

This application is provided for your use in filing an initial application for Unemployment Compensation. Please complete ALL information and please answer ALL questions that apply to you. When complete, mail the application (and all supporting documents for sections 5, 6, and 8, if applicable) to:

Indiana UC Service Center  
630 Kolter Dr.  
Indiana, PA 15701-3570

**NOTE:** The United States Postal Service (USPS) allows up to 5 pages in one envelope without extra postage. If you mail more than five pages, additional postage is required.

### IMPORTANT INFORMATION

If you are filing an initial application for UC benefits, you should receive three separate mailings within 10 working days after mailing your application. If you do not receive these mailings within 10 days, call the UC Service Center at 888-313-7284. The items you will receive are:

**1. An official Notice of Financial Determination**

When you receive the Notice of Financial Determination, please review it carefully. If any of the information on your financial determination is incorrect, follow the instructions on the reverse side of the form for filing an appeal.

**2. A Claim Confirmation Letter**

The Claim Confirmation Letter will contain your **confidential** Personal Identification Number (PIN) which you will use to access UC services. **PLEASE SAVE IT.** Staff working in the UC Service Center do not know your PIN number. Your PIN does not change from year to year unless you request a new PIN or change your PIN using the Internet or PA Teleclaims (PAT) system. The Claim Confirmation Letter will also instruct you when to file your biweekly claim.

**3. An Unemployment Compensation Handbook**

This handbook provides information regarding the unemployment compensation program and your rights and responsibilities. Please read and keep this handbook for reference for one year.

### **Filing your biweekly claim for benefits:**

In order to receive benefits, you must file biweekly claims for the weeks you are totally or partially unemployed. The first eligible week on your claim is called the Waiting Week. Benefits are not payable for the Waiting Week but you must file a claim for that week in order to receive credit for it. As such, your first UC payment will be for one week of benefits.

There are two ways to file your biweekly claim:

1. Internet filing is available at: **www.uc.pa.gov.**
2. Telephone filing via our Pennsylvania Teleclaims—PAT system at **888-255-4728.**

Both ways of filing are available Sunday from 6 a.m. to 11 p.m., and Monday through Friday from 6 a.m. to 9 p.m. Additional information can be found on the Web and in your UC handbook.



**APPLICATION FOR UC BENEFITS CLAIMANT INFORMATION**

**SECTION 1: CLAIMANT INFORMATION**

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

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

Social Security Number: 

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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 \_\_\_\_\_

**SECTION 2: MOST RECENT EMPLOYER INFORMATION**

Name of Your Most Recent 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) \_\_\_\_\_

What was your First Day of Work for this employer \_\_\_\_\_

What was your Last Day of Work for this employer \_\_\_\_\_

Did you earn gross wages of \$3,366.00 during the above period of employment with this employer?..... **Y**  **N**

Enter the hours you worked for this employer during your last week of full employment:

Week beginning date: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

What is your hourly rate of pay: \$ \_\_\_\_\_

If you do not earn an hourly rate of pay from this employer, what are your total earnings (so far) for this week: \$ \_\_\_\_\_

You must report your total earnings if you file a biweekly claim which will include the earnings that you calculated above, in addition to any other earnings from any other employment.

What was your reason for separation from this employer? (check the box that applies)

- LAID OFF / LACK OF WORK**      
**FIRED / SUSPENDED**      
**STRIKE**   
**STILL WORKING / HOURS REDUCED**      
**QUIT / LEAVE OF ABSENCE**   
**OTHER**  (provide reason) \_\_\_\_\_

Were you told by this employer that you would be recalled to your job?..... **Y** **N**

If **Yes**, when? \_\_\_\_\_

Were you given a specific recall notice in writing? ..... **Y** **N**

What is your badge or timecard number? (if you have one) \_\_\_\_\_

**SECTION 3: PREVIOUS EMPLOYER INFORMATION**

**If you answered "NO" in section 2 to having earned \$3,366.00 from your most recent employer, please complete section 3 pertaining to your previous employer. If you answered "YES" to having earned \$3,366.00 in section 2, please proceed to section 4.**

Name of Your Most Recent 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) \_\_\_\_\_

What was your First Day of Work for this employer \_\_\_\_\_

What was your Last Day of Work for this employer \_\_\_\_\_

Did you earn gross wages of \$3,366.00 during the above period of employment with this employer?..... **Y** **N**

What was your reason for separation from this employer? (check the box that applies)

