UI Online

Filing a New Unemployment Claim

How to File a New Unemployment Claim

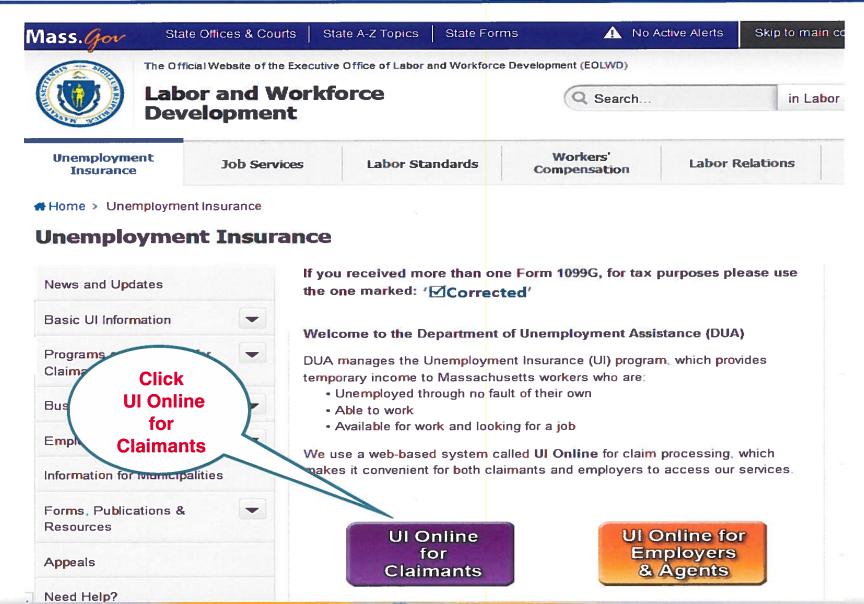


To File a New Unemployment Claim in Ul Online:

