

Legislative	Contact	Contact
office:	name;	telephone:

This form is intended for use by legislative staff only. Please fax the completed form to the appropriate UC service center (UCSC). <u>Note:</u> This is a double sided document for faxing.

Unemployment Compensation Service Center Locations

Scranton	Erie	Altoona	Indiana 620 Koltos Drivo	Duquesne	Harrisburg
30 Stauffer Industrial Pk. Taylor, PA 18517-9601	1316 State St. Erie, PA 16501-1916	1101 Green Avenue Altoona, PA 16601-3483	630 Kolter Drive Indiana, PA 15701-3570	14 N. Linden St. Duquesne, PA 15110-1067	651 Boas St, 15 [⊾] Flr Harrisburg, PA 17121-0751
FAX 570-562-4385	FAX 814-871-4863	Fax 814-941-6801	Fax 724-599-1068	FAX 412-267-1475	FAX 717-214-5463

If the claimant calls, submits an email or sends another fax within three days after submitting an initial fax, this could potentially delay services for themselves or for others.

The claimant must complete this form clearly and in its entirety or the claim will not be processed.

Debit Card issue: If there is a problem with the UC debit card, the UCSC cannot help. The claimant must call **U.S. Bank customer service at 888-233-5916** for debit card issues.

PRINT <u>claimant</u> information, <u>as shown on the</u>	JC claim:	
Claimant first name:*	MI:* Claimant last name:	:*
Claimant Social Security number:	* 1 ast four digits are] required
Claimant email address:*	and the second se	
Claimant telephone number:*		Check here if change requested:
Alt. claimant telephone number:		
Current address on cla	im:	New address:
Claimant street address:*	Claimant street addres	ss:
City, state and ZIP code:*	City, state and ZIP co	de:
*Indicates required field		
Check any that apply:		
Claimant is requesting a change of address. If YES, complete both the current address on clai	n and new address shown ab	YES NO
Claimant is requesting a new PIN number? If YES, verify current address on claim above is co	prrect.	YES NO
Claimant received a message (online/phone) to call	he service center.	YES NO
If YES, did the claimant attempt to contact UC to dis	cuss/resolve this issue?	YES NO
If YES, what was the first date claimant contacted U	C: at AM	Phone number or
Please provide a brief description of any known issue	in the box on the reverse side	email address email address

Claimant filed biweekly and seven business days have passed but payment has not been received.

Claimant has questions regarding an overpayment.

Claimant has questions about an appeal. (Note: claimant has 15 days from the mailing date on their determination to file a timely appeal.)

Claimant cannot file biweekly using Internet/PAT due to claim being inactive, needs to reopen their claim. Fill out **ALL** information below under REOPEN AN EXISTING UC CLAIM or reopen your claim online at **www.uc.pa.gov**.

REOPEN AN EXISTING UC CLAIM If claimant was working and their hours were reduced or they are totally separated; complete this section.							
Name of most recent employer:	First day worked:*						
Employer street address:*	Last day worked:*						
City, state and ZIP code:*	Badge or timecard number:*						
	Your manager:*						
Telephone number:*							
Did you earn at least \$3,366 from this employer?		*YES	NO				
Reason for separation from this employment:*							
Were you told by your employer that you would be recalled to y If YES, what is the date of recall:	our job?:	*YES	NO				
Is the recall notice in writing?:		*YES	NO				
Are there any conditions under which you may not be able and If YES, provide a brief description in the box below.	available for work?:	*YES	NO				
UC is a taxable benefit. Do you want 10% of your gross weekly for Federal Income Tax?:	benefit amount withheld	*YES					
Are you requesting backdating to your claim?:		YES	NO				
If so, what weeks are you requesting?:							
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.							
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.							
*Indicates required field							
Provide a brief description of any other issues:							
 Due to the high call volume, allow seven to ten business days for any requested transactions to occur. The claimant will ONLY receive a callback IF further information is needed. The claimant should check for updates using our online self-services at <u>www.uc.pa.gov</u> or PAT. Date sent:							
Date sent: Time sent: AM P	VI						

Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program