



**Commonwealth of Massachusetts
Executive Office of Labor and Workforce Development**

UI Online

Filing a New Unemployment Claim

How to File a New Unemployment Claim



To File a New Unemployment Claim in UI Online:

- Turn on the computer
- Access the internet
- On the address bar type, www.mass.gov/dua <enter>.

Click “UI Online for Claimants” Button



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The Official Website of the Executive Office of Labor and Workforce Development (EOLWD)

Labor and Workforce Development

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Unemployment Insurance

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Programs and Services

Claims

Business

Employers

Information for Municipalities

Forms, Publications & Resources

Appeals

Need Help?

If you received more than one Form 1099G, for tax purposes please use the one marked: ☒ **Corrected**

Welcome to the Department of Unemployment Assistance (DUA)

DUA manages the Unemployment Insurance (UI) program, which provides temporary income to Massachusetts workers who are:

- Unemployed through no fault of their own
- Able to work
- Available for work and looking for a job

We use a web-based system called **UI Online** for claim processing, which makes it convenient for both claimants and employers to access our services.

UI Online for Claimants | **UI Online for Employers & Agents**

Click
UI Online
for
Claimants

Click “Apply for Benefits” Button



Mass.gov State Offices & Courts | State A-Z Topics | State Forms No Active Alerts [Skip to main content](#) English

The Official Website of the Executive Office of Labor and Workforce Development (EOLWD)

Labor and Workforce Development

in Labor Market Information

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UI Online for Claimants

You can apply for Unemployment Insurance (UI) benefits, request weekly benefit payments, check your claim/payment status, and update your personal information.

Basic UI
Programs
Claimants

Appeals

Forms, Publications and Resources

Need Help For Claimants

Regular UI Online Hours: 6:00 am - 10:00 pm daily.
Due to scheduled system maintenance, UI Online will not be available:
o Every week from 7:00 pm Friday - 7:00 am Saturday; and
o Every 1st and 3rd Saturday of the month from 3:00 pm to 6:00 am on Sunday

Please be advised that UI Online is not compatible with Mozilla Firefox (V 3.0.1). Please use another browser, such as Google Chrome or Internet Explorer and please refer to the computer requirements on the DUA web site for the supported versions of Internet Browsers.

Click Apply for Benefits

Apply for Benefits **Log in to Your Account**

I Speak:
Español עברית
Français 한국어
Italiano Kreyòl
Tagalog 中文
Português Tiếng Việt
Русский اللغة العربية [Click here >](#)

How to Avoid Committing Unemployment Fraud **FRAUD**

Report UI & Workplace FRAUD

Read the Warning Statement



[Print Preview](#)

Logon

* Indicates Required Field

**Read and
Click to
Authorize**

WARNING

This system may contain U.S. Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to criminal and civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording, and analysis of all data being communicated, transmitted, processed, or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

☐ I have read and understand the information above. I understand that DUA will verify the information that I provide.*

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

Please provide your Social Security Number

Social Security Number:

*

Confirm your Social Security Number:

*

**Enter
Social Security
Number in
both fields**

Next

**Click
Next**



Start the Unemployment Benefits Application



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of Massachusetts

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Unemployment Initial Claim Submit Process



Getting Started with the Massachusetts Unemployment Benefits Online Application

[Do I meet the eligibility requirements?](#)

[When should I file for unemployment benefits?](#)

[What information will I need to apply for benefits?](#)

[What if I worked in another state?](#)

[How will my unemployment benefits be determined?](#)

[How are benefits paid?](#)

[Can I file if I was in the Military or worked for the Federal Government?](#)

[Web page viewing tips](#)

[System Security](#)

**Click to
Start the
Application**

Start the Unemployment Benefits Application



Read Checklist and Click Next

Unemployment Initial Claim Submit Process



Read the
Information
Checklist

Information Checklist

Information you will need to supply in order to apply for unemployment benefits:

- Your Social Security Number
- If you are not a citizen of the United States, your alien registration number
- Your residential address
- Your mailing address
- Your telephone number
- Your birth date
- Your employment history (most recent 15 months) which includes:
 - The names of all your employers
 - Employer addresses
 - Employer phone numbers
 - Reasons for separation from your employers
 - Employment start and end dates
 - Recall dates
- The social security numbers and dates of birth for your dependents
- Your union name and local number (if you are a member of a union)
- If you were in the **Military** you will need information from your DD-214 Member 4 (not mandatory to apply)
- If you were a **Federal Employee**, you will need information from your SF8 (not mandatory to apply)
- Your e-mail address (optional)
- If you want to use direct deposit you will need your bank account number and bank routing number

Select [Print](#) if you would like to see this list in a printer-friendly window.

