

## 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.

When completed, mail or fax the application to the office that corresponds to your county of residence. If you reside in Delaware, please mail or fax your application to the Scranton UC Service Center. If you reside in New Jersey, Puerto Rico, Canada or the Virgin Islands, please mail or fax your application to the Allentown UC Service Center. If you reside in any other state, please mail or fax your application to the Indiana UC Service Center.

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

### **If you live in this county:**

Berks, Lehigh, Northampton

Adams, Blair, Cambria, Cameron, Centre, Clarion,  
Clearfield, Cumberland, Dauphin, Elk, Huntingdon,  
Jefferson, Juniata, Mifflin, Perry, Potter, York

Bucks, Crawford, Erie, Forest, McKean, Philadelphia,  
Venango, Warren

Chester, Delaware, Lancaster, Lebanon, Montgomery

Bradford, Carbon, Clinton, Columbia, Lackawanna,  
Luzerne, Lycoming, Monroe, Montour, Northumberland,  
Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga,  
Union, Wayne, Wyoming

Armstrong, Beaver, Bedford, Butler, Fulton, Franklin,  
Indiana, Mercer, Lawrence, Somerset, Westmoreland

Allegheny, Fayette, Greene, Washington

### **Mail/Fax your application to this office:**

Allentown UC Service Center  
160 W. Hamilton St., Ste 500  
Allentown, PA 18101-1994  
Fax: 610-821-6281

Altoona UC Service Center  
1101 Green Ave.  
Altoona, PA 16601-3483  
Fax: 814-941-6801

Erie UC Service Center  
1316 State St.  
Erie, PA 16501-1978  
Fax: 814-871-4863

Lancaster UC Service Center  
36 E. Grant St.  
Lancaster, PA 17602  
Fax: 717-299-7557

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

Indiana UC Service Center  
630 Kolter Dr.  
Indiana, PA 15701-3570  
Fax: 724-599-1068

Duquesne UC Service Center  
14 N. Linden St.  
Duquesne, PA 15110-1067  
Fax: 412-267-1475

### **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*