



# Unemployment Insurance Online Information Guide

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A Step-By-Step Guide to Filing an Unemployment Claim Online



Updated for COVID-19

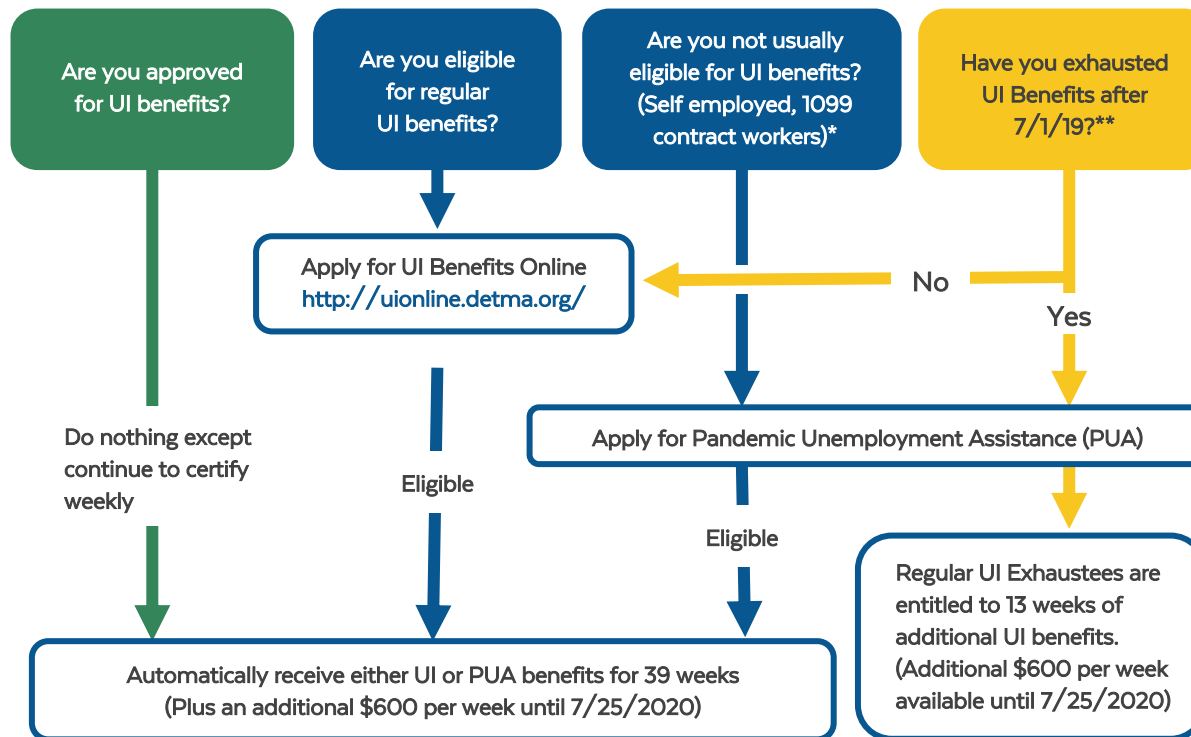
# We're all in for you

The coronavirus (COVID-19) pandemic has had a devastating effect on workplaces across the state. If you are reading this, it's likely that you have already been impacted by COVID-19-related layoffs. The Department of Unemployment Assistance is here for you. We're hard at work during this unprecedented crisis to make sure that everyone has access to the benefits they need, when they need them. Our primary goal is to make the process of collecting unemployment benefits as easy possible. That's why we've created this step-by-step guide to help you navigate the process of filing a successful unemployment claim online.

# Confirm UI is right for you

The federal CARES Act was signed into law March 27, 2020. The Act provides enhanced Unemployment Insurance (UI) benefits and Pandemic Unemployment Assistance (PUA) for Massachusetts workers.

Start here



\* People traditionally ineligible for unemployment benefits may be self-employed, gig workers, or independent contractors. Other examples include earning less than \$5100 in the last year, or having no right to regular unemployment, either because you were denied, or you worked for a religious organization.

\*\* This group may qualify for PEUC at a later date. PEUC is Pandemic Emergency Unemployment Compensation. That's the 13 week extension for people who were previously collecting unemployment but have used up all of their benefits, or whose benefit year ended after July 1, 2019.