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Click
Next



Read the Data Privacy Authorization Statement

Logon

* Indicates Required Field

Unemployment Initial Claim Submit Process



Read the
Data Privacy
Authorization

Data Privacy Authorization

The information you provide is required by the Department of Unemployment Assistance (DUA) to determine your eligibility for unemployment insurance benefits. This information is confidential and will not be disclosed except as allowed by law.

Your social security number is needed to file a claim, to identify you, to obtain wage information, to determine your eligibility for benefits and for reporting your receipt of unemployment compensation to the IRS and other government agencies for the administration of their programs. Your application cannot be processed without all personal and employment information requested herein. 26 U.S.C. 6109(a) requires DUA to obtain your social security number from you when you file your claim for benefits.

Employers are authorized by law to provide DUA with information needed to determine your eligibility for benefits. This information includes your dates of employment, wages paid and the reason for your employment separation. Information you provide about why you left specific employment may be disclosed to that employer so that DUA may determine your eligibility for benefits.

I certify that all information provided is accurate and that the answers to all questions are true and correct. I know that Massachusetts Law provides penalties and/or imprisonment for false statements to obtain benefits and that DUA actively pursues fraudulently collected benefits. I hereby acknowledge that DUA will verify my information to assure its accuracy. By selecting 'Yes', I acknowledge that, under penalty of perjury, all information provided is complete and accurate to the best of my ability.

If Agree,
Click Yes

I have read and agree with the above: ☒ Yes ☐ No*

Note: If you check 'No' you cannot continue through this application. Tell me more about [data privacy](#).

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Click
Next

Did you work part-time last week?



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* Indicates Required Field

Unemployment Initial Claim Submit Process



Click Yes only if you worked less than your regular scheduled hours

When will my claim begin?

Your claim begin date will be:

Sunday, March 12, 2017

You may be eligible for an earlier begin date if you worked part-time last week. Did you work part-time last week?

☐ Yes ☐ No*

Click No if you worked your regular scheduled hours

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Click Next



Hours Worked



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* Indicates Required Field

Unemployment Initial Claim Submit Process



Hint:

The week that you are filing the claim

Work Hours

Type in number of hours worked in both fields

You may apply for unemployment benefits if:

- You were separated from employment.
- Your hours have been reduced and you will work less than your regular schedule of working hours.

1. During the week of Sunday, through Saturday, how many hours did you or will you work? *

2. How many hours do you normally work during the week? *

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Click Next



Initial Questions



Initial Questions

Tell us about your employment.

Indicate **all** type(s) of employment you had since (1/1/2016) :*

- ☐ I have not worked since last year (1/1/2016)
- ☐ Employed in **Massachusetts** (excluding military and federal civilian employment)
- ☐ Employed in **Non-Massachusetts** (excluding military and federal civilian employment)
- ☐ Employed by the **Military** in Active Duty
- ☐ Employed as a **Federal Civilian**

2. Since 3/13/2016 have you applied for unemployment benefits from a state other than **Massachusetts**? ☐ Yes ☐ No*

3. Enter your residential address:

Address Line 1: *

Address Line 2:

City: *

State: MA - Massachusetts ▾*

ZIP Code: *

Country: US - United States Of America: ▾*

4. Are you presently in Massachusetts? ☐ Yes ☐ No*

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Click Next



Address Validation



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Unemployment Initial Claim Submit Process



Click the
zip+4 code
with your
address

Address Validation - Residential

The address you entered is verified to ensure that the U.S. Post Office can deliver mail to that address. For faster mailing, we also add the zip+4 code. Please select the most accurate mailing address below.

Possible Matches

- ☒ 19 Staniford St
Boston, MA 02114-2502

Provided Address

- ☐ 19 Staniford Street
Boston, MA 02114

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Click
Next



Enter Claimant Information



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Required Field

Complete all
fields with
asterisks

Unemployment Initial Claim Submit Process



Claimant Authentication

1. Enter your Social Security Number(No Dashes):
2. Confirm your Social Security Number:
3. Birth Date:
4. Gender:
5. First Name (as it appears on your Social Security card):
6. Middle Initial:
7. Last Name (as it appears on your Social Security card):
8. Driver's License Number:
9. Issued by State:

	*
	*
	*
<input type="radio"/> Female <input type="radio"/> Male	*
	*
	*
	*
Select One	▼

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Submit

Click
Submit



Set New Password and Security Question



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[Change Password](#) | [Logoff](#)

* Indicates Required Field

Unemployment Initial Claim Submit Process



Set Password

Please choose a new password and other information by entering it in the fields below and clicking Save. For additional information on password security, please refer to the [password guidelines](#).

