

## How Employers can notify the Office of UC Benefits about fraudulent claims

If you are a SIDES E-Response participant but don't have access to [benefits.uc.pa.gov](https://benefits.uc.pa.gov) go to <https://uisides.org> and click "Separation

Information", then click 



**Welcome to the E-Response Website  
for the  
Unemployment Insurance State Information Data Exchange System**

Please select the application you want to use:


- Separation Information
- Monetary & Potential Charges
- Additional Fact-Finding
- Determinations & Decisions
- Earnings Verification
- Benefit Charges





Select "Pennsylvania" from the drop-down list of states


Separation Information Application, Response Entry

To respond to your separation information request(s), please login using the instructions provided by the State Agency.

\* **State:**  

\* **Federal Employer Identification Number:**  

\* **State Employer Identification Number:**  

\* **Identification Number/Access Code (PIN):**  

Cancel



Login


[Return to the Main E-Response Selection Page](#)


Type in 9-digit FEIN and 7-digit SEIN (the PA UC account number) without hyphens


Separation Information Application, Response Entry

To respond to your separation information request(s), please login using the instructions provided by the State Agency.

\* State:   

\* Federal Employer Identification Number:  

\* State Employer Identification Number:  


\* Identification Number/Access Code (PIN):  

Cancel

Login

[Return to the Main E-Response Selection Page](#)

## How Employers can notify the Office of UC Benefits about fraudulent claims

 <p><b>pennsylvania</b> DEPARTMENT OF LABOR &amp; INDUSTRY OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS</p>	<h3>NOTICE OF SIDES SEPARATION</h3>
Date Mailed: 7/12/2021	Claimant:
<b>Employer Name</b>	Claimant ID:
<b>Employer Address</b>	Claim Effective Date (BYB): 7/11/2021
	Benefit Year Ending Date (BYE): 7/9/2022

You have a Pennsylvania Unemployment Compensation (UC) SIDES E-Response Request(s) for Separation Information that requires a response. This request concerns an individual who has identified you as his/her separating employer when filing an application for Pennsylvania UC benefits. 34 PA Code §63.53(a) requires that an employer responds to Notices of Application and Requests for Separation Information within 4 business days.

Log on to <https://uisides.org/> to view your SIDES E-Response request(s) and select the radio button for "Separation Information".

Your FEIN will be in the following format: XXXXXXXXXX (9 digits with no hyphen)

Your State Account Number will be in the following format: XXXXXXXX (7 digits with no hyphen)

Your SIDES E-Response PIN is: 12345678

IF YOUR EMAIL ADDRESS CHANGES, you must IMMEDIATELY notify the Initial Claims Unit of the new email address. Contact us as follows:

- By email: PASIDES@pa.gov
- By FAX: 717-346-3174
- By phone: 717-783-0612

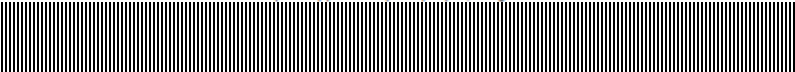
Providing a new email address to any other agency/office within the department does not guarantee that future notices of pending SIDES E-Response information requests will be sent to the new email address.

SIDES that is the d

Under agent for in credit

If you PASIE

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



1 of 1 3961064

Find the 8-digit  
PIN from the  
Notice of SIDES  
Separation

Your FEIN will be in the following format: XXXXXXXXXX (9 digits with no hyphen)

Your State Account Number will be in the following format: XXXXXXXX (7 digits with no hyphen)

Your SIDES E-Response PIN is: 12345678

Type in PIN and click

Login

## Separation Information Application, Response Entry

To respond to your separation information request(s), please login using the instructions provided by the State Agency.

\*State:  



\* Federal Employer Identification Number:



\*State Employer Identification Number:



\*Identification Number/Access Code (PIN):



Cancel

Login

[Return to the Main E-Response Selection Page](#)

## How Employers can notify the Office of UC Benefits about fraudulent claims



# View Separation Information requests

Search by SSN: (Omit Dashes)

Search

[Users Guide](#)

[Help with E-Response](#)

Select a Separation Information Request to Create, Edit, Delete, or View/Print a Response.