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# Before you begin

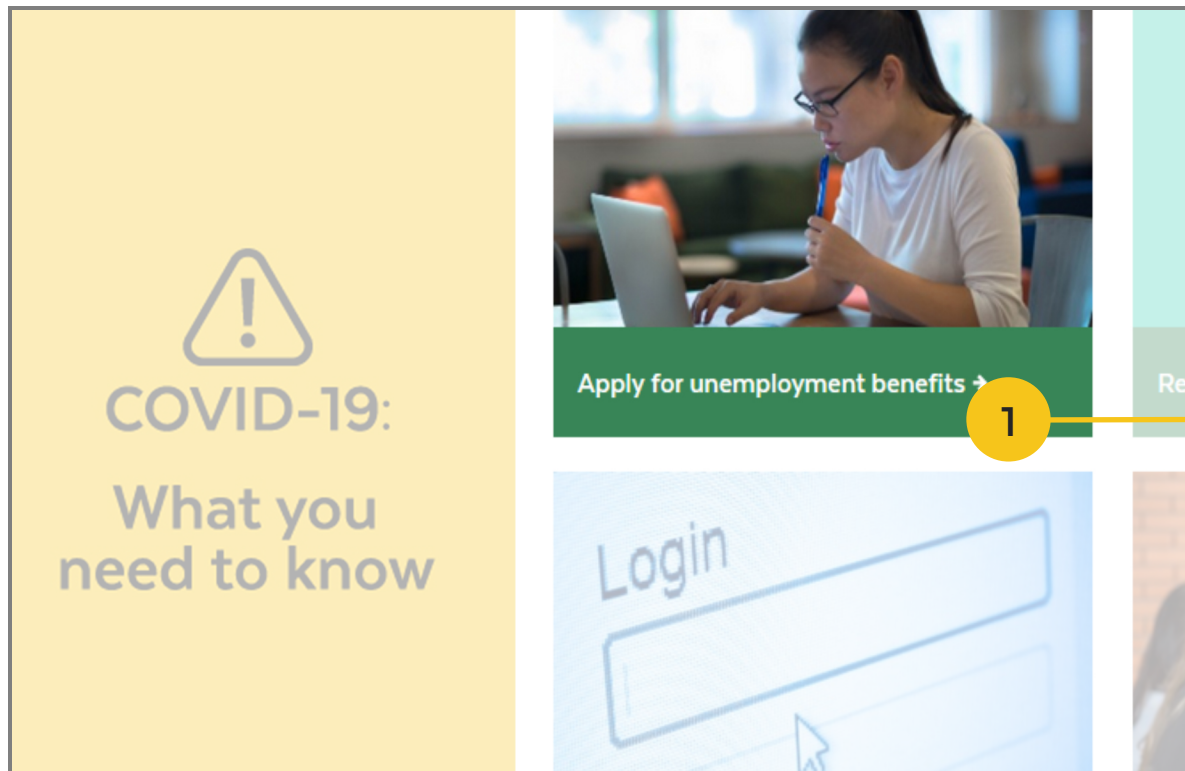
**Collect the documents and information that you will need to reference while you file your claim:**

- ☐ 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 for the last 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
- ☐ Optional
  - ☐ If you want to use direct deposit, you will need your bank account number and routing number
  - ☐ Your email address
- ☐ If these apply to you:
  - ☐ 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)

# How to file a new unemployment claim

1. Turn on your computer and access the Internet
2. On the address bar, type [www.mass.gov/dua](http://www.mass.gov/dua)
3. Recommended web browsers:
  - Microsoft® Internet Explorer
  - Mozilla Firefox
  - Google® Chrome

# Click on Apply for unemployment benefits



Scroll down and **Click** Apply for unemployment benefits

# Click on Apply for unemployment benefits

Have you lost your job? You may qualify for temporary income to support you while you look for a new one.



*You should apply for unemployment benefits during your first week of total or partial unemployment. Most claims are processed within 21-28 days after filing. It may take longer if there is an issue with your claim.*

Apply for unemployment benefits online →

1

**Click** Apply for unemployment benefits online

Check eligibility →

2

**Check** Eligibility

# Read the Warning Statement

violation of Title 18, United States Code, Section 1030, and may subject the individual to criminal penalties under Title 18, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and equipment are subject to monitoring to ensure proper performance of applicable security features. Such monitoring may result in the acquisition, recording, and analysis of all data being communicated, transmitted, or received by the system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be used for law enforcement purposes. Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

1

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

**Read** and **Click** to Authorize

## Welcome to Massachusetts Unemployment Insurance (UI) Online Application

### Please provide your Social Security Number

2

Social Security Number: Confirm your Social Security Number: 

**Enter** Social Security Number  
in both fields

Next

3

**Click** Next

# Start the Unemployment Benefits Application

Initial Questions   General Information   Employment Information   Review, Edit and Submit   Claim Submitted

## 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](#)

**1** Click to Start the Application

**Start the Unemployment Benefits Application**



*Helpful tip: This page has several helpful links for further reading*

# Review application checklist

- 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.

[Previous](#)[Next](#)

1

**Read** the information checklist

2

**Click** Next

# Read the Data Privacy Authorization statement



*Helpful tip: If you do not approve, you cannot proceed*

**Read** the Data Privacy Authorization

If you agree, **Click** Yes

**Click** Next

### Data Privacy Authorization

The information you provide is required by the Department of Unemployment Assistance (DUA) to determine your 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 benefits and for reporting your receipt of unemployment compensation to the IRS and other government agencies for 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 for benefits.

