



Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

UI Online

Reabrir un reclamo de desempleo

Cómo reabrir un reclamo de desempleo



Para reabrir un reclamo en el Sistema de UI Online:

- **Encienda la computadora**
- **Acceso a internet**
- **En la barra de direcciones escriba, www.mass.gov/dua <enter>.**

Nota: Los navegadores web recomendados son:

Desktop Browser

[Microsoft®](#)

[Mozilla Firefox](#)

[Apple® Safari](#)

[Google® Chrome](#)

Windows® 7 y superior

Internet Explorer 9.x o superior

Versions 35 o superior

No funciona

Versions 35 o superior

Mac® OS X 10.x

Microsoft Edge No funciona

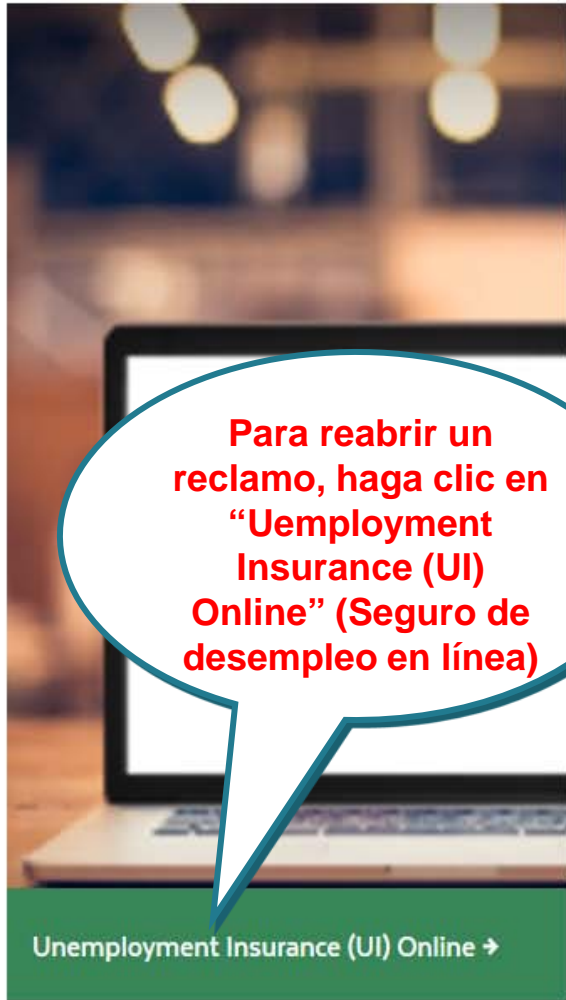
Versions 35 o superior

Versions 35 o superior

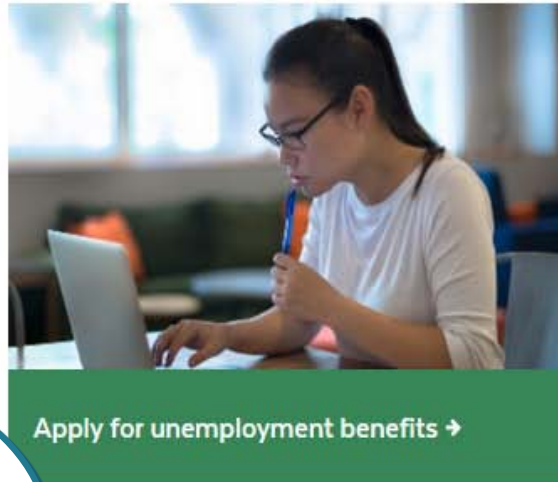
Haga Clic en “Unemployment Insurance Online” (Seguro de desempleo en línea)



Department of Unemployment Assistance



Para reabrir un reclamo, haga clic en “Unemployment Insurance (UI) Online” (Seguro de desempleo en línea)



Haga Clic en “Log in to UI OnLine for Claimants”

