

This application is being provided for your use in filing an initial application for Unemployment Compensation. Please complete ALL information. Please answer ALL questions that apply to you.

When completed, mail or fax the application to the office that corresponds to your Pennsylvania county of residence.

If you reside in Delaware, please mail or fax your application to the Scranton UC Service Center. If you reside in New Jersey, Puerto Rico, Canada or the Virgin Islands, please mail or fax your application to the Allentown UC Service Center. If you reside in any other state, please mail or fax your application to the Indiana UC Service Center.

NOTE: You can mail up to 5 pages in one envelope with one \$.46 stamp. If you mail 6 pages (all of the pages of the application), the cost is higher. Mail only the pages that have your answers on them. Do not mail instructions or blank pages.

If you live in this county:

Berks, Lehigh, Northampton

Adams, Blair, Cambria, Cameron, Centre,
Cumberland, Dauphin, Elk, Huntingdon,
Jefferson, Juniata, Mifflin, Perry, Potter, York

Bucks, Crawford, Erie, Forest, McKean,
Philadelphia, Venango, Warren

Chester, Delaware, Lancaster, Lebanon,
Montgomery

Bradford, Carbon, Clinton, Columbia, Lackawanna,
Luzerne, Lycoming, Monroe, Montour, Northumberland,
Pike, Schuylkill, Snyder, Sullivan, Susquehanna,
Tioga, Union, Wayne, Wyoming

Armstrong, Beaver, Bedford, Butler, Franklin,
Fulton, Indiana, Mercer, Lawrence, Somerset,
Westmoreland

Allegheny, Fayette, Greene, Washington

Mail/Fax your application to this office:

Allentown UC Service Center
160 W. Hamilton St., Ste 500
Allentown, PA 18101-1994
FAX: 610-821-6281

Altoona UC Service Center
1101 Green Ave.
Altoona, PA 16601-3483
FAX: 814-941-6801

Erie UC Service Center
1316 State St.
Erie, PA 16501-1978
FAX: 814-871-4863

Lancaster UC Service Center
36 East Grant Ave.
Lancaster, PA 17602
FAX: 717-299-7557

Scranton UC Service Center
30 Stauffer Industrial Park
Taylor, PA 18517-9625
FAX: 570-562-4385

Indiana UC Service Center
630 Kolter Dr.
Indiana, PA 15701-3570
FAX: 724-599-1068

Duquesne UC Service Center
14 N. Linden St.
Duquesne, PA 15110-1067
FAX: 412-267-1475

IMPORTANT INFORMATION

If you are filing an initial application for UC benefits, you will receive three separate mailings. You should receive all three of these mailings within 10 working days after you mail or FAX your application. If you do not receive these mailings within 10 days, call your UC Service Center at 888-313-7284. The items being mailed are:

1. **An official Notice of Financial Determination**

When you receive the Notice of Financial Determination, please review it carefully. If any of the information on your financial determination is incorrect, follow the instructions on the reverse side of the form for filing an appeal.

2. **A Claim Confirmation Letter**

The Claim Confirmation Letter will contain your **confidential** Personal Identification Number (PIN) which you will use to access UC services. **PLEASE SAVE IT**. Staff working in the UC Service Center do not know your PIN number. Your PIN does not change from year to year unless you request a new PIN or change your PIN using the Internet or PA Teleclaims (PAT) system. The Claim Confirmation Letter will also instruct you when to file your biweekly claims.

3. **An Unemployment Compensation Handbook**

This handbook provides information regarding the unemployment compensation program and your rights and responsibilities. Please read and keep this handbook for reference for one year.

Filing your biweekly claims for benefits:

In order to receive benefits, you must file biweekly claims for the weeks you are totally or partially unemployed. The first eligible week on your claim is the waiting week. You must file a claim for, and get credit for, a valid waiting week before you will receive any benefit payments.

Note: The waiting week is never paid. As such, your first benefit payment will be for one week of benefits.

You have two options to file your biweekly claims:

1. Internet filing is available Sunday from 6 a.m. to 11 p.m., and Monday through Friday from 6 a.m. to 9 p.m. at: www.uc.pa.gov.
2. Telephone filing via our Pennsylvania Teleclaims—PAT system. PAT is available Sunday from 6 a.m. to 11 p.m., and Monday through Friday from 6 a.m. to 9 p.m. PAT numbers are listed in your UC handbook.