Employers are authorized by law to provide DUA with information needed to determine your eligibility for benefits. This 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 will verify my information to assure its accuracy. 'Yes', I acknowledge that, under penalty of perjury, all information provided is complete and accurate to the best of my knowledge.

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](#).

[Previous](#) [Next](#)



# Determine unemployment claim begin date

Unemployment Initial Claim Submit Process

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

**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?

☐ Yes ☐ No\*

Previous Next

1

**Click** Yes only if you worked fewer than your regular scheduled hours

**Click** No if you worked your regular scheduled hours

2

**Click** Next

# Enter your hours worked this week

Unemployment Initial Claim Submit Process

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

What benefits if:

employment.

ced and you will work less than your regular schedule of working hours.

March 12, 2017 through Saturday, March 18, 2017 how many hours did you or will you work?  \*

Please enter zero.

ally work during the week?  \*

Previous Next



*Helpful tip: Select the Sunday of the week you are filing the claim*

1

**Enter** the number of hours you worked or will work this week

2

**Enter** the number of hours you work in a regular work week

3

**Click** Next

# Answer initial questions

**1 Coronavirus Disease 2019 (COVID-19) Emergency Guidance**

Being impacted by COVID-19 may include but is not limited to the following:

- Employer closed
- Hours reduced
- You or someone in your household is quarantined
- You or someone you are caring for is "high risk" (older adults and/or persons with serious chronic medical conditions)
- Lack of childcare

Are you out of work because you have been impacted by the COVID-19? ☐ Yes ☐ No\*

**Initial Questions**

Tell us about your employment.

1. Indicate **all** type(s) of employment you had since (1/1/2019) \*

☐ I have not worked since last year (1/1/2019)

☐ 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 3/17/2019 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 Americ. ✓ \*

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



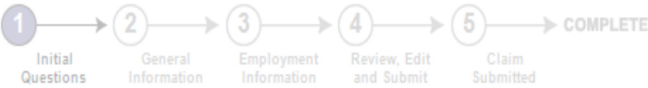
*Helpful tip: Most applicants will have worked in MA and will select this box. Select the box below only if you have worked outside of MA.*

**Select** all types of employment since 1/1/2016. Check as many boxes as needed.

**Enter** residential address

**Confirm** if you are currently in MA

# Confirm your address



Unemployment Initial Claim Submit Process

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

**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 mail delivery, please 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

Previous Next

**Confirm** your address

**Click** Next

# Enter personal information

**Unemployment Initial Claim Submit Process**

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

**Claimant Authentication**

1

1. Enter your Social Security Number(No Dashes):

2. Confirm your Social Security Number:

3. Birth Date:

4. Gender: ☐ Female ☐ Male\*

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: Select One

Previous Submit

2



*Helpful tip: This page will only appear for first-time applicants*

**Confirm** your address



*Helpful tip: Only enter your middle initial and driver's license info if this applies to you*

**Click** Submit

# Create your password and security questions

\* Indicates Required

Unemployment Initial Claim Submit Process

1 → 2 → 3 → 4 → 5 → COMPLETE

Initial Questions   General Information   Employment Information   Review, Edit and Submit   Claim Submitted

### 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.

1

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"/>	*

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

Save 2



*Helpful tip: This page will only appear for first-time applicants*

**Complete** all fields with asterisks



*Helpful tip: Write down this info in a safe place. You will need it to access your claim and portal online.*

**Click** Save

# Confirm mailing address

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

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:	<input type="checkbox"/> 1
In care of (c/o):	
Address Line 1:	
Address Line 2:	
City:	
State:	MA - Massachusetts ▼
ZIP Code:	
Country:	US - United States Of Americ: ▼

If the place you live is the same as your mailing address, **Check** the box. If you live in a different place than where you receive your mail, **fill it in**. **Scroll down**

# Enter telephone number, contact method, and language

Address Line 2:		
City:		
State:	MA - Massachusetts	▼
ZIP Code:		
Country:	US - United States Of Americ:	▼
<b>Telephone Number</b>		
Home:		1
Cell:		
Other:		
International:		
Enter email address:		2
Re-enter email address:		
<b>Correspondence Preference</b>		
Choosing electronic correspondence will ensure that benefits are processed and paid faster.		
How would you like to receive your correspondence?	<input type="radio"/> Electronic <input type="radio"/> US Mail*	
Note: If you select electronic correspondence you must provide an email address.		
<b>Primary Language</b>		
DUA will make best efforts to provide you with services in your primary language.		
Is English your primary language?	<input type="radio"/> Yes <input type="radio"/> No*	



