

## UC INITIAL CLAIM SHARED WORK PROGRAM

Claimant \_\_\_\_\_ Social Security Number: XXX - XX -

### APPLICATION FOR UC BENEFITS CLAIMANT INFORMATION

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

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

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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

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

Did you ever serve over 180 days in active duty for the U. S. Military?	<b>Y</b>	<b>N</b>
If yes, have you been classified as a disabled veteran?	<b>Y</b>	<b>N</b>
If yes, what is the percentage of the disability? _____		%
Do you consider yourself to have a disability?	<b>Y</b>	<b>N</b>
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?	<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 a pension (excluding Social Security or railroad retirement) or lump sum payments from an employer you worked for during the past 18 months?	<b>Y</b>	<b>N</b>
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?	<b>Y</b>	<b>N</b>
If yes, is the total amount greater than \$18,900?	<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 Workers' 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>

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

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 during the above period of employment with this 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**

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**APPLICATION FOR UC BENEFITS - INITIAL CLAIM ADDITIONAL INFORMATION**

**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 paygrade? (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 yes 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.**

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**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.