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

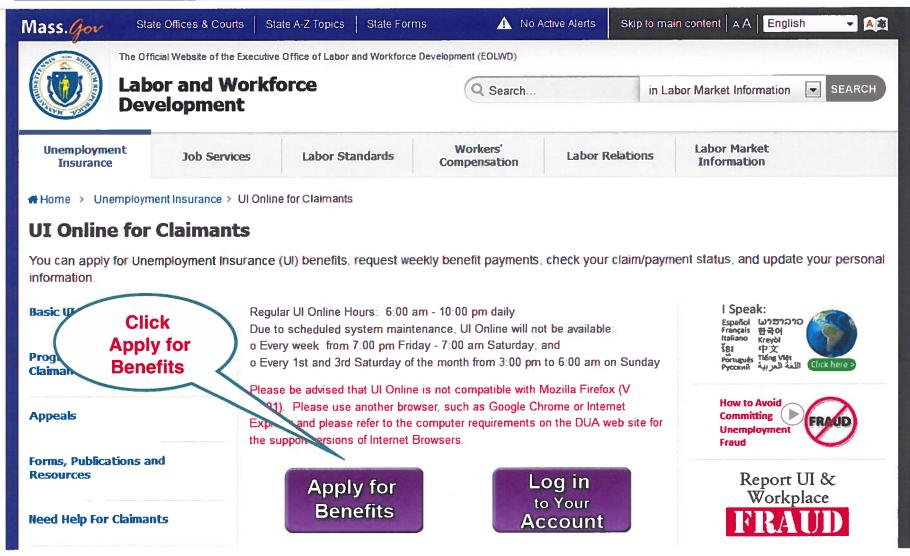
Click "UI Online for Claimants" Button





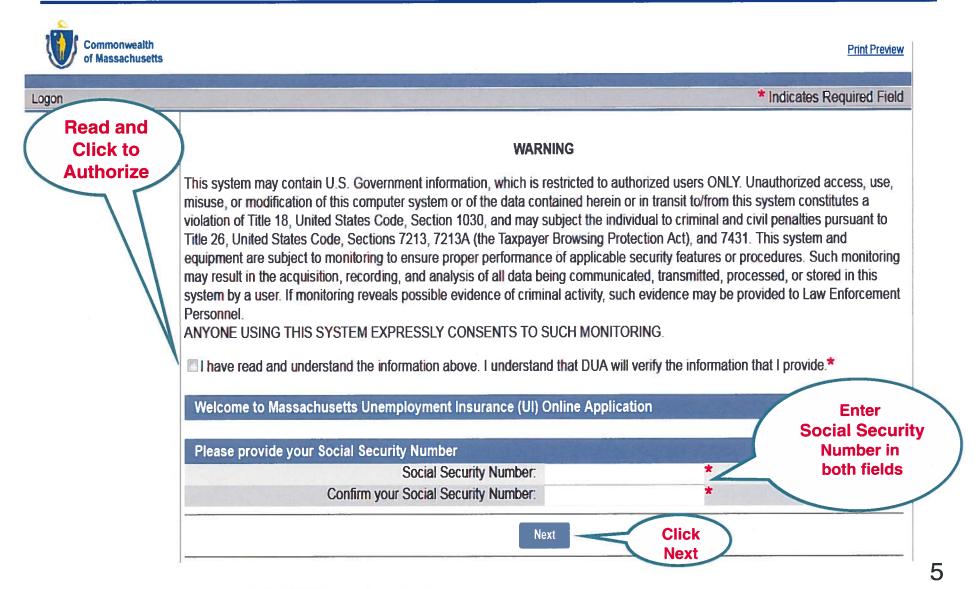
Click "Apply for Benefits" Button





Read the Warning Statement





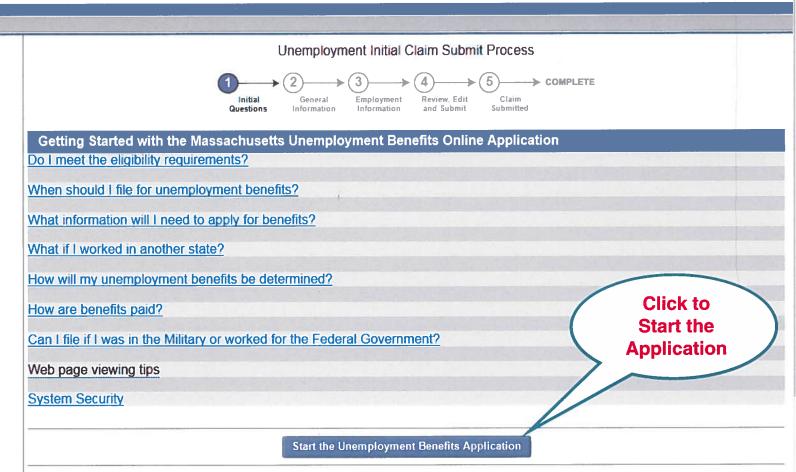


Start the Unemployment Benefits Application



Print Preview

Logon



Read Checklist and Click Next



Read the Information Checklist

Unemployment Initial Claim Submit Process



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.

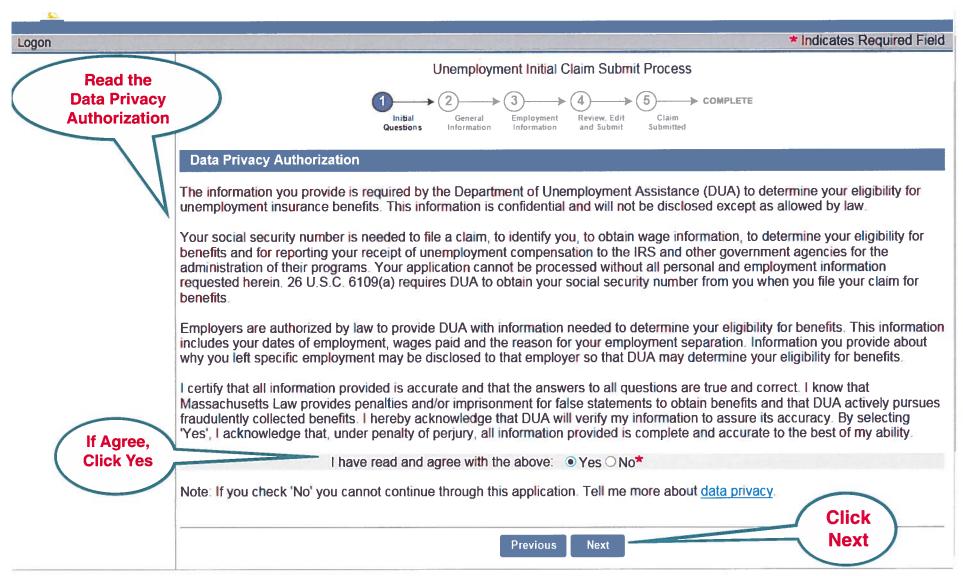
Click Next

Previous

Move



Read the Data Privacy Authorization Statement

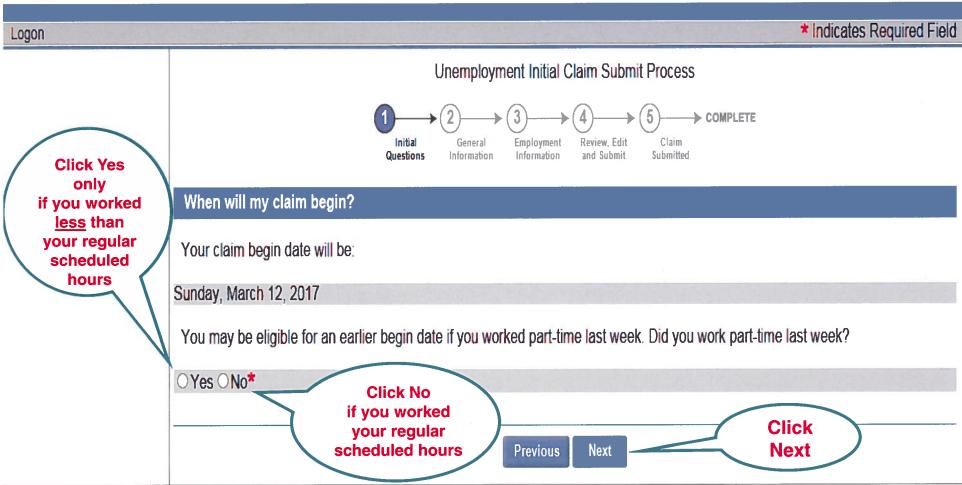


Did you work part-time last week?