*Helpful tip: “other” and “international” are optional fields*

**Enter** your home and cell telephone numbers. If you do not have a home telephone, enter your cell in both.

**Enter** your email address, then confirm it below

**Select** if you prefer to be contacted by email or US Mail



*Helpful tip: Select Electronic for faster claim processing*

**Select** if English is your primary language



# Enter additional personal information

Friday, March 17, 2017  
[Print Preview](#)

\* Indicates Required Field

Unemployment Initial Claim Submit Process

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

### 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\*

[Previous](#) [Next](#)



*Helpful tip: If you are adding dependent children, you will need to provide additional information*

**Complete** all fields with asterisks

**Click** Next

# Enter work information

The screenshot shows a web form titled "Unemployment Initial Claim Submit Process". At the top, a progress bar indicates five steps: 1. Initial Questions, 2. General Information, 3. Employment Information, 4. Review, Edit and Submit, and 5. Claim Submitted. Step 3 is currently active. Below the progress bar is a section titled "Work Information" with a dark blue header. It contains three questions with radio button options for "Yes" and "No", and an asterisk indicating a required field. Question 1 asks about union membership. Question 2 asks about a definite return to work date, with a sub-question for the date and means of notification. Question 3 asks about being laid off and returning to work. At the bottom of the form are "Previous" and "Next" buttons. A yellow circle with the number "1" points to the "No" option for question 1, and another yellow circle with the number "2" points to the "Next" button.

Unemployment Initial Claim Submit Process

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

### 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 ☐ N

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\*

[Previous](#) [Next](#)



*Helpful tip: In most cases, applicants do not have a definitive return-to-work date*

**Complete** all fields with asterisks

**Click** Next

# Identify your job title

Unemployment Initial Claim Submit Process

1 → 2 → 3 → 4 → 5 → COMPLETE

Initial Questions   General Information   Employment Information   Review, Edit and Submit   Claim Submitted

### 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 most accurate description and select **Next**.
- For additional information related to a Job Title, select the link associated with the job title.

Job Title:

**1**

**2**

**Search** **Reset**

**Previous** **Next**

**Enter** your job title (for example, "bus driver")

**Click** Search

# Select job description

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

### 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:

#### 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).



*Helpful tip: Click on a different page for additional job title descriptions*

When you find the job and description that most closely matches yours, **Select** that job

**Click** Next

# Enter number of years you worked this job



*Helpful tip: If you have had this job for less than one year, enter 1*

Unemployment Initial Claim Submit Process

1 → 2 → 3 → 4 → 5 → COMPLETE

Initial Questions   General Information   Employment Information   Review, Edit and Submit   Claim Submitted

**Additional Occupation Information**

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

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.

**Enter** the number of years you've had this job

**Click** Next

# Choose tax withholding option



*Helpful tip: You can change your income tax withholding choice at any time*

Unemployment Initial Claim Submit Process

1 → 2 → 3 → 4 → 5 → COMPLETE

Initial Questions   General Information   Employment Information   Review, Edit and Submit   Claim Submitted

### Tax Withholding Options

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

- ☐ Withhold Federal income tax at the rate of 10%; or
- ☐ Withhold State income tax at the rate of 5.15%; or
- ☐ Withhold Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.15% rate of 15.15%
- ☐ I choose not to have any income tax withheld from my benefits

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

Previous   Submit

1

**Select** your preferred tax withholding option

2

**Click** Submit

# Select how you prefer to receive your benefit



*Helpful tip: Direct deposit claims will be processed faster*

Unemployment Initial Claim Submit Process

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

### 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 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

1 Your payments will be made to an unemployment debit card unless you select direct deposit and complete the information below 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

Previous Submit 2

**Select** whether you prefer to receive your payment via mail or direct deposit

**Click** Submit

# Enter employment history

## 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	<div> <div>★ Update</div> <div>Delete</div> </div>

### 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

Previous

Next



*Helpful tip: Your full employment history from 1/1/2016 to the current date is required to determine your eligibility and benefit amount*

*In most cases the "Employer" will auto populate once hitting Update*

**Click** Update

If your Employer does not auto populate, or to add additional employment, **Click** the Employment Type dropdown menu



# Search for employer name

The screenshot shows a web form titled "Massachusetts Employer Search". At the top, a progress bar indicates five steps: 1. Initial Questions, 2. General Information, 3. Employment Information, 4. Review, Edit and Submit, and 5. Claim Submitted. Step 3 is currently active.

