Oklahoma Employment Security Commission
Unemployment Service Center
P.O. Box 52006
OKC, OK 73152
Fax: (405)962-7524

***RE: Claimant Name :
 SSN#:
 Claim ID:***

*Employer ID #:*

ENTER DATE HERE

To Whom It May Concern:

Today we received a letter regarding issuing benefits to the individual listed above. This individual is not, nor have they ever been a W2 employee for ***insert company name here****.*

We are requesting that you deny benefits to ***claimant name***, based on non-employment with ***insert company name here.***

Please contact me at ***(xxx)XXX-XXXX*** with any questions.

Thank you,