

If you wish to participate in the UC Amnesty Program, complete this form and send it to the address indicated on Page 2. Your payment must accompany this form. This form and your payment must be postmarked or received during the period from:

July 1, 2017, through September 30, 2017

Section 1. Identifying Information

Claimant name: _____
Street address: _____
City: _____ State: _____ ZIP code: _____
Social Security number: _____

Section 2. Amnesty Liabilities

For each type of liability you are paying, check the box for that liability and indicate the amount of your payment. (The types of liabilities and the amount that must be paid for each type of liability are described in detail in the Amnesty Guidelines.)

Type of Liability	Description of Unpaid Liability	Amount of Payment
<input type="checkbox"/>	Fault overpayment (Notice of Determination dated December 31, 2016, or earlier).	\$ _____
<input type="checkbox"/>	Nonfault overpayment (Notice of Determination dated December 31, 2016, or earlier).	\$ _____
<input type="checkbox"/>	Interest due on previously repaid fault overpayment (Notice of Determination dated December 31, 2016, or earlier).	\$ _____

Section 3. Additional Liability

If you believe that you received a fault overpayment of compensation under Section 804(a) of the UC Law for any weeks through December 31, 2016, but the department has not issued a Notice of Determination of Overpayment to you, you may still receive amnesty with respect to the overpayment. Complete this section and include payment for the amount of the overpayment with this form. If you do not know the amount of the overpayment, you may call the Amnesty Call Center at 855-284-8545 for assistance. If you pay less than the full amount of the overpayment, amnesty does not apply to the unpaid portion.

Type of Liability	Description of Unpaid Liability	Amount of Payment
<input type="checkbox"/>	Fault overpayment (for weeks through December 31, 2016) <i>(Indicate the beginning date and the ending date of the period when you were overpaid.)</i>	\$ _____

Section 4. Amnesty Terms and Conditions

The following terms and conditions govern your participation in the Amnesty Program.

1. The following liability is not eligible for amnesty: an overpayment of benefits that has been appealed. However, if you withdraw an appeal of an overpayment and the overpayment becomes final during the amnesty period, the overpayment will be eligible for amnesty.
2. The department may exclude the following liabilities from amnesty:
 - (a) a liability that was referred for judicial proceedings or for which a judicial proceeding was commenced prior to receipt of this form.
 - (b) a liability that is required to be paid under an order of a federal or state court.
3. You may not receive a refund or credit under the Amnesty Program for any amount paid prior to the amnesty period.
4. You may not commence an administrative or judicial proceeding with regard to this form, any liability disclosed under the program, or any amount paid under the program. You may not receive a refund or credit for any amount paid under the program.

Section 5. Additional Terms and Conditions

For the complete terms and conditions of the Amnesty Program, see the Amnesty Guidelines published in the Pa. Bulletin on April 1, 2017, and posted on the department's website at www.uc.pa.gov, and Article XV-A of the UC Law.

Section 6. Acknowledgment and Signature

I acknowledge that my participation in the Amnesty Program is governed by the foregoing terms and conditions, the Amnesty Guidelines and Article XV-A of the UC Law.

Signature _____ Date _____

Sign, date, and mail one copy of this form with your cashier's check or money order (made payable to the "PA Unemployment Compensation Fund") to the following address. Include your Social Security number on your payment.

Cash Unit, Amnesty Program
Office of Unemployment Compensation Benefits Policy
651 Boas Street, Room 525
Harrisburg, PA 17121

855-284-8545 (Amnesty Call Center)