from future unemployment compensation checks issued to you.

Please indicate your selection by placing an (X) in the appropriate box below. You must sign, date and return this form to the Department.

Yes, I want Federal Income Tax deducted and withheld from my unemployment compensation check(s).

No, I do not want Federal Income Tax deducted and withheld from my unemployment compensation check(s).

Your Signature: _____

Today's Date: ____/____/____

APPENDIX D

ADDITIONAL SAMPLE DOCUMENTS (PHASE II SCOPE OF WORK)



Confidentiality Release

This form will authorize the person you designate to review your claim records (including medical records or information), to act as your interpreter, and/or to communicate with this Department on your behalf, for **a period of 30 days** from the date signed.

Please complete the following information, sign and date the form, and return to this Department as soon as possible. You must designate a specific individual and supply their complete name. A company or agency name is not acceptable.

I, _____, Social Security Number _____,
Claimant – Full Name Claimant SSN

hereby authorize _____, my _____
Designee – Full Name Relationship to Claimant

to review confidential claim and medical records pertaining to me that are currently in possession of the NH Employment Security office; to assist me as an interpreter; and/or to speak on my behalf regarding my claim or claim processes.

Claimant – Signature Date

Your signature must be witnessed by an authorized representative of NH Employment Security, or notarized by a Justice of the Peace or Notary.

In witness whereof I have hereunto set my hand and seal (notary) on the day and the year above written.

Notary Public – Justice of the Peace
 Or Authorized representative of the Commissioner, NHES Date

If, at any time, you wish to cancel this release, you must inform this Department in writing.

Please return this form to the nearest NH local office or mail to:
 NHES, 45 South Fruit Street Concord, NH 03301-4857



NEW HAMPSHIRE EMPLOYMENT SECURITY

DECISION OF COMMISSIONER

JFS-84400

Claimant's Name

Social Security Number

***_**XXXX

Date Issued:

Determination No:

XX/XX/XXXX

Business Unit:

BENEFIT PAYMENT CONTROL
45 SOUTH FRUIT STREET
CONCORD NH 03301-4857

Phone: (603) 228-4071

Fax: (603) 229-4390

FINDING OF FACT:

You filed and received Unemployment Compensation in the amount of \$ for the weeks ending XX/XX/XXXX and XX/XX/XXXX telling the Department you neither worked nor earned wages during these weeks.

Information and documentation provided to the Department by of shows you worked and earned wages during these weeks.

(See attached summary)

ISSUE(S) OF LAW INVOLVED:

RSA 282-A:164

Complete law/rule reference can be viewed at www.nhes.nh.gov by using the NH LAW & RULE link on the left side of the page, or at any NH Employment Security Office.

RIGHTS AND OBLIGATIONS:

Your rights and obligations under Unemployment Compensation Law were provided to you when you filed your claim for Unemployment Insurance benefits.

CONCLUSION:

You knowingly failed to report your work and earnings with for weeks ending XX/XX/XXXX and XX/XX/XXXX. You knowingly failed to report this activity for the purpose of obtaining or increasing unemployment benefits for the weeks covered above. The weeks at issue are denied.

You are disqualified for benefits for weeks ending XX/XX/XXXX and XX/XX/XXXX. You are also ineligible to receive benefits for a period of X weeks commencing XX/XX/XXXX and ending XX/XX/XXXX. In addition to any overpayment caused by this denial, a penalty equal to 20 percent of the overpaid benefits shall be ordered by the Commissioner or his or her representative.

The account of the following most recent employer(s) will be relieved of any charges associated with the weeks addressed in this determination. If such employer is a reimbursable employer, the account will be relieved upon recovery.

Si usted no puede leer esto, llame por favor a 1-800-266-2252 para una traduccion.

000029010300*

REPAYMENT OF OVERPAYMENT:

You are overpaid benefits in the amount of \$ plus a 20 percent penalty of \$ for a total overpayment of \$ and restitution is required. You should make a check or money order payable to "New Hampshire UCB Account" and mail to New Hampshire Employment Security, Attn: Cashier, 45 South Fruit Street, Concord, NH 03301 or you may call 1-800-852-3400, Ext or 1-603-229-4391 to discuss payment plan arrangements.

APPEAL RIGHTS: You may appeal this determination and have the opportunity for a hearing. To file an appeal, complete an **on-line** form at the NHES website at <http://www.nhes.nh.gov/forms/index.htm>; **mail** a form or letter to NHES Appeal Tribunal Unit, PO Box 2009, Concord, NH 03302-2009 or **fax** to (603) 223-6141; send an **email** to appeals@nhes.nh.gov; or go **in person** at an NHES office. Include the determination ID number, your name, the last four digits of the claimant's social security number and any additional facts and/or documentation to support the appeal. An appeal must be postmarked or received in an NHES office **within 14 days from the determination mail date**, unless the Commissioner finds sufficient grounds to justify or excuse a delay in filing the appeal. If the 14th day is not a Department business day, the Commissioner has already extended the deadline. **A timely appeal must be filed no later than XX/XX/XXXX**. If the appeal is filed after this date include a statement with: (1) the date you received the determination; and (2) the reason for filing late. If unemployed, claimants should continue to file weekly benefit claims while the determination is under appeal.