(Inicie sesión en UI OnLine para solicitantes de desempleo)



Top tasks

Log in to UI Online for
Claimants →

Log in to UI Online for
Employers →

All other tasks

Reset your UI Online
password as a claimant →

unemployment →

request weekly
unemployment benefits →

Respond to requests for
information about your
unemployment claim →

Respond to requests for
information about your
employer account →

Log in to UI Online for
Third Party
Administrators (TPAs) →

**Haga Clic en
“Log in to UI Online for
Claimants” (inicie sesión
en el sistema de desempleo
en línea para reclamantes)**

Lea la declaración de advertencia



[Print Preview](#)

Logon

* Indicates Required Field

1. Lea y
haga clic
para
autorizar

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:

*

2. Ingrese
Número de
Seguridad Social
en
ambos campos

Next

3. Haga clic en
"Next" (siguiente)

Escriba su contraseña



[Print Preview](#)

gon

* Indicates Required Field

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

UI Online User

Password:

*

1. Ingrese su
"Password"
(contraseña)

2. Haga clic en
"Login" (iniciar sesión)

Login

Forgot Password

[Download Adobe .PDF Reader \(Free\)](#) | [Accessibility](#) | [Privacy Statement](#) | [Viewing Tips](#)

Reabrir su Reclamo



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View And Request 1099G

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Welcome, **MEPGOOKFC, EGUCXDNUIJ E.** [Show Profile Details](#)

Need Help? ▾

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

[-] Benefits Overview ⓘ

Claimant ID: 502035

⚠ Your unemployment claim is not active. If you are unemployed now, you must reopen your claim to continue to request benefits. Click ["Reopen Claim"](#).

Claim Information

Benefit Year: **12/25/2016 - 12/23/2017**

Last Requested Week:
2/19/2017 - 2/25/2017

[Reopen Claim](#)

[View Weeks Claimed](#)

[-] Payments Overview ⓘ

Last payment: **\$370.00** on 03/21/2017

Recent Payments

[View Payment History](#)

Payment Date	Amount	Method
03/21/2017	\$370.00	Check

Payment Preferences

[Manage Payment and Tax Options](#)

Federal Tax Withholding: **10.00%**
State Tax Withholding: **5.10%**
Payment Method: **Direct deposit**

[-] Messages from DUA

i We mailed your IRS Form 1099-G to [your mailing address on file](#). To view or print your form, click on ["View And Request 1099G"](#).

i Get instant account updates! [Change your Preferred Contact Method](#) to "Electronic" and receive instant notifications via email.

1. Si su empleador ha reducido su horario regular de horas, o si no está trabajando en absoluto, haga clic en el enlace "Reopen Claim" (reabrir reclamo)

Registro de actividad de búsqueda de trabajo



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★ Indicates Required Field

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View And

View

R

Coronavirus Disease 2019 (COVID-19) Emergency Information

If you are unable to work due to the COVID-19 emergency:

- As long as you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability requirements.

If your current unemployment claim is not due to COVID-19 emergency:

- You still need to conduct a weekly work search.
- Acceptable work search activities include reviewing job postings online and working on your resume.
- You do not need to accept work offered to you if you are under quarantine or have been instructed to stay at home.

1. Lea la información importante

Important Information about Your Unemployment Benefits

and certify:

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 attempts.

g, 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 your right to collect unemployment benefits.

your address or your telephone number you must update your contact information in the UI Online system immediately.

with a Massachusetts Career Center and attend a Career Center Seminar to receive your unemployment benefits. For a listing of career centers, please follow the web address: <http://www.mass.gov/careercenters/>.