Select "**Create Response**" to begin a response.

Select "**Edit Response**" to edit information to a response that has not yet been submitted.

Select "**Delete Response**" to delete a response that has not yet been submitted.

Select "**Create Amendment**" to change a response that has already been submitted.

Select "**Edit Amendment**" to edit an amended response that has not yet been submitted.

### Announcement from the State:

**If a worker is separated due to Corona Information page. Employers will be not be charged for UC benefits. Please do not send in the Relief from Charge form to request relief from charges. Once programming has been set up, relief from charge determinations will be issued. You should expect delays beyond the normal 90 day processing time, as Pennsylvania works to implement this new program.**

**Announcement:** Welcome to UI SIDES E-Response. SIDES E-Response supports the following browsers:

- IE 11 and above
- Chrome V44 and higher
- Firefox V37 and higher

Please Note: The system has regularly scheduled maintenance from 12:00:01 AM ET Sunday - 04:00:00 AM ET Sunday. You should not work on your responses during this window as the system may go down unexpectedly.

Due to the pandemic, separation information requests will temporarily be available on SIDES E-Response for 60 days. There is no need to take action on claims that have already been submitted.

## Separation Information Requests



Separation Information Requests for PIN:

Order by:

SSN: 000-00-0001

Response Status: Not Started

View/Print

Name: LASTNAME 1, FIRSTNAME 1

Create Response

Date Due: 11:59 PM Eastern on  
06/25/2021

SSN: 000-00-0002

Response Status: Not Started

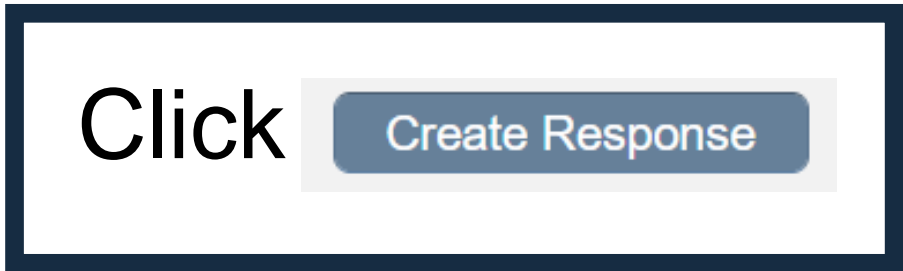
View/Print

Name: LASTNAME 2, FIRSTNAME 2

Create Response

Date Due: 11:59 PM Eastern on  
06/25/2021

How Employers can notify the Office of UC Benefits about fraudulent claims



Separation Information Requests

Separation Information Requests for PIN:

Order by:

SSN: 000-00-0001 Name: LASTNAME 1, FIRSTNAME 1 Date Due: 11:59 PM Eastern on 06/24/2021	Response Status: Not Started <a href="#">Create Response</a>	<a href="#">View/Print</a>
SSN: 000-00-0002 Name: LASTNAME 2, FIRSTNAME 2 Date Due: 11:59 PM Eastern on 06/25/2021	Response Status: Not Started <a href="#">Create Response</a>	<a href="#">View/Print</a>

# How Employers can notify the Office of UC Benefits about fraudulent claims



FEIN: 23-1234567  
SEIN: 00-12345

Sign out

[Users Guide](#)

[Help with E-Response](#)

\* indicates a Required Field

Please review Claimant and Employer Identification information and enter any corrections.

Request Date: 06/30/2021 Date Due: 07/10/2021 Claim Effective Date: 06/27/2021

## Claimant and Employer Identification

### Requesting State

State: PA  
Agency:

### Claimant Provided Information

SSN: 000-00-0001  
Name: LASTNAME1, FIRSTNAME1  
State Claim Number: 0123456  
Benefit Year Begin Date: 06/27/2021  
Type of Claim: New Initial Claim

### Employer Information

Employer Name:  
State Employer Account Number:  
Federal Employer Identification Number:

### Information of Record

Employer Name  
0012345  
23-1234567

- Check here if employer Information is incorrect  
 Check here if the claimant worked under any other SSN or Name

