pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS

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:	**Mail/Fax your application to this office:**
Berks, Lehigh, Northampton	Allentown UC Service Center 160 W. Hamilton St., Ste 500 Allentown, PA 18101-1994 Fax: 610-821-6281
Adams, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Cumberland, Dauphin, Elk, Huntingdon, Jefferson, Juniata, Mifflin, Perry, Potter, York	Altoona UC Service Center 1101 Green Ave. Altoona, PA 16601-3483 Fax: 814-941-6801
Bucks, Crawford, Erie, Forest, McKean, Philadelphia, Venango, Warren	Erie UC Service Center 1316 State St. Erie, PA 16501-1978 Fax: 814-871-4863
Chester, Delaware, Lancaster, Lebanon, Montgomery	Lancaster UC Service Center 36 E. Grant St. Lancaster, PA 17602 Fax: 717-299-7557
Bradford, Carbon, Clinton, Columbia, Lackawanna, Luzerne, Lycoming, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming	Scranton UC Service Center 30 Stauffer Industrial Park Taylor, PA 18517-9625 Fax: 570-562-4385
Armstrong, Beaver, Bedford, Butler, Fulton, Franklin, Indiana, Mercer, Lawrence, Somerset, Westmoreland	Indiana UC Service Center 630 Kolter Dr. Indiana, PA 15701-3570 Fax: 724-599-1068
Allegheny, Fayette, Greene, Washington	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 _____ Primary Telephone Number _____

First Full Name _____ MI ____ Home E-mail Address _____

Last Name _____

Residence Address:

Street _____

City _____

State _____ Zip _____

Mailing Address: (If PO Box, also provide residence)

Street _____

City _____

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