pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS POLICY

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

An employer will need to designate an address to be used for both UC Tax and UC Benefits correspondence, and those addresses may or may not be the same.

To change the UC Tax address, log into **uctax.pa.gov** with the Keystone ID and password, and select "Employer Profile" and "Addresses" to view or change your Employer Profile. For assistance in updating your UC Tax address, see Form **UC-1212(W)(INS)**.

An employer may designate several different addresses for the following UC Benefits correspondence:

UC Benefits Form	Send to this address: (Do not list Third-Party Administrator(TPA) info. See Form UC-1212(W)(INS) for additional information.)
Monthly or Quarterly Notice of Compensation Charged (Form UC-640 or Form UC-150)	Street: _____ _____ City, State, Zip: _____
Notice of Financial Determination (Form UC-44F(3)), Request for Relief from Charges (Form UC-44FR), and Notice of Determination on Request for Relief from Charges (Form UC-560)	Street: _____ _____ City, State, Zip: _____
Employer's Notice of Application and Request for Separation and Wage Information (Form UC- 45), fact-finding questionnaires, and benefit eligibility determinations	Street: _____ _____ City, State, Zip: _____

☐ If all three addresses provided above are the same and you would also like all TAX forms mailed to this address, please check this box.

Employer Legal Name: _____
(as it appears on the PA Enterprise Registration Form PA-100)

Employer Trade Name (If different than Legal Name): _____

Phone: ☐☐☐ ☐☐☐ ☐☐☐☐ Fax: ☐☐☐ ☐☐☐ ☐☐☐☐

Email: _____

PA UC Account Number (seven-digit number followed by R or M, or enter zero):
☐☐ ☐☐☐☐☐☐

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 authorties.

Authorized employer representative: _____ *Title:* _____
(See Form **UC-1212(W)(INS)** for signature requirements.)

Date: _____

SUBMIT

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

PRINT RESET SAVE