**LAI D OFF / LACK OF WORK**       **FIRED / SUSPENDED**       **STRIKE**   
**STILL WORKING / HOURS REDUCED**       **QUIT / LEAVE OF ABSENCE**   
**OTHER**  (provide reason) \_\_\_\_\_

Were you told by this employer that you would be recalled to your job?..... **Y** **N**  
If **Yes**, when? \_\_\_\_\_

Were you given a specific recall notice in writing? ..... **Y** **N**

What is your badge or timecard number? (if you have one) \_\_\_\_\_

**SECTION 4: ADDITIONAL INFORMATION FOR ALL CLAIMS**

During the last 2 years, have you served on active duty in the U.S. Military?..... **Y** **N**

During the last 2 years, have you worked in a state other than Pennsylvania?..... **Y** **N**

During the last 2 years, have you worked as a civilian for the Federal Government?... **Y** **N**

During the last 2 years, have you worked for a college, university or school?..... **Y** **N**

During the last 2 years, have you worked for any local or state government?..... **Y** **N**

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?..... **Y** **N**

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?..... **Y** **N**

If **Yes**, is the total amount greater than \$20,700?..... **Y** **N**

Are there any conditions under which you may not be able and available for work?.... **Y** **N**

UC is a taxable benefit. Do you want 10% of your gross weekly benefit amount withheld for Federal Income Tax?..... **Y** **N**

Are you a citizen of the United States?..... **Y** **N**

Have you ever received or been approved for Worker’s Compensation or other accident or disability payments during the past 18 months?..... **Y** **N**

Do you get your jobs through a union hiring hall?..... **Y** **N**

Are you engaged in self-employment, working on a commission basis, or operating a farm?..... **Y** **N**

Are you working full time or part time for any other employer including the Reserves or National Guard?..... **Y** **N**

Are you the parent or spouse of your last employer?..... **Y** **N**

Did you own stock and serve as an officer for the company where you were last employed?..... **Y** **N**

Did you cross the PA state line to commute to work?..... **Y** **N**

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? \_\_\_\_\_

Did you ever serve over 180 days in active duty for the U.S. Military?..... **Y**  **N**

If **Yes**, have you been classified as a disabled veteran?..... **Y**  **N**

If **Yes**, what is the percentage of the disability? \_\_\_\_\_%

What type of work are you seeking? \_\_\_\_\_

Do you consider yourself to have a disability? ..... **Y**  **N**

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 <input type="checkbox"/>          | American Indian/Alaskan Native <input type="checkbox"/> |
| Black <input type="checkbox"/>          | Hawaiian/Pacific Islander <input type="checkbox"/>      |
| Asian <input type="checkbox"/>          | Information Not Available <input type="checkbox"/>      |
| Multiple Races <input type="checkbox"/> |   |

**SECTION 5: ACTIVE DUTY MILITARY CLAIMS INFORMATION**

**If you served in active duty for the U.S. Military during the last two 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**

Did you apply for or do you receive widow/orphan education assistance?..... **Y**  **N**

Are you receiving or have you applied to receive educational assistance as provided under the Post - 9/11 GI Bill? ..... **Y**  **N**

**Using your DD-214, please provide the following information:**

*(The fields where you can find this information are shown 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 pay grade? (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 "Y" to lost time, complete the following:

Lost Time Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* ACTIVE MILITARY APPLICANTS MUST SEND YOUR MEMBER-4 COPY OF YOUR DD-214 WHEN YOU RETURN YOUR APPLICATION.**

**SECTION 6: FEDERAL CIVILIAN CLAIMS INFORMATION**

**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 MUST INCLUDE COPIES OF YOUR PAYSTUBS FOR THE PAST 18 MONTHS WHEN YOU RETURN YOUR APPLICATION.**

**SECTION 7: OUT OF STATE EMPLOYMENT INFORMATION**

**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? \_\_\_\_\_

**SECTION 8: CITIZENSHIP STATUS INFORMATION**

**If you are a 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? \_\_\_\_\_

How long had you worked for your previous employer? \_\_\_\_\_ years \_\_\_\_\_ months

**\* IF YOUR ALIEN DOCUMENTATION DOES NOT CONTAIN AN ALIEN NUMBER, YOU MUST INCLUDE A COPY OF YOUR WORK AUTHORIZATION WHEN RETURNING YOUR APPLICATION.**

**SECTION 9: ADDITIONAL INFORMATION**

**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**

**SECTION 10: CLAIMANT ACKNOWLEDGEMENT**

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.