New Password:	<input type="password"/>	*
Confirm Password:	<input type="password"/>	*
Security Question:	<input type="text"/>	✓*
Security Answer:	<input type="text"/>	*
Confirm Security Answer:	<input type="text"/>	*

Type Password and answer Security Question

Remember this information. You will need it to access your claim online.

Save

Click Save

Mailing Address



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* Indicates Required Field

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Unemployment Initial Claim Submit Process



Contact Information

First Name: **Charles**
Middle Initial:
Last Name: **Smith**
Suffix:

Residential Address

Address Line 1: **19 Staniford St**
Address Line 2:
City: **Boston**
State: **MA**
Zip: **021142502**
Country: **US**

Mailing Address

Check this box if Mailing Address is same as Residential Address: ☐

In care of (c/o):
Address Line 1:
Address Line 2:
City:
State: **MA - Massachusetts** ▼
ZIP Code:
Country: **US - United States Of Americ:** ▼

**Click box if
Mailing Address
is the same as
Residential
(If not, fill in
Address fields)**

Address, Telephone numbers, Correspondence Method, and Language



Mailing Address

Check this box if Mailing Address is same as Residential Address: ☐

In care of (c/o):
Address Line 1:
Address Line 2:
City:
State: MA - Massachusetts ▼
ZIP Code:
Country: US - United States Of America: ▼

Type Home
phone and
Cell number

Telephone Number

Choose
Electronic or
US Mail

Home:
Cell:
Other:
International:
Enter email address:
Re-enter email address:

Type email address
in both fields if
Correspondence
preference is
Electronic

Correspondence Preference

Choosing electronic correspondence will ensure that benefits are processed and paid faster.

How would you like to receive your correspondence? ☐ Electronic ☐ US Mail*

Note: If you select electronic correspondence you must provide an email address.

Primary Language

DUA will make best efforts to provide you with services in your primary language.

Is English your primary language? ☐ Yes ☐ No*

Is English your
primary
language?
Click Yes or No



Click Submit

Telephone Number

Home: 6176543210

Cell: 6177654321

Other:

International:

Enter email address: csmith@detma.org

Re-enter email address: csmith@detma.org

Correspondence Preference

Choosing electronic correspondence will ensure that benefits are processed and paid faster.

How would you like to receive your correspondence? ☒ Electronic ☐ US Mail*

Note: If you select electronic correspondence you must provide an email address.

Primary Language

DUA will make best efforts to provide you with services in your primary language.

Is English your primary language? ☒ Yes ☐ No*

Note: Electronic correspondence is only available in English at this time.

Click
Submit

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Submit

Personal Information



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Unemployment Initial Claim Submit Process



Click to answer
Personal
Information
questions

Personal Information

1. Are you a Military Veteran ? ☐ Yes ☐ No*
2. Race : *
3. Are you of Hispanic heritage? : ☐ Yes ☐ No ☐ I choose not to answer*
4. Select your highest level of education completed: *
5. Do you have a Disability? ☐ Yes ☐ No ☐ I choose not to answer*
6. Are you a U.S. citizen? ☐ Yes ☐ No*
7. Are you required by a court order or other government agency to pay child support?
 - A. In Massachusetts? ☐ Yes ☐ No*
 - B. In a state other than Massachusetts? ☐ Yes ☐ No*
8. If you have qualified dependent children, you may be eligible to collect additional benefits. Click here to review the definition of qualified dependents. Do you wish to apply for dependency allowances? ☐ Yes ☐ No*

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Work Information



Commonwealth
of Massachusetts

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Unemployment Initial Claim Submit Process



Work Information

1. Are you a union member who is currently seeking work exclusively through a union hiring hall or business agent?

☐ Yes ☐ No*

2. Have you been notified by an employer of a definite return to work date?

☐ Yes ☐ No*

If Yes, enter your return to work date, and select means of notification:

(mm/dd/yyyy)

☐ In Writing ☐ Not in Writing

3. Are you customarily laid off and do you later return to work with the same or different employer in your industry and/or your occupation?

☐ Yes ☐ No*

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Click Yes or No
for Work
Information
Questions

Click
Next

Job Title



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Unemployment Initial Claim Submit Process



Occupational Information

- Enter your job title and select **Search** to locate the most accurate description of your occupation.
- Once you have located the most accurate description of your occupation, select the button associated with the Job Title, and select **Next**.
- For additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

**Click
Search**

Search

Reset

**Enter
Job Title**

Previous

Next

Note: Click on a different page number for additional job title options.