### Employer Status

- Check here if claimant did NOT work for this employer  
 Check here if TPA receiving this request does NOT represent this employer

TPA = Third Party Administrator

Only fields marked with a red asterisk (\*) need to be filled in

Cancel

Save

Main Menu

Next >

Go to Page Claimant and Employer Identification Go



# How Employers can notify the Office of UC Benefits about fraudulent claims

## Claimant and Employer Identification


000-00-0001  
LASTNAME1, FIRSTNAME1  
0123456

Employer Name  
0012345  
23-1234567

Click

Next >

## How Employers can notify the Office of UC Benefits about fraudulent claims

Select the “Employer” checkbox, enter your name, job title, phone number, email address, and click 

### Preparer Information

\*Who is providing this response?

Employer  TPA/Employer Representative

\*Name of the person preparing this response:

Employee Name

\* Job title of the person preparing this response:

Employee Job Title

\* Preparer's telephone number plus extension: (Only digits, omit parenthesis, dashes or spaces)

(555) 555-5555

\*Preparer's e-mail address:

emailaddress@gmail.com

Preparer's Fax number: (Only digits, omit parenthesis, dashes or spaces)

< Back

Cancel

Save

Main Menu

Next >

Go to Page Preparer Information

Go

# Complete the “Employer’s Reason for Claimant’s Separation” and “Last day of work” fields only

## Employment Information

\* Employer's Reason for Claimant's Separation:

Select One 

Claimant Provided Reason for Separation:

Laid Off/Lack of Work

First day of work:

Claimant Provided: 01/06/2016



\* Last day of work:

Claimant Provided: 05/20/2021



Was this seasonal employment according to state law?

Yes  No

Does the claimant have reasonable expectation of returning to work for you?

Yes  No

Claimant's Job Title:

Nursing Assistant

< Back

Cancel

Save

Main Menu

Next >

Go to Page

Employment Information



Go

## How Employers can notify the Office of UC Benefits about fraudulent claims

Select “Still Employed, Full Time”  
as the reason for separation from  
the drop-down list

### Employment Information

\* Employer's Reason for Claimant's Separation:

Claimant Provided Reason for Separation:

First day of work:

Claimant Provided:

Last day of work:

Claimant Provided:

Was this seasonal employment according to state law?

Does the claimant have reasonable expectation of returning to work?

Claimant's Job Title:

Nursing Assistant

Select One

- Select One
- Temporary Layoff
- Laid Off/Lack of Work
- Fired/Discharged
- Vacation/Holiday Shutdown
- Asked to Resign
- Voluntary Quit/Separation
- School Employee Between Semesters or Terms, Likely to Return
- School Employee Between Semesters or Terms, Not Likely to Return
- Still Employed, Full Time**
- Still Employed, Part Time
- Still Employed, Hours Reduced by Employer
- On Call or Temporary Status
- Leave of Absence
- Retirement - Mandatory
- Retirement - Voluntary
- Disciplinary Suspension
- Labor Dispute
- Professional Athlete Between Sports Seasons
- Disaster Related Separation

< Back

Cancel

Go to Page Employment Information

## How Employers can notify the Office of UC Benefits about fraudulent claims

Enter today's date in the "Last day of work" field and click 

### Employment Information

\* Employer's Reason for Claimant's Separation:

Still Employed, Full Time

Claimant Provided Reason for Separation:

Laid Off/Lack of Work

First day of work:

Claimant Provided: 01/06/2016

\* Last day of work:

Claimant Provided: 05/20/2021

07/15/2021

If the date the claimant was separated from employment is different than the actual last day of work, what was the date of separation:

Was this seasonal employment according to state law?

Yes  No

Claimant's Job Title:

Nursing Assistant

< Back

Cancel

Save

Main Menu

Next >

Go to Page Employment Information

Go

## How Employers can notify the Office of UC Benefits about fraudulent claims

Select “Wages are not currently available” from the drop-down list

### Wages Earned/Hours Worked

\* Are total earned wages available for 01/01/2020 thru 12/31/2020?

\* Are total weeks worked available for 01/01/2020 thru 12/31/2020?

