

INSTRUCTIONS FOR REOPENING AN EXISTING CLAIM

This application is being provided for your use in reopening an existing claim for Unemployment Compensation. Please answer ALL questions that apply to you and print legibly.

Mail/Fax your application to this office:

Scranton UC Service Center
30 Stauffer Industrial Park
Taylor, PA 18517-9625
Fax: 570-562-4385

Mail only the pages that have your answers on them. Do not mail instructions or blank pages.

IMPORTANT!

Generally, the effective date of your reopen will be the Sunday prior to the date that you faxed/mailed it to the UC service center. You should file your first biweekly claim two weeks from this effective date.

REOPEN AN EXISTING UC CLAIM

Complete ALL questions and print legibly. If your answer is "NONE," please write "NONE."

CLAIMANT INFORMATION

Social Security Number XXX - XX - _____ Primary Telephone Number _____
First Full Name _____ MI _____ Home E-mail Address _____
Last Name _____
Residence Address: _____ Mailing Address: (If PO Box, also provide residence)
Street _____ Street _____
City _____ City _____
State _____ Zip _____ State _____ Zip _____
Why did you discontinue filing for UC benefits? _____

MOST RECENT EMPLOYER

Name of Employer _____ First Day Worked _____
Address _____ Last Day Worked _____
City _____ Zip _____ Did you earn \$3,438 from this employer? _____
Telephone Number _____ Badge or Timecard Number _____
Your Manager _____
Reason for separation from this employment _____

OTHER EMPLOYER INFORMATION

Complete this section if you work for any other employer or you haven't earned \$3,438 from the separating employer.

Name of Employer _____ First Day Worked _____
Address _____ Last Day Worked _____
City _____ Zip _____ Did you earn \$3,438 from this employer? _____
Telephone Number _____ Badge or Timecard Number _____
Your Manager _____
Reason for separation from this employment _____

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

Do you wish to have a new UC PIN issued to you (lost, forgot, etc.)? 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.

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