Print Preview

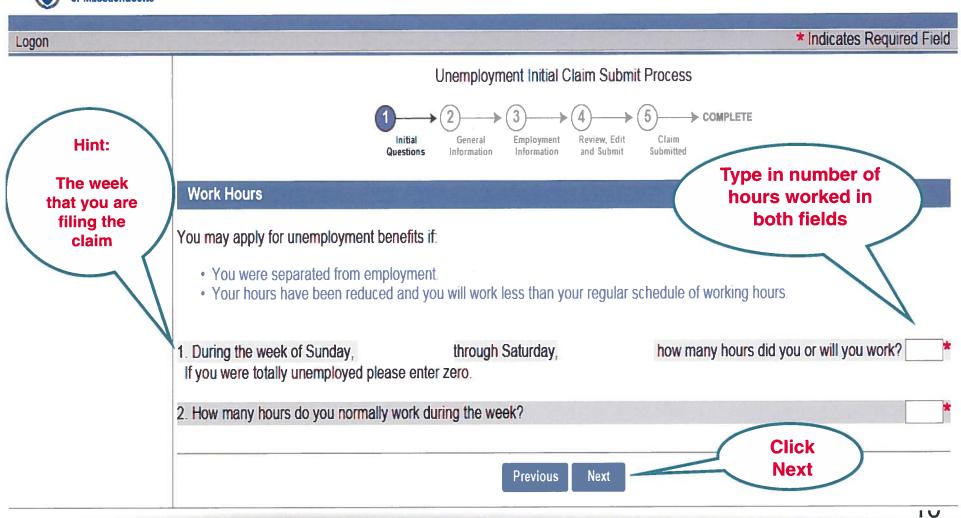


Hours Worked



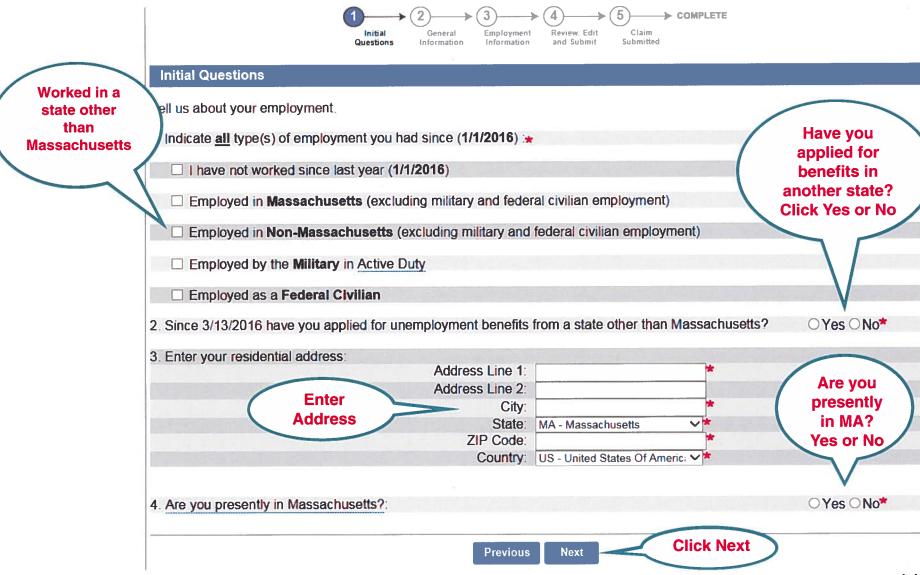


Print Preview



Initial Questions





Address Validation





Print Preview

Logon

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+4code. Please select the most accurate mailing address below.