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

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

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3. Haga clic en “Next” (siguiente)

2. Marque la casilla para autorizar que ha leído y comprende la información anterior

Revisar la información de contacto

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* Indicates Required Field

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Haga clic
para
autorizar
que la
información
de contacto
es correcta

View and Maintain Contact Information

Residential Address

Address Line 1: **8 Robert Dr**

Address Line 2:

City: **Middleboro**State: **Massachusetts**ZIP Code: **02346-1854**Country: **United States Of America**

Mailing Address

In care of (c/o):

Address Line 1: **8 Robert Dr**

Address Line 2:

City: **Middleboro**State: **Massachusetts**ZIP Code: **02346-1854**Country: **United States Of America**

Telephone Numbers

U.S. and Canada Only:

Home: **(508) 943-9849**Mobile: **(781) 217-0582**

Other:

International Phone:

☐ I have reviewed the above information and certify it is current and correct. I understand any discrepancies may result in a stop or delay in correspondence from the agency, including, but not limited to payment.*



Verifique las opciones de método de pago

Change Password | Logoff

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- Estimate Future Benefits
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View and Maintain Payment and Tax Withholding Information

Select the Edit button to update the information that was previously provided.

Payment Information

Updating your payment method may require a pre-note or authorization and account setup. Be aware that this could delay future payments. Payments may be sent via your prior payment method, or via check to your current mailing address. Verify your address information via [Maintain Contact Information](#).

2. Haga clic para certificar si el método de pago es correcto.

Payment Option: **Direct deposit**
Account Type: **Checking**
Bank Name: **EASTERN BANK**
Routing Number: **011301798**
Bank Account Number: **xxxxxx4242**
Status: **Active**

Edit

1. Haga clic en "Edit" (editar) solo si desea cambiar el método de pago

☐ I have reviewed the above bank information and certify it is current and correct. I understand any discrepancies may result in incorrect or delayed payments.*

Tax Withholding Information

Tax withholding selection: **Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1%**

Edit

3. Haga clic en "Edit" (editar) solo si desea cambiar Selección de retención de impuestos

☐ I have reviewed the above tax withholding information and certify it is current and correct. I understand any discrepancies may result in incorrect deductions.*

4. Haga clic para certificar si la selección de retención de impuestos es correcta.

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5. Haga clic en "Next" (siguiente)

Preguntas de empleo



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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

1. Leer información
la importante

2. ¿Ha sido afectada por
COVID-19?()

Are you out of work because you have been impacted by the COVID-19?

☐ Yes ☐ No*

Claimant Question

Please answer the following questions:

1. Have you worked since 12/1/2019? (This includes: Full-time, Part-time, Temporary Work, or Self Employment)

☐ Yes ☐ No*

If Yes, was all employment in self-employment?:

☐ Yes ☐ No

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3. Haga clic
en "Next"
(siguiente)

Agregar empleador(a)



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of Massachusetts

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Additional and Complete Employment

A complete list of employment from 2/19/2017 to 4/7/2017 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.**

No records found...

Provide Additional Employers

A complete list of employment from 2/19/2017 to 4/7/2017 is needed to determine your eligibility. Use the "Add" button below to add additional Employment.

Employment Type:

Select one

Massachusetts Employment

Non-Massachusetts Employment

Federal Civilian Employment

Military Service

Add

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2. Haga clic en
"Add" (agregar)

1. Seleccione
"Employment Type"
(tipo de empleo)

Escriba el nombre del empleador y busque



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Massachusetts Employer Search

You indicated you had Massachusetts employment since 2/19/2017

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

2. Haga clic en
"Search"
(Buscar)

Search

Reset

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1. Para procesar su
pago más rápido,
ingrese el nombre del
empleador
exactamente como
aparece en su recibo
de pago o W-2.

Selección su empleador(a)



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Massachusetts Employer Search

You indicated you had Massachusetts employment since 2/19/2017

- 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:

☐ [Contains](#)

Employer City:

Federal Employer Identification Number (FEIN):

[Search](#)

[Reset](#)

1. Selección y haga clic en su empleador(a)

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

Search Results

Select	Employer Doing Business As (DBA) Name	Legal Name	Employer Address
<input type="radio"/>	FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	600 Vine St, Suite 1400, Cincinnati, OH, 45202-2400

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

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2. Haga clic en "Next" (siguiente)

Responda preguntas de empleo



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Massachusetts Detailed Employment Information

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 2/19/2017?