Select Job Description



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Unemployment Initial Claim Submit Process



Select and Click
Job Description

- Enter your job title and select **Search** to locate the most accurate description of your occupation.
- Once you have located the most accurate description of your occupation, select the button associated with the Job Title, and select **Next**.
- For additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

[Search](#)

[Reset](#)

Search Results

Select	Job Title	Description
<input type="radio"/>	Bus Drivers, School or Special Client	Transport students or special clients, such as the elderly or persons with disabilities. Ensure adherence to safety rules. May assist passengers in boarding or exiting.
<input type="radio"/>	Bus Drivers, Transit and Intercity	Drive bus or motor coach, including regular route operations, charters, and private carriage. May assist passengers with baggage. May collect fares or tickets.
<input type="radio"/>	Taxi Drivers and Chauffeurs	Drive automobiles, vans, or limousines to transport passengers. May occasionally carry cargo. Includes hearse drivers. Excludes "Ambulance Drivers and Attendants, Except Emergency Medical Technicians" (53-3011) and "Bus Drivers" (53-3020).

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Click
Next

Number of Years Worked



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Unemployment Initial Claim Submit Process



Additional Occupation Information

Job Title: **Bus Drivers, School or Special Client**

[Search](#)

To search for job title select search

How many years have you done this type of work?:

Note: If you have worked for less than one year, enter 1.

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Type
number of
years
worked

Click
Next

Tax Withholding Options



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Choose and click
Tax
Withholding
Options

Unemployment Initial Claim Submit Process



Tax Withholding Options

Unemployment benefits are taxable income under both federal and Massachusetts law. You may be required to make quarterly estimated payments to federal and state income tax. I authorize the Department of Unemployment Assistance to do the following regarding income taxes withholding:

- ☐ Withhold Federal income tax at the rate of 10%; or
- ☐ Withhold State income tax at the rate of 5.1%; or
- ☐ Withhold Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1%, for a combined rate of 15.1%
- ☐ I choose not to have any income tax withheld from my benefits

Note: You may change your income tax withholding choice at any time.

Click
Submit

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[Submit](#)

Choose Debit Card or Direct Deposit



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Unemployment Initial Claim Submit Process



Payment Options

All unemployment insurance payments are electronic

with the exception of your first payment which will be made by paper check. When an unemployment benefit payment is made, the payment is made by either a:

- Deposit made to an unemployment debit card; or
- Direct deposit to a personal checking or savings account. Deposits can only be made to banks in the U.S

Your payments will be made to an unemployment debit card unless you select direct deposit and complete the information below or if there is a problem with your direct deposit information.

- ☒ I would like my benefits paid via a **unemployment debit card**
- ☐ I would like my benefits paid by **direct deposit** to a personal bank account

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[Submit](#)

If you do not
choose
Direct
Deposit, a
debit card
will be
mailed to
you

Click
Submit

Update Employment



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Unemployment Initial Claim Submit Process



Additional and Complete Employment

A complete list of employment from 1/1/2016 to 3/17/2017 is needed to determine your eligibility and benefit amount.

- If an employer is listed with a status of "Incomplete," select the "Update" button to review and complete the missing information.
- If the list of employers has a status of "Complete" and reflects all the employment that you have had in the past year, select "Next."
- If the list does not include all the employment that you have had in the past year, select the type of employment and the "Add" button below.
- If you worked for the same employer in multiple states, please list your employment in each state as a separate employer.

Employer Business Name	Employer Legal Name	Status	
Massachusetts Employment			
	{UnKnown}	INCOMPLETE	* Update Delete

Click
Update

Provide Additional Employers

A complete list of employment from 1/1/2016 to 3/17/2017 is needed to determine your eligibility. Use the "Add" button below to add additional Employment.

Employment Type: [Add](#)

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Type Employer Name and Search



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Unemployment Initial Claim Submit Process



Have you worked
for a
Massachusetts
employer?
Click Yes or No

Massachusetts Employer Search

You previously said you worked for a Massachusetts employer. Is this correct? ☐ Yes ☐ No*

- If **Yes**, complete the following information:
- If **No**, select the **Next** button. This will remove this Massachusetts employment from your employment list.

You indicated you had Massachusetts employment since 1/1/2016

- To search for your Massachusetts employer enter at least 2 characters of your employer's name in the **Employer Name** field.
- To perform a 'Contains' search you must enter at least 5 characters and select the 'Contains' checkbox.
- Select the **Search** button to begin your employer search.

Type
Employer
Name

[View Search Tips](#)

Employer Name:

☐ [Contains](#)

Employer City:

Federal Employer Identification Number (FEIN):

Click
Search

Search

Reset

Previous

Next

Choose and Select your Employer



Massachusetts Employer Search

You previously said you worked for a Massachusetts employer. Is this correct? ☒ Yes ☐ No*

- If **Yes**, complete the following information:
- If **No**, select the **Next** button. This will remove this Massachusetts employment from your employment list.