CLAIMANT: Upon conclusion of the appeals process, you may request a compromise to forgive some or all of an overpayment debt. If shown to be in the best interests of the state, the Commissioner may waive certain costs and/or settle any overpayment debt with approval of the Attorney General. Send a written explanation of why the Commissioner should compromise the debt to **Commissioner, 45 South Fruit Street, Concord, NH 03301**. RSA 282-A: 29 and EMP 408.

Determination by:

For Office Use Only -
DTM:
FAC DTM:
LO #:

Si usted no puede leer esto, llame por favor a 1-800-266-2252 para una traducción.

000000017963584



NEW HAMPSHIRE EMPLOYMENT SECURITY SUMMARY OF OVERPAID WEEKS

JFS-84400

Claimant's Name:	Social Security #: ***-**-XXXX
Claimant's Address:	Summary by:

Type of Claim	Claim Week Ending Date	Benefits Paid	Earnings Reported by you	Total Earnings Reported by Employer(s)	Total Hours Worked for Employer(s)	Employer Name	Dates Wages Paid	Gross Earnings Reported by Employer	Hours Worked for Employer
Total									
Total									
	TOTALS:								

Comments:

Si usted no puede leer esto, llame por favor a 1-800-266-2252 para una traducción.

DSN: 002178
Page 3 of 3

THIS SPACE FOR OFFICIAL USE ONLY
ID: 000000017963584

PSN: 002178
NOTICE: JI46N1

000000017963584

The Appeal Hearing ***"De Novo"***

The hearing is usually *de novo*, meaning the case is heard as if no prior decision had been made. The AT is not bound by earlier NHES determinations, decisions, or findings.

Attend the Hearing

No matter who filed the appeal it is important to attend the hearing. If you do not appear, the Tribunal will not have your first-hand testimony, and a ruling against you is more likely. If you filed the appeal and you do not appear, the case may be dismissed.

Hearing Procedures

Testimony is recorded and is taken under oath or affirmation. The party with the "burden of proof" usually testifies first. The employer has the burden to show misconduct connected with the work if you were fired. If you quit, you have the burden to show that the reason you left work is not disqualifying.

The Chairman will ask questions about important and relevant facts. Witnesses will be allowed to testify. Each party (the claimant and interested employers) will be allowed to question witnesses.

During the Hearing

The Chairman is seeking information that bears directly on the issue(s) being considered. Stay focused on the issue. Present relevant evidence, such as documents, and be sure to have copies. Be brief and accurate. Your conduct at the hearing is a factor in assessing the case. Remain calm and do not be defensive or aggressive.

Reading a statement prepared outside the hearing is hearsay, not first-hand testimony. Hearsay is admissible, but will usually be given less weight than first-hand testimony.

Take notes of the other party's testimony, especially that with which you disagree. Use these to ask questions and/or address points. Effective questions for an employer can:

- Uncover "half-true" testimony; or
- Show lack of credibility; or
- Clear up misunderstood testimony.

After the Hearing

After the hearing is over and the record is closed, the Chairman cannot discuss the case. A *Decision of Appeal Tribunal* will usually be mailed to the parties within two weeks.

Withdrawals

Only the party that filed the appeal may withdraw an appeal. To withdraw, notify the ATU **in writing** as soon as possible. If a request to withdraw an appeal is accepted, the appealed determination becomes final as soon as the withdrawal notice is mailed.

Postponements/Re-scheduling

Any interested party may request a postponement. The department may also postpone a hearing. Make the request before the hearing and as soon as the need is known. If you miss a hearing, you may request the hearing be re-scheduled.

Requests should be in writing. Email is preferred to ensure timely receipt.

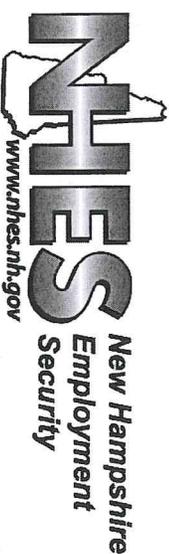
Americans with Disabilities Act

NH Employment Security complies with the Americans with Disabilities Act. Should you require special assistance to pursue your rights due to a disability as defined in the Act, please contact the ATU as soon as possible.

Interpretation Assistance

If you need language interpretation assistance, including sign language, notify the ATU immediately.