Possible Matches

 19 Staniford St Boston, MA 02114-2502

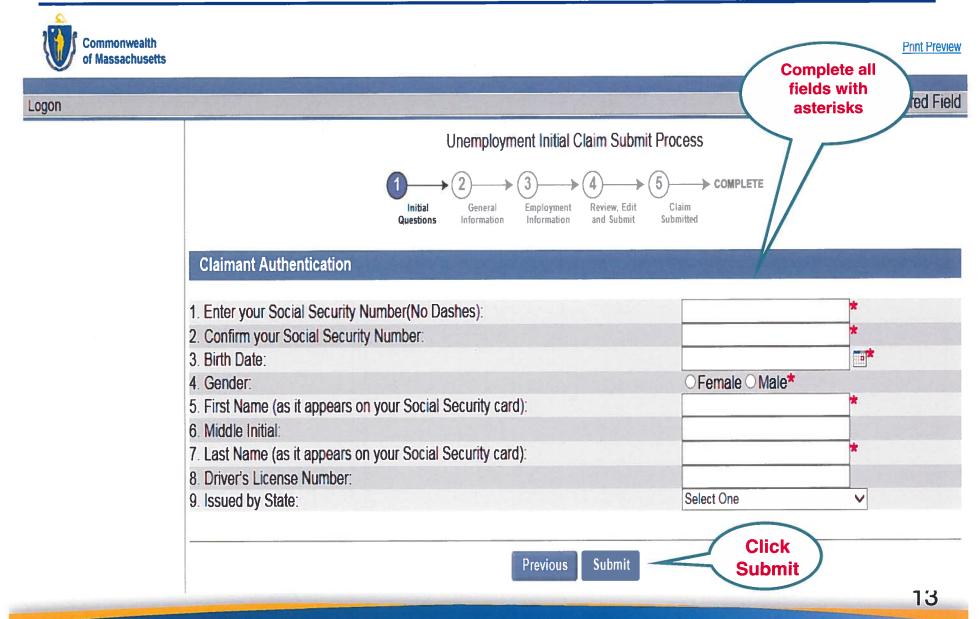
Provided Address

 19 Staniford Street Boston, MA 02114



Enter Claimant Information





Set New Password and Security Question





Print Provious

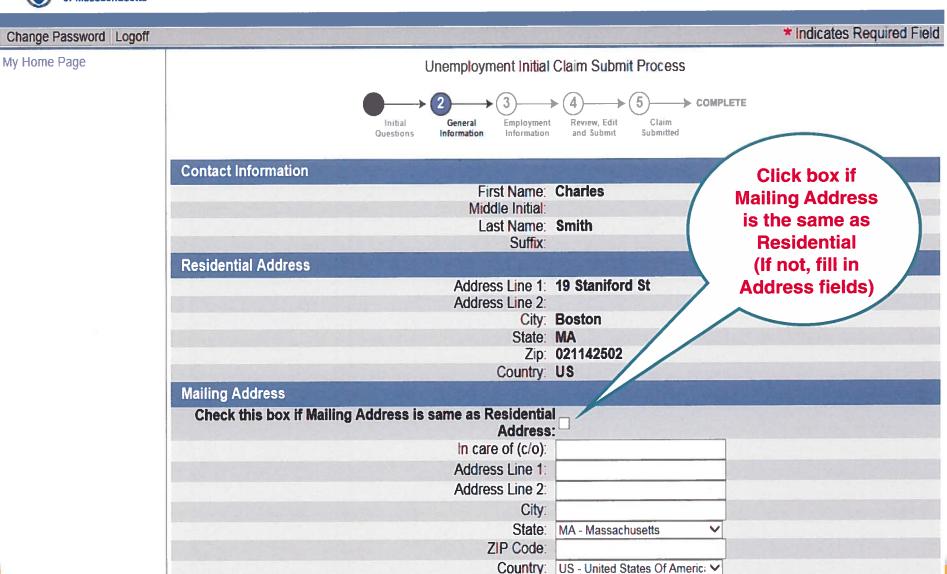
* Indicates Required Field Change Password Logoff **Unemployment Initial Claim Submit Process** COMPLETE Review, Edit Claim **Type** Submitted Questions Information **Password** and answer **Security** Question **Set Password** additional information Please choose a new password and other information by entering it in the fields below and clicking Save on password security, please refer to the password guidelines. **New Password:** Confirm Password: Security Question: Security Answer: Confirm Security Answer: Remember this information. You will need it to access your claim online. Click Save