If you return to work, and subsequently become laid off, **YOU MUST CALL THE UC SERVICE CENTER TO REOPEN YOUR CLAIM WITHIN SEVEN (7) CALENDAR DAYS OF YOUR LAST DAY OF WORK.**

Claimant Name _____ Social Security Number _____

APPLICATION FOR UC BENEFITS CLAIMANT INFORMATION

First Name _____ MI _____ Last Name _____

Other Last Name (if used within the last 2 years) _____

Social Security Number _____

Mailing Address: (if this is a PO Box, please also provide a residence address below)

Street _____

City _____ State _____

Zip Code (include the + 4, if known) _____

Residence Address: (if different from the mailing address)

Street _____

City _____ State _____

Zip Code (include the + 4, if known) _____

NOTE: If you do not reside in the continental U.S., please provide the following:

Non-US Postal Code _____

Country _____

Birth date _____ Gender (male or female) _____

Telephone Number _____

County within State of Residence _____

Township or Borough of Residence _____

Home FAX Number _____

Home Email Address _____

Highest Grade of School Completed _____

Do you have any dependents? **Y** **N**

If YES, based on PA UC Law you may claim an allowance of up to a maximum of \$8 a week for dependents if you are the major financial supporter. A dependent can be a legally married spouse who lives with you, or children under the age of 18, or children over 18 who are unable to accept gainful employment due to a physical or mental infirmity.

Do you consider yourself the main support of the dependents you are claiming for UC purposes? **Y** **N**

How many dependents do you wish to claim? _____

Are you claiming your spouse as a dependent? **Y** **N**

What is your spouse's name? _____

Provide the name(s) of the children you are claiming as dependents?

Did you ever serve over 180 days in active duty for the U. S. Military? **Y** **N**

Claimant Name _____ Social Security Number _____

APPLICATION FOR UC BENEFITS CLAIMANT INFORMATION (cont'd)

If YES , have you been classified as a disabled veteran?	Y	N
If YES , what is the percentage of the disability? _____		%
What type of work are you seeking? _____		
Do you consider yourself to have a disability?	Y	N
Of the following categories, how do you describe yourself?		
_____ Not Hispanic		
_____ Hispanic or Latino		
_____ Ethnicity Unknown		
Of the following categories, how do you describe yourself?		
_____ White	_____ American Indian/Alaskan Native	
_____ Black	_____ Hawaiian/Pacific Islander	
_____ Asian	_____ Information Not Available	
_____ Multiple Races		
During the last 2 years, have you served on active duty in the U.S. Military?	Y	N
During the last 2 years, have you worked in a state other than Pennsylvania?	Y	N
During the last 2 years, have you worked as a civilian for the Federal Government?	Y	N
During the last 2 years, have you worked for a college, university or school?	Y	N
During the last 2 years, have you worked for any local or state government?	Y	N
In the next year, are you or will you receive a pension (excluding social security or railroad retirement) or lump sum payments from an employer you worked for during the past 18 months?	Y	N
Are you or will you be receiving a severance payment or payments (excluding pensions, retirement payments, accrued leave payments and supplemental unemployment benefits) from any employer?	Y	N
If Yes, is the total amount greater than \$18,400?	Y	N
UC is a taxable benefit. Do you want 10% of your gross weekly benefit amount withheld for Federal Income Tax?	Y	N
Are you a citizen of the United States?	Y	N
Have you ever received or been approved for Worker's Compensation or other accident or disability payments during the past 18 months?	Y	N
Do you get your jobs through a union hiring hall?	Y	N
Are you engaged in self-employment, working on a commission basis, or operating a farm?	Y	N
Are you working full-time or part-time for any other employer including the Reserves or National Guard?	Y	N
Are you the parent or spouse of your last employer?	Y	N
Did you own stock <u>and</u> serve as an officer for the company where you were last employed?	Y	N
Did you cross the PA state line to commute to work?	Y	N