You indicated you had Massachusetts employment since 1/1/2016

- To search for your Massachusetts employer enter at least 2 characters of your employer's name in the **Employer Name** field. To perform a 'Contains' search you must enter at least 5 characters and select the 'Contains' checkbox.
- Select the **Search** button to begin your employer search.

[View Search Tips](#)

Select and Click
Your Employer

Employer Name: First Student

☐ Contains

Employer City: Hanson

Federal Employer Identification Number (FEIN):

Search

Reset

Review the following list of employers. After choosing your employer, select the **Next** button.

Search Results

Select	Employer Doing Business As (DBA) Name	Legal Name	Employer Address
<input checked="" type="radio"/>	FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	68 Industrial Blvd Ste 6, Hanson, MA, 02341-1547

[What if I cannot find my employer in the search results?](#)

Previous

Next

Click
Next

Answer Employer Questions



You selected you worked for:

Massachusetts Employer Legal Name: **FIRST STUDENT MANAGEMENT LLC**

Massachusetts Employer Doing Business As (DBA) Name: **FIRST STUDENT MANAGEMENT LLC**

Employer Legal Address:

600 Vine St

Suite 1400

Cincinnati

Ohio

45202-2400

Employer Physical Location Address:

68 Industrial Blvd Ste 6

Hanson

Massachusetts

02341-1547

Most Recent Work Address

Enter the physical location where you performed work for this employer, if different than the address listed above.

Address Line 1:

Address Line 2:

City:

State: **Massachusetts**

ZIP Code:

Phone:

**Answer all
Employment
Questions**

ext.

*Did you work full time for this employer?

☐ Yes ☐ No

Enter your total period of employment with this employer:

Employment Start Date:

(mm/dd/yyyy)

Employment End Date:

(mm/dd/yyyy)

* Have you been separated from this employer more than once since 1/1/2016?

☐ Yes ☐ No

*Are you considered working on-call for this employer?

☐ Yes ☐ No

*Are you a member of a corporation or a shareholder of this company?

☐ Yes ☐ No

*Are you a sole proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole proprietorship and/or partnership at this company?

☐ Yes ☐ No

*Are you a school Employee?

☐ Yes ☐ No

*1. Are you paid by the city or town?

☐ Yes ☐ No

*2. Are you paid by a private employer?

☐ Yes ☐ No



Enter Job Title

Occupational Information

Enter your job title while working for the employer listed above:

★Job Title:

To enter your job title for this employer select search

Search

Click Search
to enter
Job Title

Reason For Separation from this employer

- ★
 - ☐ **Still Working:** You are working "part-time" or "on-call".
 - ☐ **Layoff:** Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.
 - ☐ **Quit:** You decided to leave your employment for reasons including: another job; moved; to avoid being fired; work related, personal, or medical reasons.
 - ☐ **Discharged:** Your employer ended your employment for a reason other than a layoff.
 - ☐ **Leave of Absence:** You and your employer have an agreement that you will take some time off work and you anticipate that you will return to work with this employer in the future.
 - ☐ **Suspension:** Your employer will not allow you to work pending an investigation or as a disciplinary action.
 - ☐ **School Employee:** You are on a semester/term break from school-related employment.
 - ☐ **Strike:** You are not working due to a strike.
 - ☐ **Lockout:** You are not working as a result of a lockout.
 - ☐ **Conviction:** You were discharged by your employer or quit your job due to a conviction of a felony or misdemeanor.

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Select and Click Job Description



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Unemployment Initial Claim Submit Process



Occupational Information

- Enter your job title and select **Search** to locate the most accurate description of your occupation. Once you have located the most accurate description of your occupation, select the button associated with the Job Title, **Select Next**. Additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

Search

Reset

Search Results

Select	Job Title	Description
<input type="radio"/>	Bus Drivers, School or Special Client	Transport students or special clients, such as the elderly or persons with disabilities. Ensure adherence to safety rules. May assist passengers in boarding or exiting.
<input type="radio"/>	Bus Drivers, Transit and Intercity	Drive bus or motor coach, including regular route operations, charters, and private carriage. May assist passengers with baggage. May collect fares or tickets.
<input type="radio"/>	Taxi Drivers and Chauffeurs	Drive automobiles, vans, or limousines to transport passengers. May occasionally carry cargo. Includes hearse drivers. Excludes "Ambulance Drivers and Attendants. Except Emergency Medical Technicians" (53-3011) and "Bus Drivers" (53-3020).