Mailing Address

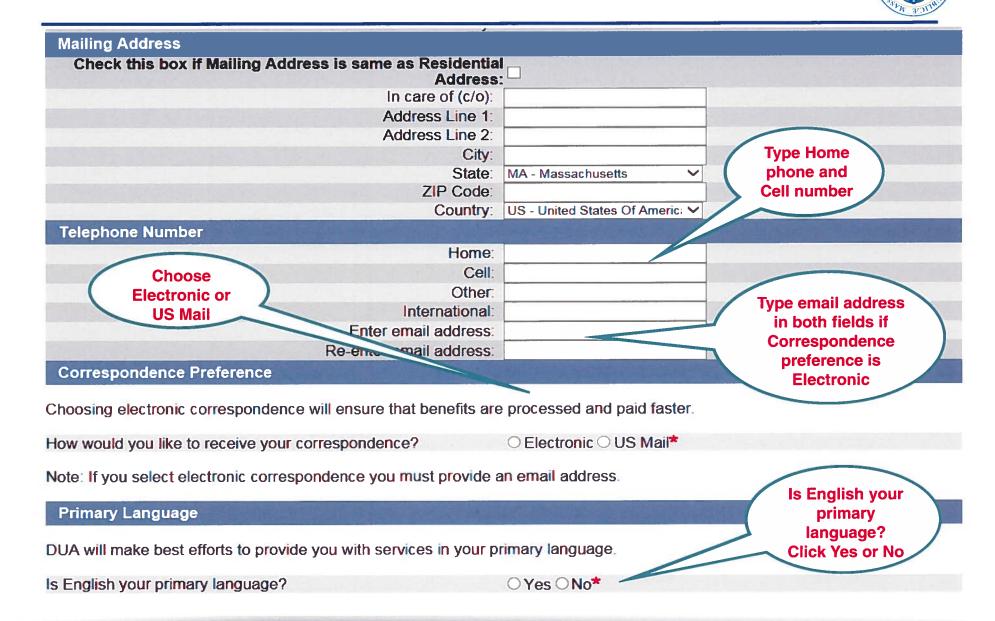




Print Preview



Address, Telephone numbers, Correspondence Method, and Language



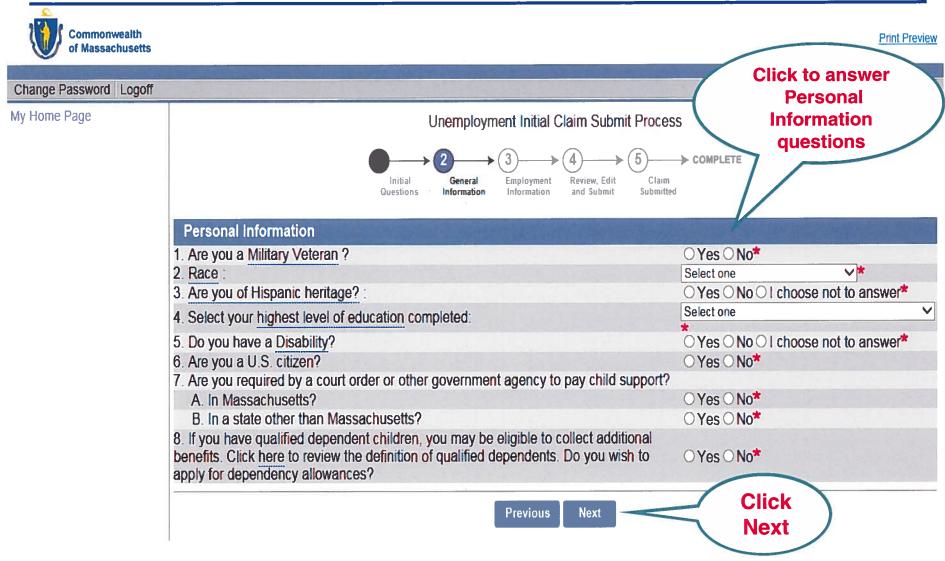
Click Submit



Telephone Number	
Home:	6176543210
Cell:	6177654321
Other	
International:	
Enter email address:	csmith@detma.org
Re-enter email address:	csmith@detma.org
Correspondence Preference	She became the interest of the state of the
Choosing electronic correspondence will ensure that benefits are	e processed and paid faster.
How would you like to receive your correspondence?	
Note: If you select electronic correspondence you must provide a	an email address.
Primary Language	
DUA will make best efforts to provide you with services in your p	rimary language.
Is English your primary language?	
Note: Electronic correspondence is only available in English at the	Click Submit
Previous	Submit

Personal Information





Work Information





Friday, March 17, 2017 Print Preview

*Indicates Required Field Change Password Logoff My Home Page **Unemployment Initial Claim Submit Process** COMPLETE and Submit Submitted Questions **Click Yes or No** for Work Information **Work Information Questions** 1. Are you a union member who is currently seeking work ○Yes ○No* exclusively through a union hiring hall or business agent? 2. Have you been notified by an employer of a definite return to OYes ONo* work date? If Yes, enter your return to work date, and select means of ○ In Writing ○ Not in Writing notification: (mm/dd/yyyy) Are you customarily laid off and do you later return to work with ○Yes ○No* the same or different employer in your industry and/or your Click occupation? **Next Previous** Next

Job Title





Print Preview

Change Password Logoff

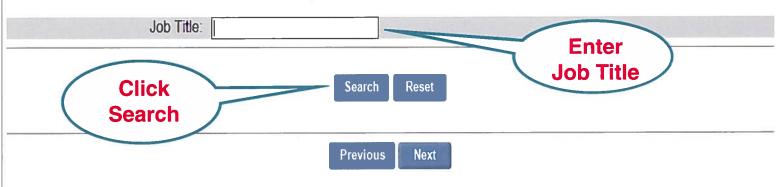
My Home Page

Unemployment Initial Claim Submit Process



Occupational Information

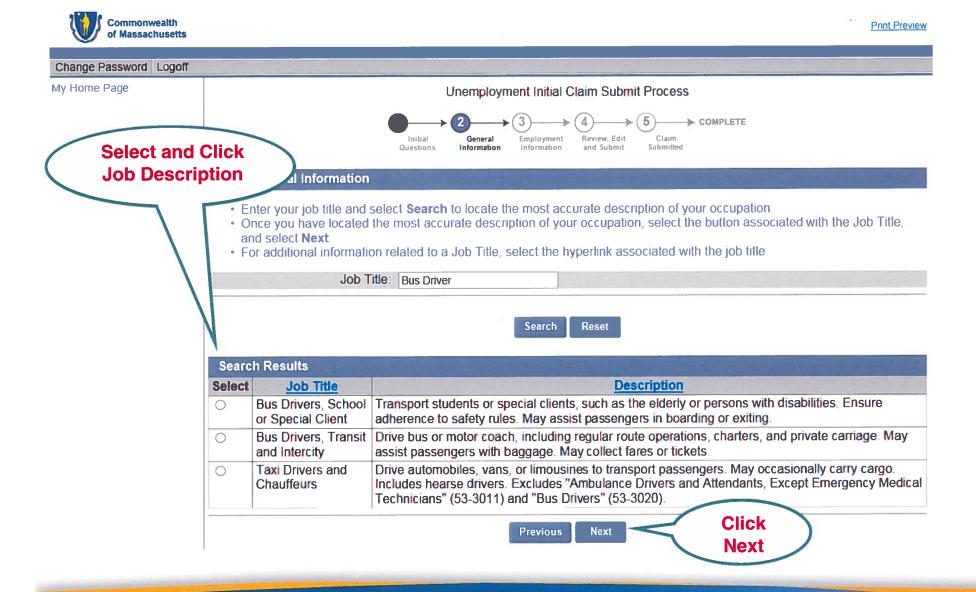
- · Enter your job title and select Search to locate the most accurate description of your occupation.
- Once you have located the most accurate description of your occupation, select the button associated with the Job Title, and select Next.
- For additional information related to a Job Title, select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



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

Select Job Description



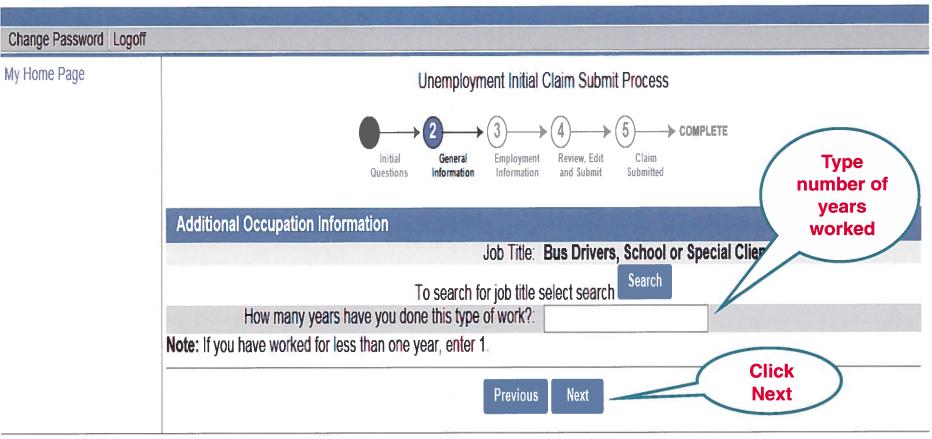


Number of Years Worked





Print Preview



Tax Withholding Options





Print Preview

Change Password Logoff My Home Page Unemployment Initial Claim Submit Process Choose and click **► COMPLETE** Tax Withholding **Options 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 O Withhold State income tax at the rate of 5.1 ; or O 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 Click Ol choose not to have any income tax withheld from my benefits Note: You may change your income tax withholding choice at any time. **Submit** Previous Submit