Claimant Name _____ Social Security Number _____

APPLICATION FOR UC BENEFITS EMPLOYER INFORMATION

Name of Employer _____

Street _____

City _____ State _____

Zip Code (include the + 4, if known) _____

Employer Telephone Number _____

Fax Number _____

Email _____

Contact Person (Supervisor or Manager where you worked) _____

Title of Contact Person _____

PA UI Employer Account Number (if known) _____

Plant Number or Branch _____

Potential TRA (if the employer is TAA certified, enter yes) _____

Your First Day of Work for this employer _____

Your Last Day of Work for this employer _____

Did you earn gross wages of \$3,438.00 during the above period of employment with this employer? **Y N**

What was your reason for separation from this employer? (or enter STILL EMPLOYED if still working for this employer)

Were you told by this employer that you would be recalled to your job? **Y N**

If yes, what is your date of recall? _____

What is your badge or timecard number? (if you have one) _____

Is this employer your separating employer? **Y N**

APPLICATION FOR UC BENEFITS - INITIAL CLAIM ADDITIONAL INFORMATION

If you served in active duty for the U S Military during the last 2 years, please complete the following questions:

Are you filing this application from a location in Pennsylvania? **Y N**

Did you file a claim in another state since your most recent separation from active military service? **Y N**

If **YES**, in what state did you file your claim? _____

If **YES**, when did you file your claim? _____

Did you apply for or do you receive:

a subsistence allowance? **Y N**

widow/orphan education assistance? **Y N**

Claimant Name _____ Social Security Number _____

APPLICATION FOR UC BENEFITS - INITIAL CLAIM ADDITIONAL INFORMATION (cont'd)

Provide the following information directly from your DD-214. We have provided the fields where you can find this information in parentheses behind the question.

In what branch of the military did you serve? (2) _____

What date did you enter military service? (12a) _____

What date did you separate from military service? (12b) _____

What was your pay grade? (4b) _____

What was your type of separation? (23) _____

What was your character of service? (24) _____

What was your narrative reason for separation? (28) _____

How many days of accrued leave do you have? (16) _____

Did you complete your first full term of service? **Y N**

Were you a reservist called to active duty for 90 or more consecutive days? **Y N**

Were there any periods of lost time? (29) **Y N**

If "Y" to lost time, complete the following:

Lost Time Begin Date _____ End Date _____

You must SEND your member-4 copy of your DD-214 when you return your application.

If you worked for the federal government in the last two years, please complete the following questions:

Where was your last duty station? _____

What was the last day you worked as a civilian for the federal government? _____

Did you work for another employer in PA since your separation from the federal government? **Y N**

If **YES**, which city? _____

Is the federal agency payroll office and address based on SF- 8? **Y N**

If **NO**, was an SF- 8 issued? _____

What was your position / title? _____

Did you work full- or part-time? _____

Was the work permanent or intermittent? _____

FEDERAL CIVILIAN APPLICANTS NEED TO INCLUDE COPIES OF YOUR PAYSTUBS FOR THE PAST 18 MONTHS WHEN YOU RETURN YOUR APPLICATION.

If you worked in any other state (besides PA) in the last 18 months, please complete the following questions:

In the past 18 months have you worked in Pennsylvania? **Y N**
In what state(s) were you employed? _____

Do you want to file against another state instead of PA? **Y N**
If **YES**, which state? _____

If you are non-U. S. citizen, please complete the following questions:

What is your alien registration number? _____
On what date were you first authorized to work in the U. S.? _____
When does your work authorization expire? _____

IF YOUR ALIEN DOCUMENTATION DOES NOT CONTAIN AN ALIEN NUMBER, YOU MUST INCLUDE A COPY OF YOUR WORK AUTHORIZATION WHEN RETURNING YOUR APPLICATION.

If you are non-U. S. citizen, please complete the following questions:

How long had you worked for your previous employer? _____ years _____ months

If your social security number ends with the numbers "05", please complete the following questions:

What is your regular occupation? _____
Did you get a definite date of recall from ANY of your past employers? **Y N**

I certify that all information I have provided in this document is correct and complete. I acknowledge that false statements in this document are punishable pursuant to 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

First Name _____ Last Name _____ (print)

Signature _____

Date _____

A person who knowingly makes a false statement or knowingly withholds information to obtain UC benefits commits a criminal offense under section 801 of the UC Law, 43 P.S. §871, and may be subject to a fine, imprisonment, restitution and loss of future benefits.