**1** Select if you have worked for a Massachusetts employer

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

Employer Name:	<input type="text"/>	<input type="checkbox"/> Contains
Employer City:	<input type="text"/>	
Federal Employer Identification Number (FEIN):	<input type="text"/>	

**2** Type your employer's name exactly as it appears on your W-2 as well as the employer's city

**3** Click Search

Search Reset

Previous Next



*Helpful tip: It is very important that you enter the employer name exactly as it appears on your paystub or W-2, or your claim may be delayed*

**Type** your employer's name exactly as it appears on your W-2 as well as the employer's city

**Click** Search

# Confirm 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

Employer Name:	<input type="text" value="First Student"/>	<input type="checkbox"/> Contains
Employer City:	<input type="text" value="Hanson"/>	
Federal Employer Identification Number (FEIN):	<input type="text"/>	

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

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?

1

Click and select your employer  
\*Example for illustrative purposes only.

2

Click Next

# Provide employment details

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:  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

1

**Fill out** physical work address if different than the MA address listed above

2

**Complete** all fields with asterisks

# Select the job description that applies to you

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

### 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:

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).

Select and click job description

Click Next

# Select reason for no longer working that job

1

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

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 closed.
- ☐ **Quit:** You decided to leave your employment for reasons including: another job; moved; to avoid being fired; 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 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.

Previous

Next

2

**Select** your reason for separating from this employer



*Helpful tip: If your unemployment is a result of the COVID-19 emergency, the Reason for Separation is "Layoff"*

**Click** Next

# Confirm all details and status for employment history

Unemployment Initial Claim Submit Process

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

### 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		
<i>Massachusetts Employment</i>				
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.

Employment Type:

**Review** all employer details and confirm status for each is marked Complete

**Click** Next

# Answer eligibility questions

1 → 2 → 3 → 4 → 5 → COMPLETE  
Initial Questions   General Information   Employment Information   Review, Edit and Submit   Claim Submitted

**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\*

Previous Next 2

**Complete** all fields with asterisks



*Helpful tip: The answer to most of these questions will be No*

**Click** Next



# Acknowledge unemployment information

Unemployment Initial Claim Submit Process

1 Initial Questions → 2 General Information → 3 Employment Information → 4 Review, Edit and Submit → 5 Claim Submitted → COMPLETE

### 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.\*

Previous Next



*Helpful tip: If your claim filing is a result of the COVID-19 emergency the only requirement is that you notify us if your address or telephone number changes*

**Review** all information and click to certify

**Click** Next



# Complete final review of all information

Unemployment Initial Claim Submit Process

1 → 2 → 3 → 4 → 5 → COMPLETE  
 Initial Questions   General Information   Employment Information   Review, Edit and Submit   Claim Submitted

**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.
- Re-enter your social security number to verify your identity.
- Select Submit the Unemployment Benefits Claim, and wait for a confirmation page.

**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	

1

**Scroll** down to review and confirm all information

# 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](#)

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** all Initial Questions and only make changes if the info is incorrect

# Review general information

<b>General Information</b>	
First Name:	Charles
MI:	
Last Name:	Smith
<b>Residential Address</b>	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	021142502
Country:	United States Of America
<b>Mailing Address</b>	
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
<b>Telephone Numbers</b>	
Home:	6176543210
Cell:	6177654321
Other:	
International:	
<b>Correspondence Preference</b>	
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:	

1

**Review** all information and only make changes if it is incorrect

# Review general information (cont.)

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
<a href="#">Modify</a>	

1

**Review** all information and only make changes if it is incorrect

# Review employment information

## Massachusetts Employment Information

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:	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 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:	<b>Layoff:</b> 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

1

**Review** all employment information and only make changes if it is incorrect

# Review eligibility

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
Were 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](#)

---

Identity Verification	
<input type="checkbox"/> * 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:	<input type="text"/> *

[Submit the Unemployment Benefit Application](#)

**Note :** Upon completion of your application, you must select the "Submit your Unemployment Benefit Application" button to

1

**Review** all eligibility information and only make changes if it is incorrect

# Verify identity and submit application

or retirement account contributed to by an employer.

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

Were 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

**1**

**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: \*

**2**

**3**

Submit the Unemployment Benefit Application

**Note :** 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.**



*Helpful tip: You must click "Submit" for your application to be received and processed. Do not exit this page while next screen is loading*

**Check** box to verify that you truthfully filled out all information and understand penalties for false submissions

**Enter** your Social Security Number

**Select** Submit Unemployment Benefit Application

# Receive claim submission confirmation

The screenshot shows the 'Unemployment Initial Claim Submit Process' confirmation page on the Commonwealth of Massachusetts website. The page is titled 'Claimant Information' and displays the claimant's name and ID. A progress bar indicates the steps: 1. Initial Questions, 2. General Information, 3. Employment Information, 4. Review, Edit and Submit, 5. Claim Submitted, and 6. COMPLETE. A yellow circle with the number '1' highlights the 'Review' step. The page confirms that the claim has been sent for processing and lists the next steps: requesting benefits each week and checking the UI Online account frequently. It also provides information on the claimant's responsibilities, such as learning about the Training Opportunities Program, reading the Claimant Guide, and signing up with JobQuest. Other resources like the 211 hotline and MAHealthConnector are also mentioned.

