

**PENNSYLVANIA UNEMPLOYMENT
COMPENSATION (UC) BENEFITS
ADDRESS DESIGNATION (NON-TPA)**

Before completing this form: Go to uctax.pa.gov and use your Keystone ID and Password to login to the Unemployment Compensation Management System (**UCMS**). After you have logged in, select "Employer Profile" and "Addresses" to view your Mailing Address. This is the default address used by the department for most of the UC benefits related correspondence sent to you. If you would like the department to use a different address or addresses for UC benefits correspondence, and you have not previously designated one or more addresses for UC benefits purposes, complete this form ([instructions for completing this form](#)). If you are unsure of your current UC benefits address(es), contact the department at addresschange@pa.gov or call the Employer Information Center at 717-787-4677.

***If you wish to designate a TPA (Power of Attorney), please complete form UC-1208.**

Important: Do not use this form to change your address for UC tax correspondence. Use the "edit" function in **UCMS** to change a UC tax address.

Employer Business Name: _____

Employer Legal Name (If different than Bus. Name): _____

Phone:

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Fax:

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Email: _____

PA UC Account Number:

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FEIN:

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Benefits Address Designation

UC Benefits Form	Send to me at this address:
Form UC-640, or UC-150, Monthly Notice of Compensation Charged.	Street: _____ _____ City, State, Zip: _____
Form UC-44F, Notice of Financial Determination; Form UC-44FR, Request for Relief from Charges; and Notice of Determination regarding a relief from charge request.	Street: _____ _____ City, State, Zip: _____
Form UC-45, Employer's Notice of Application and Request for Separation Information*; UC eligibility fact-finding forms; and Notice of Determination regarding UC eligibility. *See "Form UC-45" on reverse.	Street: _____ _____ City, State, Zip: _____

I certify that I am authorized to sign this document on behalf of the employer and 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.

Employer Signature: _____ Date: _____

Title: _____

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