Choose Debit Card or Direct Deposit





Print Preview

Change Password Logoff My Home Page **Unemployment Initial Claim Submit Process →** COMPLETE Submitted Questions Information Information and Submit **Payment Options** All unemployment Insurance payments are electronic If you do not choose with the exception of your first payment which will be made by paper check. When an unemployment benefit payment is made, the Direct payment is made by either a: Deposit, a debit card will be Deposit made to an unemployment debit card; or mailed to Direct deposit to a personal checking or savings account Deposits can only be made to banks in the U.S. you 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. Click l would like my benefits paid via a unemployment debit card **Submit** OI would like my benefits paid by direct deposit to a personal bank account

Previous

Submit

Update Employment



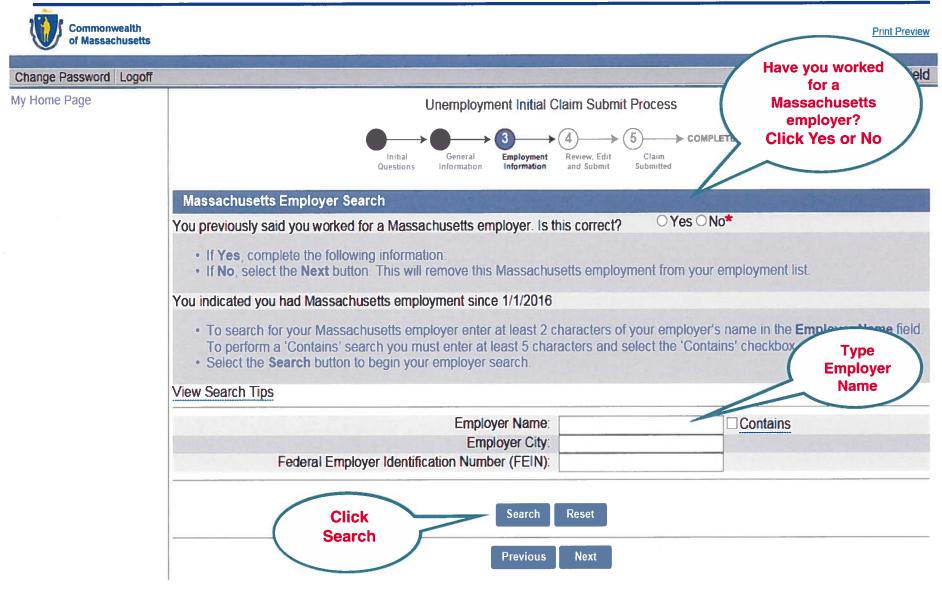


Friday, March 17, 2017 Print Preview

Change Password Logoff My Home Page **Unemployment Initial Claim Submit Process** Review, Edit Claim Initial General **Employment** Submitted Questions Information Information and Submit **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 • 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. Click **Employer Business Name Employer Legal Name** Status **Update** Massachusetts Employment Update **INCOMPLETE** Delete {UnKnown} **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. Add Employment Type: Select one Previous Next

Type Employer Name and Search





Choose and Select your Employer



			eneral Employment Information	Review, Edit Claim Submitted	COMPLETE	
	Massachuse	tts Employer Search				
	You previously	said you worked for a Massachu	setts employer. Is	s this correct?	res ○ No*	
		omplete the following information: ect the Next button. This will rem		usetts employment from	m your employment l	ist.
	You indicated	ou had Massachusetts employm	ent since 1/1/201	6		
	field. To • Select th	h for your Massachusetts employ perform a 'Contains' search you re e Search button to begin your en	must enter at leas			
	View Search T	ps				
Select and Your Emplo		Federal Employer Identification	Employer Name: Employer City: Number (FEIN):	First Student Hanson	Contains	
	Peview the following	owing list of employers. After cha	Search	Reset	tton	
	Search Res		osing your omple	yor, soloct the react bu		
	Select Empl	oyer Doing Business As (DBA)	Name	Legal Name		er Address
	• FIRST	STUDENT MANAGEMENT LLC		UDENT MENT LLC	68 Industrial Blvd S 02341-1547	Ste 6, Hanson, MA,
	What if I canno	t find my employer in the search				
		***************************************	Previous	Next	Click Next	

Answer Employer Questions



You selected you worked for: Massachusetts Employer Legal Name Massachusetts Employer Doing Business As (DBA) Name	FIRST STUDENT MANAGEMENT LLC		
Employer Legal Address: 600 Vine St Suite 1400	Employer Physical Location Address: 68 Industrial Blvd Ste 6		
Cincinnati	Hanson		
Ohio 45202-2400	Massachusetts 02341-1547		
Most Recent Work Address			
Enter the physical location where you performed work for this er Address Line 1:	nployer, if different than the address listed above.		
Address Line 2:	Answer all		
City:	Employment		
	Massachusetts Questions		
ZIP Code:	duestions		
Phone:	ext.		
Did a second follows for this area laws of	OM ON		
*Did you work full time for this employer?	○ Yes ○ No		
Enter your total period of employment with this employer:	(mm/ddhaaa)		
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	○ Yes ○ No		
proprietorship and/or partnership at this company? *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

- O Still Working: You are working "part-time" or "on-call".
- Clayoff: Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.
- O Quit: You decided to leave your employment for reasons including: another job; moved; to avoid being fired; work related, personal, or medical reasons.
- O Discharged: Your employer ended your employment for a reason other than a layoff.
- O 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.
- O 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.
- O Strike: You are not working due to a strike.
- O Lockout: You are not working as a result of a lockout.
- O Conviction: You were discharged by your employer or quit your job due to a conviction of a felony or misdemeanor.