Commonwealth of Massachusetts

Friday, April 10, 2020 [Print Page](#)

[Change Password](#) [Logout](#)

My Home Page

Last Search box

[Change Claimant](#) [Leave Claimant](#)

Claimant Information

Name: [REDACTED] Claimant ID: [REDACTED]

Unemployment Initial Claim Submit Process

1 Initial Questions 2 General Information 3 Employment Information 4 Review, Edit and Submit 5 Claim Submitted 6 COMPLETE

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.
- Sign up with [JobQuest](#). It is a website that connects job seekers with employers.
- ☐ DirectDeposit To sign up for Direct Deposit, log in to your account or call 617-626-6800, option 3 from the main menu.

Other Resources:

If you need additional support and **information on available services**, please call the 211 hotline available 24 hours a day, 7 days a week. All calls are free and confidential. Interpreter services are available in multiple languages. Or visit [mass211.org](#).

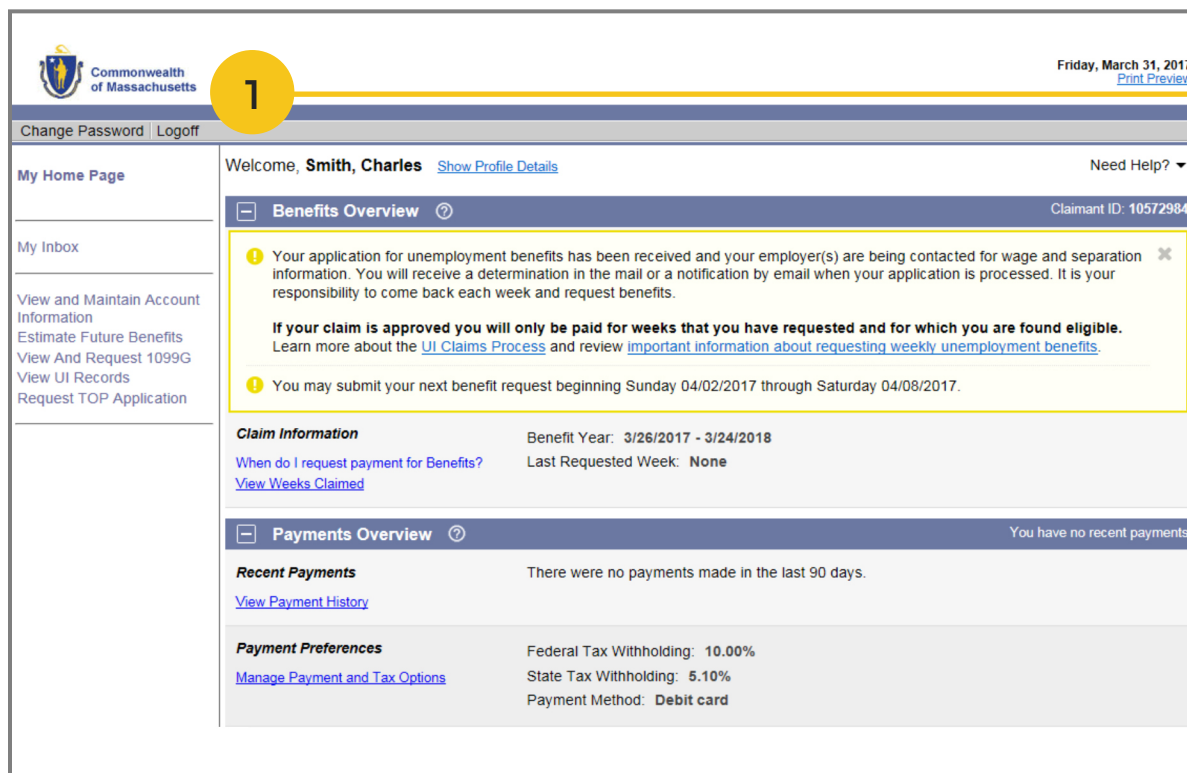
If you need **health care** coverage you can review information through the Health Connector or apply online at [www.MAHealthConnector.org](#).

If you need help buying healthy **food** or other economic assistance, visit [DTAConnect.com](#) in order to apply for SNAP, TAFDC, or EAEDC. For more information on DTA programs and services, visit [mass.gov/dua](#).

**Review** information and resources on page



# Return to homepage for benefits overview



Commonwealth of Massachusetts

Friday, March 31, 2017 [Print Preview](#)

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

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? ▼

**Benefits Overview** ⓘ Claimant ID: 10572984

❗ 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**

[Manage Payment and Tax Options](#)

Federal Tax Withholding: 10.00%  
State Tax Withholding: 5.10%  
Payment Method: Debit card

When finished, **Click** Logoff to exit the UI Online System



*Helpful tip: This page will show the status of your claim, as well as your benefits history and payment preferences*



# Appendix:

## Instructions for Claimant Password Reset in UI Online

This is not a requirement to complete the application process.