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Click Next



Choose and Click Reason for Separation

Occupational Information

Enter your job title while working for the employer listed above:

*Job Title: Bus Drivers, School or Special Client

To enter your job title for this employer select search

Search

Reason For Separation from this employer

- *☐ **Still Working:** You are working "part-time" or "on-call".
- ☐ **Layoff:** Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.
- ☐ **Quit:** You decided to leave your employment for reasons including: another job; moved; to avoid being fired; work related, personal, or medical reasons.
- ☐ **Discharged:** Your employer ended your employment for a reason other than a layoff.
- ☐ **Leave of Absence:** You and your employer have an agreement that you will take some time off work and you anticipate that you will return to work with this employer in the future.
- ☐ **Suspension:** Your employer will not allow you to work pending an investigation or as a disciplinary action.
- ☐ **School Employee:** You are on a semester/term break from school-related employment.
- ☐ **Strike:** You are not working due to a strike.
- ☐ **Lockout:** You are not working as a result of a lockout.
- ☐ **Conviction:** You were discharged by your employer or quit your job due to a conviction of a felony or misdemeanor.

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Click
Next

Choose and
Click
Reason for
Separation

Click Next



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of Massachusetts

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Unemployment Initial Claim Submit Process



Additional and Complete Employment

A complete list of employment from 1/1/2016 to 3/31/2017 is needed to determine your eligibility and benefit amount.

- If an employer is listed with a status of "Incomplete," select the "Update" button to review and complete the missing information.
- If the list of employers has a status of "Complete" and reflects all the employment that you have had in the past year, select "Next."
- If the list does not include all the employment that you have had in the past year, select the type of employment and the "Add" button below.
- If you worked for the same employer in multiple states, please list your employment in each state as a separate employer.

Employer Business Name	Employer Legal Name	Status		
Massachusetts Employment				
FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	COMPLETE	* Update	Delete

Provide Additional Employers

A complete list of employment from 1/1/2016 to 3/31/2017 is needed to determine your eligibility. Use the "Add" button to add additional Employment.

Employment Type:

Click
Next

Eligibility Questions



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* Indicates Required Field

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Unemployment Initial Claim Submit Process



Read all
Eligibility
Questions and
click Yes or No

Eligibility Information

Since Friday, January 1, 2016, have you applied for or are you receiving any of the following:

1. Payments from a Union Pension Fund contributed to by one or more employers? (including lump sum and periodic payments) ☐ Yes ☐ No*
2. Payments from a pension fund, annuity fund, or retirement account contributed to by an employer? (Including 401K and lump sum or periodic payments.) ☐ Yes ☐ No*

Since Friday, January 1, 2016, have you received, applied for, or are you receiving any of the following:

3. Workers' compensation payments for the loss of wages? ☐ Yes ☐ No*

Since Friday, January 1, 2016, have you received, are you receiving, or do you expect to receive any of the following:

4. Vacation or Personal Time Off (PTO) pay because of or upon your severance of employment (includes temporary layoffs) ☐ Yes ☐ No*
5. Severance Pay or any other payments due to separation from employment?
 - Severance or other pay may include any types of payment such as severance pay, pay in lieu of dismissal notice, continuation pay (not performing services but still being paid), a retention or "stay" bonus or any other payment based on years or length of service. ☐ Yes ☐ No*
 - Does NOT include regular earnings for work performed.

Since Friday, January 1, 2016:

6. Were you paid to participate in or train for professional sporting events at any level as a coach, athlete, or referee? ☐ Yes ☐ No*

7. Are you currently enrolled in a Full Time School or a training program?

- Full Time School is described as a course or training program providing a minimum of at least 20 hours of supervised classroom training per week or 12 credits each semester or the equivalent. ☐ Yes ☐ No*

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Click
Next

Work Search Activity Log



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* Indicates Required Field

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Read and
Click
to Certify

Unemployment Initial Claim Submit Process



Important Information about Your Unemployment Benefits

Please read and certify:

- You must make at least 3 attempts to look for work on 3 different days of each week that you are unemployed and you must keep a record of your **Work Search Activity Log** in case you are asked by DUA to send it to us for review and verification of those attempts.
- You must be able to work, available to work, and actively seeking work in order to be eligible for unemployment benefits. You must respond to all DUA requests for information in a timely manner or a decision will be made without your statement that may affect your right to collect unemployment benefits.
- If you move and change your address or your telephone number you must update your contact information in the UI Online system immediately.
- You must register with a Massachusetts One-Stop Career Center and attend a Career Center Seminar to receive your unemployment benefits. For a listing of career centers, please follow the web address: <http://www.mass.gov/careercenters/>.