What were the total wages earned after 06/27/2021?

What were the total hours worked after 06/27/2021?

Select One

- Select One
- Wages are available
- Wages are not currently available
- Wages not available, state should proceed without wages

< Back

Cancel

Save

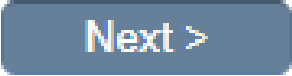
Main Menu

Next >

Go to Page Wages Earned/Hours Worked


Go

## How Employers can notify the Office of UC Benefits about fraudulent claims

Select “Weeks are not currently available”  
from the drop-down list and click 

### Wages Earned/Hours Worked

\* Are total earned wages available for 01/01/2020 thru 12/31/2020?

Wages are not currently available 

\* Are total weeks worked available for 01/01/2020 thru 12/31/2020?

Select One 

What were the total wages earned after 06/27/2021?


Select One

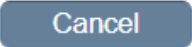
What were the total hours worked after 06/27/2021?

Weeks are available

Weeks are not currently available


Weeks not available, state should proceed without weeks


 < Back

 Cancel

 Save

 Main Menu

 Next >

Go to Page  

 Go

Answer the questions as shown and click

Next >

Compensation Paid After Separation

What was the claimant's average weekly wage?

What was the average number of hours the claimant worked per week?

If the claimant is still working, is the claimant working all available hours?

Yes  No

\* Will or is the claimant receiving a company pension?

Yes  No

\* Will the claimant receive any of the following compensation on or after the last day of work:

No to all

Severance	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Bonus Pay	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Separation Pay	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Residual Pay	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Vacation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Commissions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Holiday	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Sick Pay	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Profit Sharing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Disability	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wages In Lieu of Notice	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Back Pay	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Not Listed Above	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

< Back

Cancel

Save

Main Menu

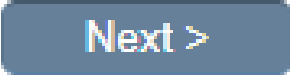
Next >

Go to Page Compensation Paid After Separation

Go



## How Employers can notify the Office of UC Benefits about fraudulent claims

Mark the “No” checkbox  
and click 

### Attachments

\* Do you have any attachments which support your statement regarding the Reason for Separation?

Yes


No

 < Back

 Cancel

 Save

 Main Menu


 Next >

Go to Page



 Go

## How Employers can notify the Office of UC Benefits about fraudulent claims

Fill out the “Additional Separation Information” textbox as shown and click 

### Additional Separation Information

\* Please enter any additional information about whether the claimant is regularly working full-time.

[The individual listed] did not file this application for UC benefits  
[The individual listed] continues to work with no change to their employment status  
This is a fraudulent claim

< Back

Cancel

Save

Main Menu

Next >

Go to Page Additional Separation Information

Go

## How Employers can notify the Office of UC Benefits about fraudulent claims

Submission

 [View/Print](#)

[< Back](#) [Main Menu](#) [Submit to State](#)

Click

[Submit to State](#)

then

[Yes](#)

Submission Confirm

You have chosen to submit your Separation Information Response to the State Unemployment Insurance Office

Do you want to submit this response?

[< Back](#) [Yes](#)

[After submitting this response, please wait for the confirmation number.](#)

## How Employers can notify the Office of UC Benefits about fraudulent claims

### Confirmation

Your response has been accepted. Your confirmation number is:

1234 5678 a1b2 123c d456 7efg 8h12 345678

Please print or download this pdf and keep with your records.

 [View/Print](#)

Help us improve  
Please take our survey




Click



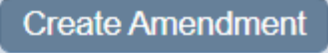


Main Menu

Main Menu

How Employers can notify the Office of UC Benefits about fraudulent claims

Click  to respond to any other requests and follow the same instructions starting at [page 15](#)



SSN: 000-00-0002 Name: LASTNAME 2, FIRSTNAME 2 Date Due: 11:59 PM Eastern on 07/10/2021	Response Status: Not Started 	 <a href="#">View/Print</a>
SSN: 000-00-0001 Name: LASTNAME 1, FIRSTNAME 1 Date Due: 11:59 PM Eastern on 07/10/2021	Response Status: Submitted 	 <a href="#">View/Print</a>  <a href="#">View/Print - Submitted 07/15/2021</a>