Use this section if you're having trouble logging in to UI Online.

# Step 1

**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:

**Next**

**IF YOU ARE NOT USING YOUR PERSONAL COMPUTER, PLEASE FOLLOW THESE SAFETY TIPS:**

- Log out before you walk away from the computer
- Do not save your login information
- Do not save any files or forms to a Public Computer
- When prompted, always opt to Open a File
- For more details, please click [here](#).

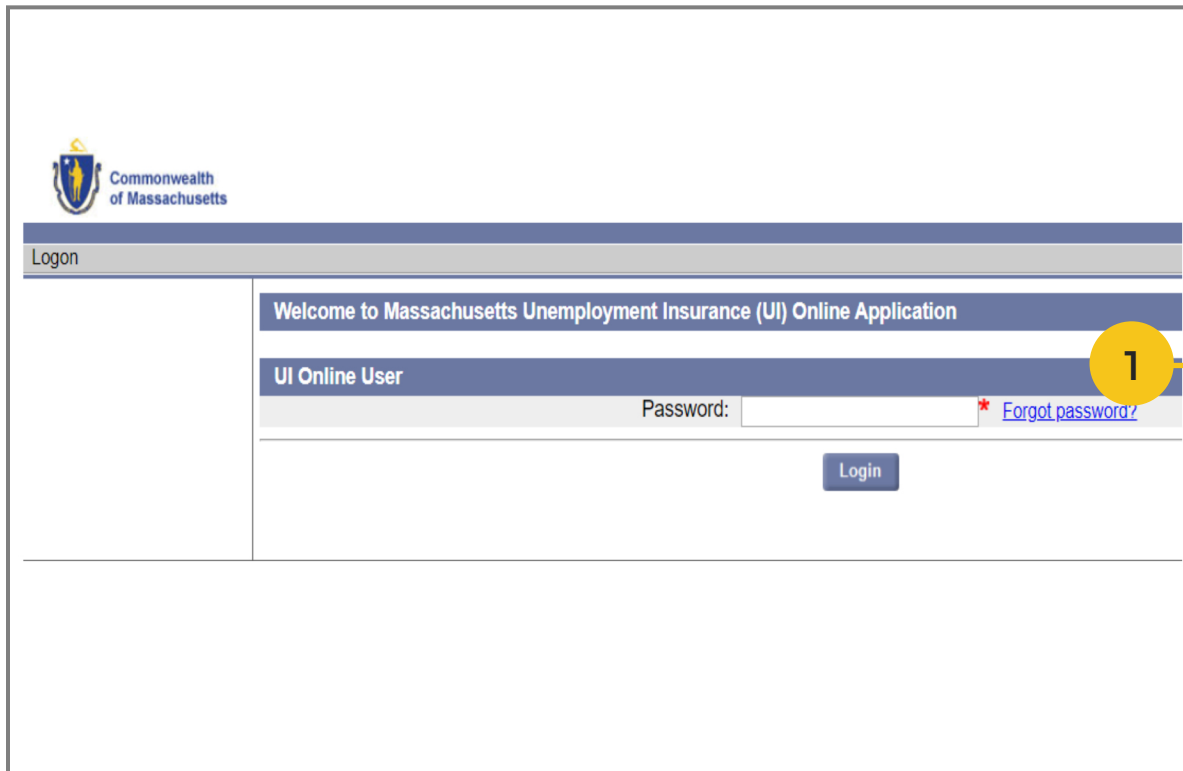
1

Go to the UI Online login screen:  
<https://uionline.detma.org/Claimant/Core/Login.ASPX>

2

Enter your Social Security number  
in both fields

## Step 2A



Commonwealth of Massachusetts

Logon

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

UI Online User

Password:  \* [Forgot password?](#)

Login



*Helpful tip: If your last unemployment insurance claim was filed after 7/1/2013, you will see the screen to the left*

**Click** the Forgot password link

## Step 2B

Commonwealth of Massachusetts

Logon \* Indicates Required Field

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

WebCert User

WebCert User ID:  \*

Password:  \* [Forgot password?](#)

Next

Commonwealth of Massachusetts

Logon \* Indicates Required Field

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

TeleCert User

TeleCert Pin:  \* [Forgot pin?](#)

Next



*Helpful tip: If your last unemployment insurance claim was filed before 7/1/2013, you will get the WebCert User or TeleCert User logon screen*

**WebCert Users:**

**Click** the **Forgot password** link, unless you remember your WebCert credentials

**TeleCert Users :**

**Click** the **Forgot pin** link without entering PIN

# Step 3 Overview

For your protection, an additional security step is required. A verification code will be sent by the method you choose below. (Standard message and data rates may apply.)

