

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) _____

Social Security number: XXX - XX -

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? Yes No

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? Yes No

How many dependents do you wish to claim? _____

Are you claiming your spouse as a dependent? Yes No

What is your spouse's name? _____

Provide the name(s) of the children you are claiming as dependents

Claimant

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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? Yes No

If yes, have you been classified as a disabled veteran? Yes No

If yes, what is the percentage of the disability? _____ %

Do you consider yourself to have a disability? Yes No

What is your current job title or occupation? _____

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? Yes No

During the last 2 years, have you worked in a state other than Pennsylvania? Yes No

During the last 2 years, have you worked as a civilian for the federal government? Yes No

During the last 2 years, have you worked for a college, university or school? Yes No

During the last 2 years, have you worked for any local or state government? Yes No

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? Yes No

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? Yes No

If yes, is the total amount greater than \$20,200? Yes No

Are there any conditions under which you may not be able and available for work? Yes No

UC is a taxable benefit. Do you want 10% of your gross weekly benefit amount withheld for federal income tax? *10% of **full** weekly benefit amount. Yes No

Are you a citizen of the United States? Yes No

Have you ever received or been approved for Workers' Compensation or other accident or disability payments during the past 18 months? Yes No

Do you get your jobs through a union hiring hall? Yes No

Are you engaged in self-employment, working on a commission basis, or operating a farm? Yes No

Are you working full time or part time for any other employer including the Reserves or National Guard? Yes No

Are you the parent or spouse of your last employer? Yes No

Did you own stock and serve as an officer for the company where you were last employed? Yes No

Did you cross the PA state line to commute to work? Yes No

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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 \$3,366 during the above period of employment with this employer? Yes No

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? Yes No

Did you file a claim in another state since your most recent separation from active military service? Yes No

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? Yes No

widow/orphan education assistance? Yes No

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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? Yes No

Were you a reservist called to active duty for 90 or more consecutive days? Yes No

Were there any periods of lost time? (29) Yes No

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? Yes No

If yes, which city? _____

Is the federal agency payroll office and address based on SF- 8? Yes No

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? Yes No

In what state(s) were you employed? _____

Do you want to file against another state instead of PA? Yes No

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? Yes No

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.