A Claimant's Guide **to the** **Appeal Tribunal Hearing**



IMPORTANT NOTICE

The Appeal Tribunal must meet strict U.S. Dept. of Labor timeliness requirements. Postponements should be requested within 48 hours of the receipt of the Notice of Hearing or as soon as possible.



Appeal Tribunal Unit

PO Box 2009
45 South Fruit Street
Concord, New Hampshire 03302-2009
Telephone (603) 223-6140
Fax (603) 223-6141

Email address: appeals@nhes.nh.gov

For Additional information visit the Department web site: www.nhes.nh.gov

NHES is a proud member of America's Workforce Network and NH Works.

NHES is an Equal Opportunity Employer and complies with the Americans with Disabilities Act. Auxiliary aids and services are available upon request of individuals with disabilities.
TTY ACCESS: RELAY NH 1-800-735-2964.

What is an Appeal?

An appeal is a written disagreement with a department determination.

An appeal hearing is held to ensure each affected party may testify and give evidence.

An Appeal Tribunal (AT) Chairman presides at the hearing. Appeal hearings are not open to the public. Information received in the hearing is CONFIDENTIAL.

The AT is the first appeal level. Most cases are resolved at this level. There are additional appeal levels if you feel the AT Decision is not justified. Each level has a specific filing time limit. The levels are:

1. Appeal Tribunal
2. Request to Re-open - Commissioner
3. Appeal to the Appellate Board
4. Motion for Reconsideration - Appellate Board
5. Appeal to the NH Supreme Court
6. Appeal to the US Supreme Court

Do I Need a Lawyer?

No. You may want a lawyer, especially if the other party has one or for complex issues.

Notify the Appeal Tribunal Unit (ATU) about any representation as soon as possible to prevent scheduling delays. ANY representative must provide an appearance letter to the ATU and the other parties.

Legal Services for Low-Income People

NH LEGAL ASSISTANCE: SENIOR LAW PROJECT

For people 60-years-old and older
1-888-353-9944

LEGAL ADVICE AND REFERRAL CENTER (LARC)

For people 59-year-old and younger
www.nhlegalaid.org

If cannot apply on-line, call (expect to be on hold):
(603) 224-3333 or 1-800-639-5290

NH BAR ASSOCIATION

Lawyer Referral Service 603-229-0002

Disabilities Rights Center

1-800-834-1721 Fax: 603-225-2077

LAW LINE

Second WEDNESDAY of the month from 6:00 p.m. to 8:00 p.m. volunteer lawyers provide free legal information over the phone: 1-800-868-1212

NHES Claim Representative Unit

Department unit that helps claimants, at no cost, to prepare for hearings.

Call as soon as possible after an appeal is filed.
1-800-685-6588; 603-228-4017; 603-229-4438

Before the Hearing

Continue to Claim Benefits

If still unemployed, continue to file while the appeal is pending. If the appeal result is favorable, benefits will be paid only for weeks with properly filed claims.

If denied at any appeal level, benefits that were paid may have to be paid back.

The Hearing Notice

Read the entire Notice of Hearing. It lists the issue(s) to be addressed at the hearing, the hearing date and time (NH time), whether it is by telephone or in-person, and, if in person, the hearing location.

It will come by US mail or electronically, depending on your preference, so regularly check mail or electronic correspondence box.

An in-person hearing may be dismissed if you are not at the hearing location when it is to start.

The notice for a telephone hearing will include a sheet for you to provide the telephone number(s) at which you and any witnesses may be contacted for the hearing.

A telephone hearing may be dismissed if participant contact numbers are not provided before the hearing.

Evaluate and Prepare

Prepare by evaluating what is important for the case. List key points for each issue to be addressed in the hearing.

If the issue is a discharge, be prepared to discuss the final incident and any warnings or other personnel actions taken against you.

If a quit, be prepared to discuss what specifically caused the quit and anything you did before quitting to resolve the situation.

If benefits were paid, be ready to discuss what you told the department about the issue.

Evidence

The appeal tribunal hearing is the only level that testimony is heard and evidence received, other than newly-discovered evidence. Present only relevant evidence. It may be useful to see department records prior to the hearing. Contact the ATU to see or obtain such records.

If there are any employer records that are important to prove the case, the documents should be obtained and brought to the hearing. These may be subpoenaed.

Make copies of evidence to be presented for the employer(s) and the Chairman.

For telephone hearings, immediately email, mail, or fax any evidence to the ATU and to the employer(s) to prevent a need to continue the hearing.

Witnesses

It is extremely important to have first-hand witnesses present.

If a first-hand witness cannot attend, the department may allow participation by telephone. If the witness cannot attend by telephone, it is best to request postponement.

If a witness is unwilling to participate voluntarily, the AT may issue a subpoena if the witness has relevant testimony necessary for a fair hearing. It is best to know what the witness will say before a subpoena request.

A written statement from a witness is not as credible as direct testimony.