**Select a Verification Method**

☐ Email: \*\*\*\*lot@detma.org

☐ Text Message: \*\*\*\*-\*\*\*-0265

☐ Voice Call: \*\*\*\*-\*\*\*-0265

[Previous](#) [Next](#)

You may also try using an [alternative password reset method](#).

---

**Welcome to Massachusetts Unemployment Insurance (UI) Online Application**

**Submit Personal Information**

Confirm your Social Security Number:  \*

Birth Date:  \* (mm/dd/yyyy)

Gender: ☐ Female ☐ Male \*

**Submit Personal Information - Security Question**

Security Question: **What is your mother's maiden name?**

Security Answer:  \*

[Previous](#) [Next](#)

1

If we have your contact information on-file, you will be presented with Multi-Factor Authentication (MFA) verification options

**Continue** to the next page in this guide

2

If we do not have your contact information on-file, you will be asked to verify some personal information

**Skip** to page 53 of this guide

# Step 3

## Password Reset with MFA

For your protection, an additional security step is required. A verification code will be sent by the method you choose below.  
(Standard message and data rates may apply.)

**Select a Verification Method**

☐ Email: \*\*\*\*@detma.org

☐ Text Message: \*\*\*-\*\*\*-0265

☐ Voice Call: \*\*\*-\*\*\*-0265

**1**

[Previous](#) [Next](#)

You may also try using an [alternative password reset method](#).




*Helpful tip: If you no longer can access any of the presented Verification Methods, you can select the link at the bottom of the page for an alternate password reset method, detailed on page 53 of this guide*

**Choose** your preferred MFA Verification Method, based on the options provided, to receive your authentication code

# Step 3

## Password Reset with MFA (cont.)

**Account Verification**

Sending a text message to your phone (\*\*\*-\*\*\*-8578). Click the link in the message to proceed with authentication. 

Or enter the verification code below.

Verification Code:  \*


Note: Click Cancel button to select a different verification method or retry.

[Cancel](#) [Next](#)

---

**Account Verification**

You will receive a call from the Commonwealth of Massachusetts to the telephone you selected. When prompted, please enter the PIN code below, followed by the # key to proceed with authentication.

PIN:  # 

1

If verifying by Email or Text Message, you will have two options:

1. **Click** the link in the received message, follow the instructions, and the next page will appear automatically
2. **Enter** the received code on the Account Verification page shown below and click Next to continue

2

If verifying by Voice Call, a random PIN will be given to you on the Account Verification page shown below. Answer your phone when it rings and enter this PIN when prompted, followed by # key. After verification, the next page will appear automatically.



## Step 3

# Password Reset with MFA (cont.)

1

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"/>	*

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

Save

2

After successfully completing the MFA verification process, you will need to **Set** a new password on this page



*Helpful tip: The password must be at least 8 characters long, contain at least one uppercase letter, one lowercase letter, one number and one symbol. For more details, select “password guidelines” link. The Security Question and Answer fields may not be shown in some cases.*

**Click** Save. The system will automatically log you in

# Step 3

## Password Reset Alternate Method

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

**Submit Personal Information**

Confirm your Social Security Number: \*

Birth Date: \* (mm/dd/yyyy)

Gender: ☐ Female ☐ Male \*

**Submit Personal Information - Security Question**

Security Question: **What is your mother's maiden name?**

Security Answer: \*

1

**Enter** the personal information requested



*Helpful tips: The answer to your security question is not case sensitive. The Security Question section may not be shown in some cases. Three attempts can be made to submit personal information. If on the third attempt the system still can't verify the information you've provided, please close your browser and try again the next day. If you cannot recollect the answer to your security question, you will need to contact DUA to confirm your identity. See page 55 for additional information.*

# Step 3

## Password Reset Alternate Method (cont.)

1

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"/>	*

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

Save

2

After successfully verifying personal information, you will need to **Set** a new password on this page



*Helpful tip: The password must be at least 8 characters long, contain at least one uppercase letter, one lowercase letter, one number and one symbol. For more details, select “password guidelines” link. The Security Question and Answer fields may not be shown in some cases.*

**Click** Save. The system will automatically log you in

# Failed Login

If you are still unable to login after following the instructions in this guide:

- You will need to contact the Department of Unemployment Assistance (DUA) so that a DUA Staff member can help get your password reset.
- To contact DUA, go to the link below and choose one of the presented options.  
<https://www.mass.gov/lists/unemployment-assistance-contact-forms>

Visit [mass.gov/dua](https://mass.gov/dua) for the most recent information, including:

- Applying for weekly benefits
- Attending virtual town halls for more help
- Contacting the Department of Unemployment Assistance