Massachusetts Law provides penalties and/or imprisonment for false statements used to obtain unemployment benefits. DUA will actively pursue fraudulently collected benefits to the fullest extent of the law.

☐ I have read and understand the information above. I understand that DUA will verify the information that I provide.*

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[Next](#)

Click
Next

Review, Edit, and Submit Application



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* Indicates Required Field

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Unemployment Initial Claim Submit Process



Application Not Yet Complete

Your application is not yet submitted. To complete your application you must do the following:

- Review your entries before submitting this claim by selecting the links below or scrolling down the screen.
- If you need to change your entries select the **Modify** button to go back to the appropriate section of the claim.
- Enter your social security number to verify your identity.
- Select Submit the Unemployment Benefits Claim, and wait for a confirmation page.

**Review entries
before submitting
Unemployment
Benefit
Application**

Review and Edit Contents

To review each section of your claim click on the section header links below or scroll down the screen:

- [Initial Questions](#)
- [General Information](#)
- [Employment Information](#)
- [Eligibility Questions](#)

The following is a summary of your entries during this Unemployment Benefit Application process:

Initial Questions

Benefit Claim Effective Date:		Sunday, March 26, 2017
What are your gross earnings for the week ending Saturday, March 25, 2017:		
How many hours do you typically work during a week:		40
How many hours did you work during the week of Sunday, March 26, 2017 through		



Review Initial Questions

Review and Edit Contents

To review each section of your claim click on the section header links below or scroll down the screen:

- [Initial Questions](#)
- [General Information](#)
- [Employment Information](#)
- [Eligibility Questions](#)

Review
Initial Questions and
modify only if
incorrect

The following is a summary of your entries during this Unemployment Benefit Application process:

Initial Questions

Benefit Claim Effective Date:	Sunday, March 26, 2017
What are your gross earnings for the week ending Saturday, March 25, 2017:	
How many hours do you typically work during a week:	40
How many hours did you work during the week of Sunday, March 26, 2017 through Saturday, April 1, 2017:	0
Are you unemployed as a direct result of a disaster:	No
Employed in Massachusetts (excluding military and federal civilian employment):	Yes
Employed in state other than Massachusetts (excluding military and federal civilian employment):	No
Employed by the Military in Active Duty:	No
Employed as a Civilian Federal Employee:	No
Since 3/27/2016 have you applied for unemployment benefits from a state other than Massachusetts:	No
Enter the ZIP code of your home address:	021142502

Modify

Review Information



General Information	
First Name:	Charles
MI:	
Last Name:	Smith
Residential Address	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	021142502
Country:	United States Of America
Mailing Address	
In care of (c/o):	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	021142502
Country:	United States Of America
Telephone Numbers	
Home:	6176543210
Cell:	6177654321
Other:	
International:	
Correspondence Preference	
How would you like to receive your correspondence:	Electronic
If Electronically, enter your email address:	csmith@detma.org
Re-enter email address:	csmith@detma.org
In order to properly staff our customer service center, indicate your preferred language, using this dropdown menu:	English
If your preferred language is not in the list above, select one from this dropdown menu:	

**Review
All Information
and modify only
if incorrect**

Review Information



**Review
All
Information
and modify
only
if incorrect**

Personal Information	
Are you a military veteran:	No
Ethnic Heritage:	Not Hispanic or Latino
Race:	White
Select your highest level of education completed:	Master's Degree
Do you have a disability:	No
Are you a U.S. citizen?	Yes
Are you required by a court or other enforcement agency to pay child support in Massachusetts:	No
In a state other than Massachusetts:	No
Do you have qualified dependents:	No
Work Information	
Are you a union member who is currently seeking work exclusively through a union hiring hall or business agent:	No
Is your employment seasonal:	No
Do you have a definite recall date:	No
If yes, what is your recall date:	-None-
Select your primary occupation:	Bus Drivers, School or Special
Years of Work:	10
Are you customarily laid off and do you later return to work with the same or different employer in your industry and/or your occupation?	No
Payment Options	
Tax withholding preference:	Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1%
I would like my benefits paid by:	Debit Card
Modify	