☐ 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

En la mayoría de los casos, estas respuestas serán NO

Elija el motivo de la separación



Occupational Information

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

*Job Title: Bus Drivers, School or Special Client

To enter your job title for this employer select search

Search

Reason For Separation from this employer

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

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1. Con el propósito de los reclamos reabiertos debido a la emergencia de COVID-19, todos los motivos de separación serán "Layoff" (DESPIDOS)

2. Haga clic en "Next" (siguiente)

Escriba su profesión



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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:

1. Ingrese su profesión

Search

Reset

2. Haga clic en
"Search"
(buscar)

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

Seleccione y haga clic en Descripción del trabajo



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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](#)

[Reset](#)

Search Results

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

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

1. Seleccione y haga clic en la descripción de su trabajo

2. Haga clic en "Next" (siguiente)

Haga clic en “Next” (siguiente)



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Additional and Complete Employment

A complete list of employment from 2/19/2017 to 4/7/2017 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 2/19/2017 to 4/7/2017 is needed to determine your eligibility. Use the "Add" button below to add additional Employment.

Employment Type:

[Add](#)

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1. Cuando se agreguen todos los empleadores y el estado esté completo, haga clic en Siguiente

2. Haga clic en “Next” (siguiente)

¿Trabajó a tiempo parcial la semana pasada?



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* Indicates Required Field

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Reopen Your Claim – Reopen Date

* Your claim will be reopened on Sunday, 4/2/2017.

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

☐ Yes ☐ No*

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Haga clic
en
“Next”
(siguiente)

¿Trabajó a tiempo
parcial la semana
pasada?
(¿Menos de su horario
regular?)
Haga clic en Sí o No

Reabrir confirmación - Enviar



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Confirm Employment Information

Employer Business Name	Employer Legal Name
<i>Massachusetts Employment</i>	
FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC

Reopen Confirmation

Reopen Effective Date: **4/2/2017**
Benefit Payment Request Date: **4/9/2017**

[Modify](#)

[Submit](#)

Haga clic en
"Submit" para
enviar

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Su reclamo ha sido reabierto



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Reopen Claim Confirmation

Your claim has been reopened effective: **4/2/2017**

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Haga clic en
"Home" (Inicio)

Página de Inicio



2. Haga clic en
"Log off" para
cerrar sesión
cuando salga del
sistema en línea
UI Online

1. Lea la información
importante

Coronavirus Disease 2019 (COVID-19) Emergency Information

To expedite the issuing of payments there will be no "waiting week."

If you are unable to work due to the COVID-19 emergency:

• As long as you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability requirements.

Benefits Overview ⓘ

Claimant ID: 38071

Claim Information

Weekly Benefit Amount: \$823

Benefit Year: 12/1/2019 - 11/28/2020

[Request benefits for week of 3/8/2020 - 3/14/2020](#)

Dependency Allowance: \$0

Last Requested Week: 1/5/2020 - 1/11/2020

Potential Remaining Balance: \$18,106

[View Weeks Claimed](#)

Potential Weeks Left: 22

Payments Overview ⓘ

Last payment: \$823.00 on 01/08/2020

Recent Payments

[View Payment History](#)

Payment Date	Amount	Method
01/08/2020	\$823.00	Direct Deposit
01/02/2020	\$823.00	Direct Deposit
12/30/2019	\$823.00	Direct Deposit

Payment Preferences

[Manage Payment and Tax Options](#)

Federal Tax Withholding: 0.00%

State Tax Withholding: 0.00%

Payment Method: Direct deposit

Messages from DUA

i We mailed your IRS Form 1099-G to [your mailing address on file](#). To view or print your form, click on "[View And Request 1099G](#)".