Previous

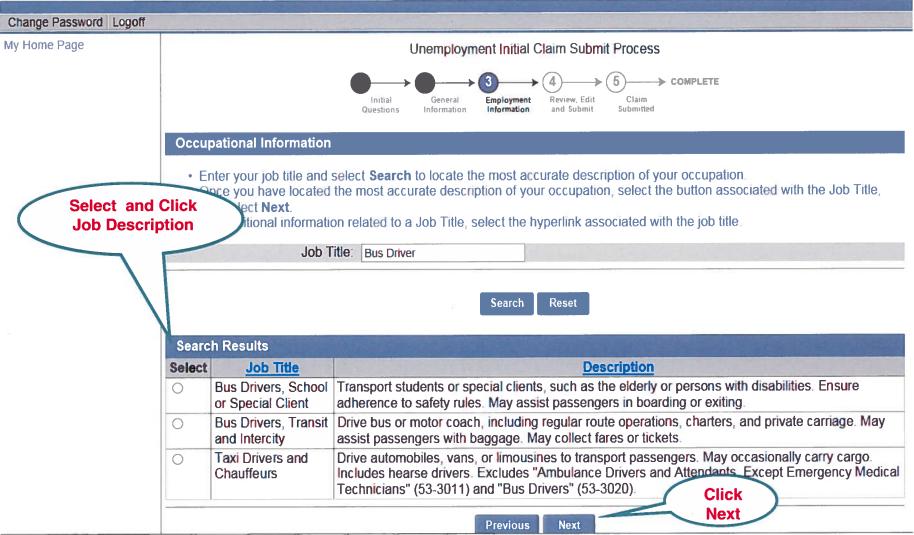
Next

Select and Click Job Description





Print Preview



Choose and Click Reason for Separation

Click



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 O Still Working: You are working "part-time" or "on-call". O 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. Opischarged: Your employer ended your employment for a reason other than a layoff. O 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. O 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. O Strike: You are not working due to a strike. O Lockout: You are not working as a result of a lockout. Oconviction: You were discharged by your employer or quit your job due to a conviction of a felony or misdemeanor. Previous Click Next Choose and Reason for Separation

Click Next





Print Preview

Change Password | Logoff

My Home Page Unemployment Initial Claim Submit Process

General

Information

Initial

Questions



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

Employment

Information

- 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."

→ COMPLETE

Claim

Submitted

- 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 below to add additional Employment.



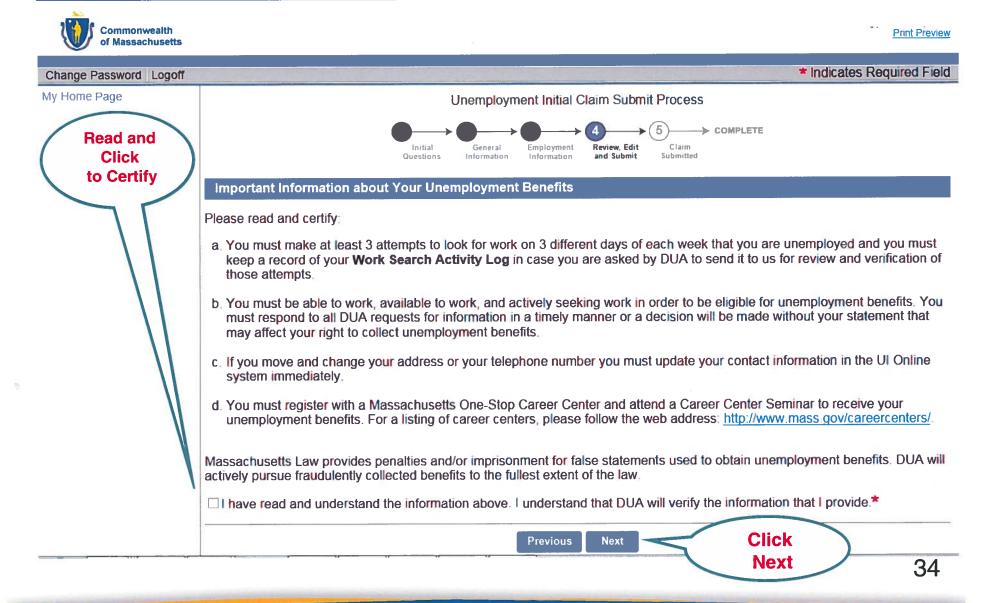
Eligibility Questions



Change Password Logoff	* Indicates F	Required Field
My Home Page		
	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) 2. Payments from a pension fund, annuity fund, or retirement account contributed to by an employer? (Including 401K and lump sum or periodic payments.) 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? 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) 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	○ Yes ○ No*
	payment based on years or length of service. • 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? 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. Click Previous Next	○Yes ○No*

