

## UC INITIAL AND REOPENED CLAIM INSTRUCTIONS

This application is being provided for your use in filing an initial application for Unemployment Compensation. Please complete ALL information. The Department can determine if the claim is initial or reopened and process the application accordingly. Please answer ALL questions that apply to you.

When completed, mail or fax the form to the office that handles your county of residence. If you reside in New Jersey or Delaware, please mail or fax your application to the Scranton UC Service Center. If you reside in any other state, please mail or fax your application to the Erie UC Service Center. If you reside in Puerto Rico, Canada or the Virgin Islands, please mail or fax your application to the Lancaster UC Service Center. **NOTE:** You can mail up to 5 pages in one envelope with one \$.37 stamp. If you mail 6 pages (all of the pages of the application), the cost is \$.60. Mail only the pages that have your answers on them. Do not mail instructions or blank pages.

**If you live in this county:**

Berks, Bucks, Lehigh, Northampton

Bedford, Blair, Cambria, Cameron, Centre, Chester, Clarion, Clearfield, Elk, Forest, Fulton, Huntingdon, Jefferson, McKean, Potter, Somerset, Warren

Crawford, Erie, Venango

Adams, Cumberland, Dauphin, Franklin, Juniata  
Juniata, Lancaster, Lebanon, Mifflin, Perry, York

Delaware, Montgomery, Philadelphia

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

Armstrong, Fayette, Indiana, Westmoreland

Allegheny, Beaver, Butler, Greene, Lawrence, Mercer, 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) 871-4570

Lancaster UC Service Center  
60 W. Walnut St.  
Lancaster, PA 17603-3015  
FAX: (717) 299-7557

Philadelphia UC Service Center  
2901 Grant Ave.  
Philadelphia, PA 19114-1069  
FAX: (215) 560-6981

Scranton UC Service Center  
30 Stauffer Industrial Park  
Taylor, PA 18517-9625  
FAX: (570) 562-4873

Indiana UC Service Center  
630 Kolter Rd.  
Indiana, PA 15701  
FAX: (724) 599-1068

Duquesne UC Service Center  
14 N. Linden St.  
Duquesne, PA 15110  
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, call your UC Service Center at 1-888-313-7284. If you are unable to contact the UC Service Center, you can send an email to [uciclaims@state.pa.us](mailto:uciclaims@state.pa.us) and place the words "Initial Claim Tracer" in the subject of the Email. Include your home telephone number in the Email. 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 through Friday, 6 a.m. to 9 p.m. at: [www.state.pa.us](http://www.state.pa.us); PA Keyword "unemployment".  
(Click on the Unemployment Compensation quick link and under File a Claim for UC Benefits, choose Filing Biweekly Claims for UC Benefits.)
- 2) Telephone filing via our Pennsylvania Teleclaims—PAT system. PAT is available Sunday through Friday, 5 a.m. to 9 p.m. PAT numbers are listed in your UC handbook or at our web site indicated above.

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.**

**APPLICATION FOR UC BENEFITS  
CLAIMANT INFORMATION – Page 1**

Social Security Number \_\_\_\_\_ PA Drivers License Number \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

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) \_\_\_\_\_

Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_

County within State of Residence \_\_\_\_\_

Township or borough of Residence \_\_\_\_\_

Home FAX Number \_\_\_\_\_

Home E- mail address \_\_\_\_\_

Highest Grade of School Completed \_\_\_\_\_

Claimant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**APPLICATION FOR UC BENEFITS ( cont'd)  
CLAIMANT INFORMATION – Page 2**

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

If YES, based on PA UC Law you may claim allowance of up to a maximum of \$ 8.00 a week for dependents if you wholly or chiefly support them. 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**

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? \_\_\_\_\_

Would you like to speak to a CareerLink Representative about employment services? **Y** **N**

=====  
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
- \_\_\_\_\_ Black
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Multiple Races
- \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ Hawaiian/Pacific Islander
- \_\_\_\_\_ Information Not Available

Claimant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**APPLICATION FOR BENEFITS (cont'd)**  
**CLAIMANT INFORMATION – Page 3**

During the last 2 years, have you served on active duty in the U.S. Military?	<b>Y</b>	<b>N</b>
During the last 2 years, have you worked in a state other than Pennsylvania?	<b>Y</b>	<b>N</b>
During the last 2 years, have you worked as a civilian for the Federal Government?	<b>Y</b>	<b>N</b>
During the last 2 years, have you worked for a college, university or school?	<b>Y</b>	<b>N</b>
During the last 2 years, have you worked for any local or state government?	<b>Y</b>	<b>N</b>
In the next year are you or will you receive any type of pension including social security or lump sum payments?	<b>Y</b>	<b>N</b>
Are there any conditions under which you may not be able and available for work?	<b>Y</b>	<b>N</b>
UC is a taxable benefit. Do you want 10% of your gross weekly benefit amount withheld for Federal Income Tax?	<b>Y</b>	<b>N</b>
Are you a citizen of the United States?	<b>Y</b>	<b>N</b>
Have you ever received or been approved for Worker's Compensation or other accident or disability payments during the past 18 months?	<b>Y</b>	<b>N</b>
Do you get your jobs through a union hiring hall?	<b>Y</b>	<b>N</b>
Are you engaged in self-employment, working on a commission basis, or operating a farm?	<b>Y</b>	<b>N</b>
Are you working full-time or part-time for any other employer including the Reserves or National Guard?	<b>Y</b>	<b>N</b>
Are you the parent or spouse of your last employer?	<b>Y</b>	<b>N</b>
Did you own stock <u>and</u> serve as an officer for the company where you were last employed?	<b>Y</b>	<b>N</b>
Did you cross the PA state line to commute to work?	<b>Y</b>	<b>N</b>

Claimant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**APPLICATION FOR 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 **\$2,706.00** 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

Claimant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**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:**

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

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Claimant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

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**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**

Claimant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**If you worked in any other state (besides PA) in the last 2 years, please complete the following questions:**

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 worked for less than one year for your last employer, please complete the following question:**

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**