



Reemployment Assistance Benefit Overpayment Coupon

Name: _____ Telephone: _____ Amount Paid: \$ _____

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Fill in your Social Security Number in the blocks above.

Make check/money order payable to **Unemployment Compensation Trust Fund**.
Mail this completed coupon with your check/money order to the following address:

Benefit Payment Control
P. O. Drawer 5050
Tallahassee, FL 32314-5050

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