Review Employment Information



Massachusetts Employment Information

Review all
Employment Information
and modify only
if incorrect

MA Employer Legal Name:	FIRST STUDENT MANAGEMENT LLC
MA Employer Doing Business As (DBA) Name:	FIRST STUDENT MANAGEMENT LLC
Employer Legal Address:	600 Vine St Suite 1400 Cincinnati Ohio 45202-2400 8002076926 115 68 Industrial Blvd Ste 6 Hanson Massachusetts 023411547 7814474445
Employer Physical Address:	
Physical location Where Work Was Performed:	
Employment Start Date:	Saturday, January 2, 2010
Employment End Date:	Friday, March 24, 2017
Have you had multiple periods of Employment with this Employer since Friday, January 1, 2016:	Yes
Are you considered working on call for this Employer:	No
Did you work full time for this Employer:	Yes
Are you a member of a corporation or a shareholder of this company:	No
Are you a sole-proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole-proprietorship and/or partnership at this company:	No
Are you a school employee:	No
1. Are you paid by the city or town:	
2. Are you paid by a private employer:	
Reason for separation from this Employer:	Layoff: Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.
Most Recent Employment Begin Date:	Monday, February 27, 2017
Most Recent Employment End Date:	Friday, March 24, 2017
Occupation with this employer:	Bus Drivers, School or Special

Review Information and Verify Identity



Eligibility Information

Have you applied for or are you receiving payments from a union pension fund contributed to by one or more employers:	No
Have you applied for or are you receiving payments from a pension fund, annuity fund, or retirement account contributed to by an employer:	No
Have you applied for or are you receiving workers' compensation payments for the loss of wages:	No
Have you applied for or are you receiving vacation or Personal Time Off (PTO) pay because of or upon your separation from employment:	No
Have you applied for or are you receiving severance or other payments due to separation from employment:	No
Have you paid to participate in, or train for professional sporting events at any level as coach, athlete, or referee:	No
Are you currently enrolled in school or a training program:	No

Modify

Review Eligibility Information and modify only if incorrect

Verify Identity and Accuracy of Information by clicking

Identity Verification

☐ * **I have answered all questions fully and truthfully. I know there are penalties for giving wrong information. I know that to receive benefits I must meet the eligibility requirements.**

By clicking Submit, I acknowledge that, under penalty of perjury, all information provided is as complete and accurate to the best of my ability.

Enter Your Social Security Number:

Enter Social Security Number

Click to submit the Benefits Unemployment Application

Submit the Unemployment Benefit Application

Upon completion of your application, you must select the "Submit your Unemployment Benefit Application" button to process the application. **Your application will NOT be processed if you exit before you submit your unemployment benefit application.**

Your Claim Has Been Sent for Processing



Print this page for your records. [Print Page](#)

Your claim has been sent for processing.

Your next steps:

✓ **Request benefits each week Sunday through Saturday between 6:00am and 10:00pm (EST) by:**

- Visiting www.mass.gov/dua and logging into your UI Online Account or,
- Calling DUA Telecert at 617-626-6338

✓ **Check your UI Online account frequently.** Log in and go to My Home Page to see important messages, check the status of your claim, and update your information.

Your Responsibility:



Learn about TOP - the [Training Opportunities Program](#) that pays benefits when you attend full-time, approved training.



Read your [Claimant Guide](#). It explains how to manage your claim, get help with your job search, and handle problems or questions.



Go to a [One-Stop Career Center](#) to get help with your job search. There are Centers [in all major cities](#) and many branch offices across our state.



Sign up with [JobQuest](#). It's a website that connects job seekers with employers.



To sign up for Direct Deposit, log in to your account or call 617-626-6800, option 3 from the main menu.

Click button and
Go To My Home
Page to view
Claimant
Information

[Go to My Home Page](#)

[Log Out of UI Online](#)

My Home Page



Commonwealth
of Massachusetts

Click Logoff
when exiting the
UI Online System

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My Home Page

My Inbox

View and Maintain Account
Information

Estimate Future Benefits

View And Request 1099G

View UI Records

Request TOP Application

Welcome, **Smith, Charles** [Show Profile Details](#)

Need Help? ▾

Claimant ID: 10572984

Benefits Overview ?

! Your application for unemployment benefits has been received and your employer(s) are being contacted for wage and separation information. You will receive a determination in the mail or a notification by email when your application is processed. It is your responsibility to come back each week and request benefits. ✕

If your claim is approved you will only be paid for weeks that you have requested and for which you are found eligible. Learn more about the [UI Claims Process](#) and review [important information about requesting weekly unemployment benefits](#).

! You may submit your next benefit request beginning Sunday 04/02/2017 through Saturday 04/08/2017.

Claim Information

Benefit Year: 3/26/2017 - 3/24/2018

[When do I request payment for Benefits?](#)

Last Requested Week: None

[View Weeks Claimed](#)

Payments Overview ?

You have no recent payments

Recent Payments

There were no payments made in the last 90 days.

[View Payment History](#)

Payment Preferences

Federal Tax Withholding: 10.00%

[Manage Payment and Tax Options](#)

State Tax Withholding: 5.10%

Payment Method: Debit card