

Claimant filed biweekly and seven business days have passed but payment has not been received.

Claimant has questions regarding an overpayment.

Claimant has questions about an appeal.

(Note: claimant has 15 days from the mailing date on their determination to file a timely appeal.)

Claimant cannot file biweekly using Internet/PAT due to claim being inactive, needs to reopen their claim.

Fill out **ALL** information below under REOPEN AN EXISTING UC CLAIM or reopen your claim online at

www.uc.pa.gov.

REOPEN AN EXISTING UC CLAIM

If claimant was working and their hours were reduced or they are totally separated; complete this section.

Name of most recent employer: _____ First day worked:* _____
Employer street address:* _____ Last day worked:* _____
City, state and ZIP code:* _____ Badge or timecard number:* _____
Your manager:* _____

Telephone number:* _____

Did you earn at least \$3,366 from this employer? *YES NO

Reason for separation from this employment:* _____

Were you told by your employer that you would be recalled to your job?: *YES NO

If YES, what is the date of recall: _____

Is the recall notice in writing?: *YES NO

Are there any conditions under which you may not be able and available for work?: *YES NO

If YES, provide a brief description in the box below.

UC is a taxable benefit. Do you want 10% of your gross weekly benefit amount withheld for Federal Income Tax?: *YES NO

Are you requesting backdating to your claim?: YES NO

If so, what weeks are you requesting?: _____

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.

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.

***Indicates required field**

Provide a brief description of any other issues:

- Due to the high call volume, allow seven to ten business days for any requested transactions to occur.
- The claimant will **ONLY** receive a callback **IF** further information is needed.
- The claimant should check for updates using our online self-services at **www.uc.pa.gov** or PAT.

Date sent: _____ Time sent: _____ AM PM

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