Work Search Activity Log



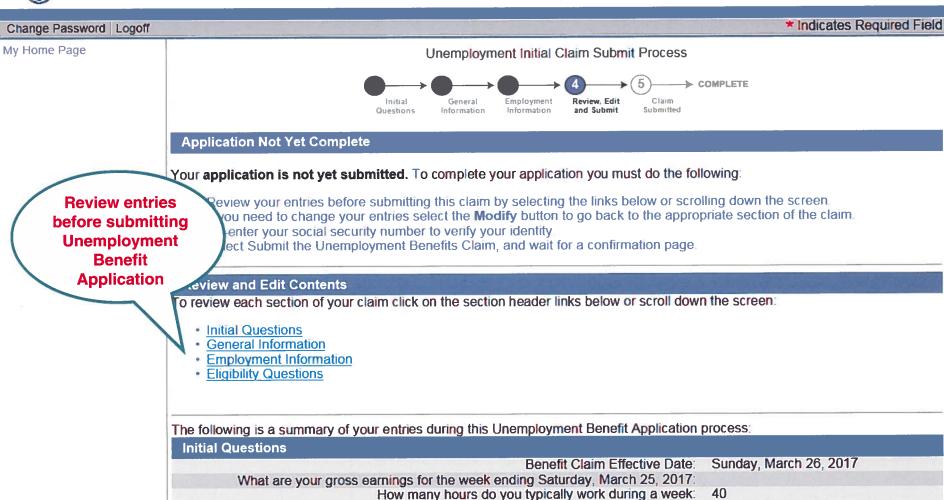


Review, Edit, and Submit Application





Print Preview



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	Maria Company		
		First Name:	Charles
	Review	MI:	0 70
	All Information	Last Name:	Smith
Residential Address	and modify only		
	if incorrect	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:	
		State:	Massachusetts
		Zip:	021142502
		Country:	United States Of America
Telephone Numbers			
		Home:	6176543210
		Cell:	6177654321
		Other:	
		International:	
Correspondence Preferenc	e		
	How would you like to recei	ve your correspondence:	Electronic
	If Electronically, e	enter your email address:	csmith@detma.org
		Re-enter email address:	csmith@detma.org
n order to properly staff our o	sustomer service center, indicate us	your preferred language, sing this dropdown menu:	English
f your proformed language is	not in the list above, select one fr	rom this dropdown menu:	

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	

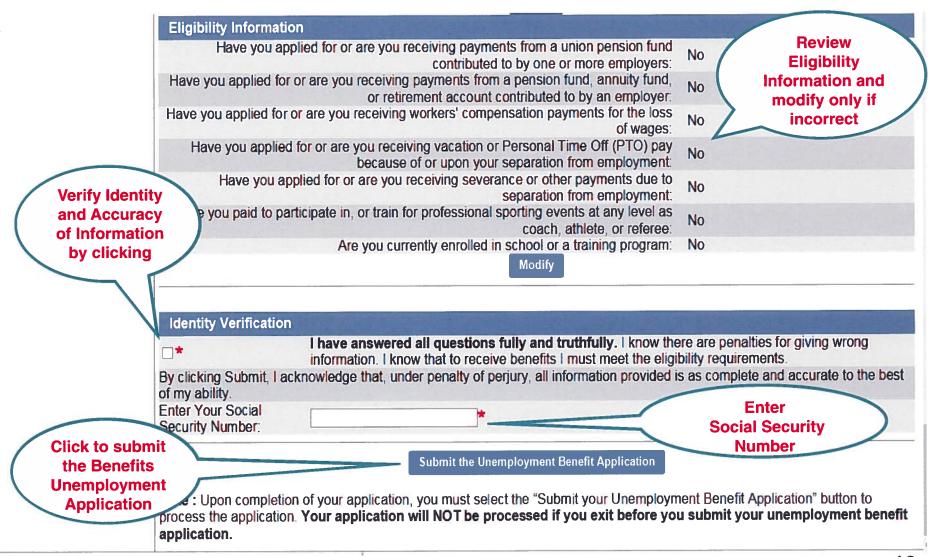
Review Employment Information



Massachusetts Employmen	t Information	
	MA Employer Legal Name:	FIRST STUDENT MANAGEMENT
	MA Employer Doing Business As (DBA) Name:	FIRST STUDENT MANAGEMENT LLC
Review all Employment Information and modify only if incorrect	Employer Legal Address:	600 Vine St Suite 1400 Cincinnati Ohio 45202-2400 8002076926 115
	Employer Physical Address:	68 Industrial Blvd Ste 6 Hanson Massachusetts 023411547 7814474445
	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 m	ember of a corporation or a shareholder of this company:	No
Are you a sole-proprietor, a par	rtner in a partnership, or do you work for a family member 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 of to: lack of work; temporary layoff; your position being eliminated; employed business closed.
	Most Recent Employment Begin Date:	Monday, February 27, 2017
	Most Recent Employment End Date:	Friday, March 24, 2017

Review Information and Verify Identity





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 <u>Training Opportunities Program</u> that pays benefits when you attend full-time, approved training.
- Read your <u>Claimant Guide</u>. 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 <u>JobQuest</u>. It's a website that connects job seekers with employers.

Click button and Go To My Home Page to view Claimant Information To sign up for Direct Deposit, log in to your account or call 617-626-6800, option 3 from the main menu.

Log Out of UI Online

My Home Page





Click Logoff when exiting the **UI Online System**

Print Preview

Change Password Logoff

My Home Page

Welcome, Smith, Charles Show Profile Details

Need Help? ▼



Claimant ID: 10572984

My Inbox

View and Maintain Account Information **Estimate Future Benefits** View And Request 1099G View UI Records Request TOP Application

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 ②



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