

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No. _____ Department or Agency: Department of Labor
Rule No. 480-4-3-.18
Rule Title: Replacement of Benefit Checks
_____ 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 _____/s Stephen McCormick _____

Date 8-21-13

(DATE FILED)
(STAMP)

APA-2
07/04

Department of
Labor

NOTICE OF INTENDED ACTION

AGENCY NAME: DEPARTMENT OF LABOR

RULE NO. & TITLE: 480-4-3-.18 Replacement of Benefit Checks.

INTENDED ACTION: Amendment

SUBSTANCE OF PROPOSED ACTION: The amendment outlines proper procedure for replacing benefit payments.

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 October 07, 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: October 07, 2013

CONTACT PERSON AT AGENCY:

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

_____/s Stephen McCormick_____
Stephen McCormick
Director, Governmental Affairs

ALABAMA DEPARTMENT OF LABOR
ADMINISTRATIVE CODE

CHAPTER 480-4-3
BENEFITS

480-4-3-.18 Replacement Of Benefit Checks Payments.

(1) Benefit checks are void ~~60~~ 180 days after date of issuance and may not be negotiated without written permission from the ~~Director~~ Commissioner.

(2) Benefit checks or inactivated debit cards outstanding 6 months after date of issuance will be cancelled.

(3) Benefit checks which cannot be delivered will be cancelled 60 days after date of issuance.

(4) Electronic payments may be reversed within (5) days of issuance.

~~(4)~~ (5) Replacement of ~~checks~~ payments.

(a) Checks cancelled for non-delivery may be replaced within four (4) years from date of issuance.

(b) Lost checks or inactivated debit cards that have been cancelled as outstanding may be replaced within four (4) years from date of issuance.

(c) Electronic direct deposit payments that have cleared banking channels and payment made thereon may be replaced provided the claimant notifies the Department of Labor Treasury's office within forty-five (45) days of issuance that the payment was made to an incorrect Financial Institution due to administrative error by the Agency.

~~(e)~~ (d) Stolen and/or forged checks that have cleared banking channels and payment made thereon may be replaced within four (4) years from date of issuance provided the claimant has filed an "Affidavit of Lost or Stolen Check," within 180 days after date of issuance. Exceptions to the 180 day limit may be granted by the ~~Director~~ Commissioner if extenuating circumstances merit such consideration.

~~(d)~~ (e) Requests for replacement of a lost or stolen benefit check shall be filed on Affidavit of Lost or Stolen Check available from the Unemployment Claims Office. The Affidavit must be completed by the claimant and all required information furnished.

(f) Lost and/or stolen debit cards, which have not been cancelled by the Department of Labor, must be reported to the issuing debit card company by the claimant. The issuing company will be responsible for reissuing the last and/or stolen debit card in accordance with its rules and regulations.

Author: Hoyt Russell, Director, Unemployment Compensation Div.

Statutory Authority: Code of Ala. 1975, §§25-2-7, 25-2-8, 25-4-111.

History: New Rule: Filed February 14, 2000; effective March 20, 2000. Filed August 21, 2013.