



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

UI Online Claimant User Guide

Requesting Weekly Benefits

Massachusetts UI Online System

Department of Unemployment Assistance (DUA)

Commonwealth of Massachusetts

Version 1.01
June 25, 2013

Document Revision History

Date	Version	Responsible	Reason for Revision
6/25/13	1.01	PS	Initial Version

Open Items

Date entered	Open Item	Responsible	Closed date

Table of Contents

OVERVIEW OF REQUESTING WEEKLY BENEFITS	3
HOW TO BEGIN	4
REQUEST PAYMENT HOME PAGE	5
DECLINE WEEK OFFERED CONFIRMATION	6
ADDRESS VERIFICATION	7
VIEW AND MAINTAIN CONTACT INFORMATION.....	8
MAINTAIN CONTACT INFORMATION	9
INITIAL QUESTIONS	10
COLLECT EARNINGS	11
CLAIMANT - STILL EMPLOYED - FULL TIME EMPLOYMENT QUESTIONNAIRE.....	12
SELF-EMPLOYMENT EARNINGS INFORMATION	13
MILITARY EARNINGS	14
PART TIME EARNINGS.....	15
WORK OFFERED (REFUSED OR ACCEPTED)	16
WORK OFFERED (WAS OFFER FOR CONTRACTOR/SELF-EMPLOYMENT).....	16
CLAIMANT - SUITABLE WORK - REFUSAL OF SUITABLE WORK QUESTIONNAIRE	16
QUIT, DISCHARGED OR LAID OFF FROM EMPLOYER.....	17
REASON FOR BEING DISCHARGED	18
REASON FOR QUIT	19
INCOME FROM ANOTHER SOURCE	20
UNION PENSION	21
PENSION, RETIREMENT OR ANNUITY.....	22
PENSION OR RETIREMENT ACCOUNT	22
CLAIMANT - PENSION - PENSION / RETIREMENT BENEFIT QUESTIONNAIRE	22
SEVERANCE PAY OR SEPARATION PAY	23
SEVERANCE OR OTHER SEPARATION PAY	23
CLAIMANT - REMUNERATION - SEVERANCE PAY QUESTIONNAIRE	23

BACK PAY	24
OTHER DEDUCTIBLE INCOME.....	24
CLAIMANT - REMUNERATION - BACK PAY AWARD QUESTIONNAIRE	24
OTHER DISABILITY INSURANCE	25
OTHER DEDUCTIBLE INCOME.....	25
CLAIMANT - CAPABILITY - DISABILITY PAYMENTS QUESTIONNAIRE	25
VACATION PAY	26
VACATION OR PERSONAL TIME OFF (PTO) PAY	26
CLAIMANT - REMUNERATION - VACATION OR SICK PAY QUESTIONNAIRE.....	26
WORKERS COMPENSATION	27
WORKERS COMPENSATION EMPLOYER	27
CLAIMANT - CAPABILITY - DISABILITY PAYMENTS QUESTIONNAIRE	27
MY INCOME IS NOT LISTED ABOVE	28
WERE YOU ABLE TO WORK	29
WERE YOU AVAILABLE TO WORK	30
AVAILABILITY	30
REGULAR UI WORK SEARCH REQUIREMENTS	31
WORK SEARCH LOG	32
CREATING A WORK SEARCH LOG ITEM.....	32
DELETING A WORK SEARCH LOG ITEM.....	33
EDITING A WORK SEARCH LOG ITEM	33
SUBMITTING THE WORK SEARCH LOG	33
WORK SEARCH VERIFICATION QUESTIONNAIRE	34
SUMMARY	35
To MODIFY INFORMATION.....	35
To SUBMIT THE REQUEST FOR BENEFIT PAYMENT	35
CONFIRMATION PAGE	37

Requesting Weekly Benefits

This section describes how to request unemployment benefits using the web-based UI Online system.

Claimants who have applied for and are eligible to receive Massachusetts unemployment benefits can file for weekly benefits payments using UI Online.

Overview of Requesting Weekly Benefits

Claimants request weekly benefits by answering questions on a series of pages. The pages that appear depend on your circumstances. A request for benefits may be longer and more complex if, for instance, you moved or received partial earnings.

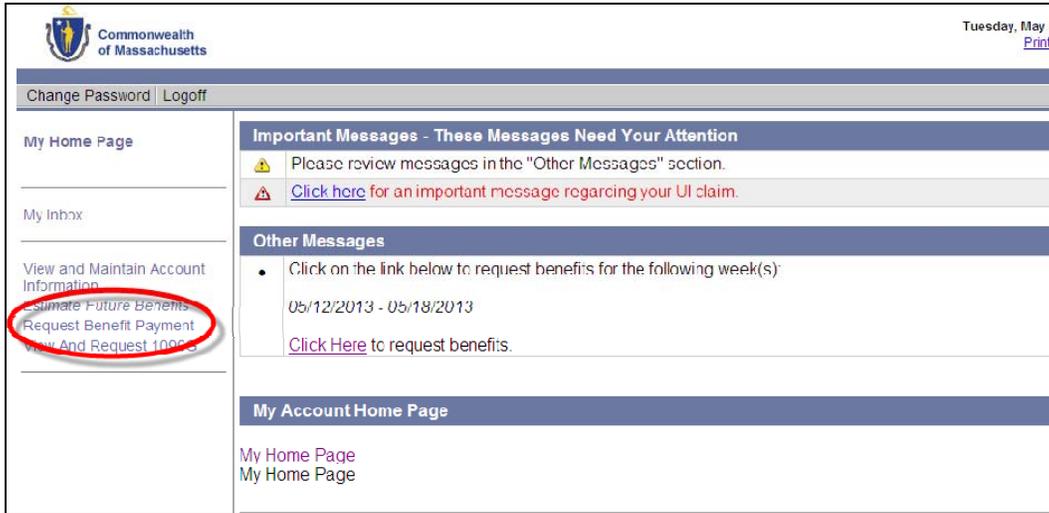
IMPORTANT NOTES:

- The week(s) for which benefit payment(s) can be requested are listed on your Home Page, in the **Other Messages** section.
- Typically you have 21 days to request a benefit payment. If no benefits are requested in 21 days, the claim is closed.
- The payment for the earliest available week must be requested or declined before any later week(s).
- Declining benefits closes a claim.
- If benefits for a week are declined, the claim must be reopened before any more benefits can be requested.
- A request for benefit payment is saved by the UI Online system if it is not completed, up through 9:59 pm on Saturday of the week it was started (on a Sunday through Saturday week).

HOW TO BEGIN

1. Begin by logging into UI Online (see “Claimant Login, Password, and Navigation” for instructions).
2. Click **Request Benefit Payment**.

NOTE: The **Request Benefit Payment** link is only visible if you have benefits to request.



3. The **Request Payment Home Page** displays.

REQUEST PAYMENT HOME PAGE

The first page that displays when you request a benefit payment is the **Request Payment Home Page**. The page provides important information, including:

- Claiming Week for which the benefit is being requested.
- Current Payment Method.
- The date through which your request for benefits is saved in UI Online (typically Saturday at 9:59 pm of the Saturday ending the week).
- Questions about requesting benefits, working, earnings, payment method, and more.

You can request or decline benefits from this page. Declining benefits causes the claim to become inactive. You should decline benefits when you are not eligible for them (for instance, if you are unavailable for work). Once a claim is inactive, it must be reopened before further benefits can be requested. See "Reopening a Claim" for more information.

- Click **Decline Benefits** to decline benefits and inactivate the claim. (A confirmation page appears first.)
- Click **Request Benefits** to continue on to the **Initial Questions** page.

Request Payment Home Page
<p>Claiming Week Sunday, 05/12/2013 through Saturday, 05/18/2013.</p> <p>Your current payment method is Debit card.</p> <p>To progress through the Request Payment Screens, always use the "Previous" or "Next" buttons provided at the bottom of the page. Do not use the "Back" button at the top of your Internet browser window.</p> <p>Once you begin the process, you may return any time prior to Saturday, 05/25/2013 at 9:59 P.M. in order to submit your certification. Your data will be saved until that time.</p> <p>For more information click on the links below:</p> <p> When do I request payment for Benefits? What do I need to request payment for benefits? What earnings need to be reported? How do I report earnings? What if I am working on commission? How do I report Holiday Pay? What is Waiting Week? How do I close my Claim? How do I change my payment method (Direct Deposit, Debit Card)? How do I change my Tax Withholding? What is a Compensable Week? </p>
<p>Claiming Week Sunday, 05/12/2013 through Saturday, 05/18/2013.</p> <p>Why would I want to decline benefits for this week?</p>
<p style="text-align: center;"> <input type="button" value="Decline Benefits"/> <input type="button" value="Request Benefits"/> </p>

DECLINE WEEK OFFERED CONFIRMATION

The **Decline Week Offered Confirmation** page appears if the **Decline Benefits** button was clicked on the **Request Payment Home Page**.

Declining benefits for the week offered causes the claim to become inactive.

- To decline benefits and inactivate the claim, put a check in the box and click **Submit**. The Claimant Home page displays. The **Reopen Claim** link is active.
- To resume requesting benefits, click **Cancel**. The **Request Benefit Home Page** appears.

Decline Week Offered Confirmation

Declining benefits for week **Sunday, 05/12/2013 through Saturday, 05/18/2013**.

By declining benefits for this week your claim will be closed. You will be required to [reopen](#) your claim to request any further payments.

I understand that by declining to request the week offered that my Unemployment Insurance claim will be closed. I will be required to reopen my claim in order to request further benefits.*

ADDRESS VERIFICATION

The **Address Verification** page displays your mailing and residential addresses.

1. Review the information.
2. Click **Confirm** or **Update**.
 - If **Confirm** is selected, the **Initial Questions** page appears.
 - If **Update** is selected, the **View and Maintain Contact Information** page appears.

Address Verification	
The following information is what we currently have on file. If any of this information is incorrect or has changed, please click the Update button below to make the required changes.	
Otherwise click on the Confirm button to confirm the information is correct.	
Mailing Address:	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	02114-2502
Country:	United States Of America
Residential Address:	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	02114-2502
Country:	United States Of America
<input type="button" value="Update"/> <input type="button" value="Confirm"/>	

VIEW AND MAINTAIN CONTACT INFORMATION

This page appears if **Update** was selected on the **Address Verification** page, OR if **Submit** was clicked on the **Maintain Contact Information** page.

1. Review the information on the page.
2. Click **Previous**, **Edit**, or **Next**.
 - To change any information, click **Edit**. The **Maintain Contact Information** page appears.
 - To return to the **Address Verification** page without saving any changes, click **Previous**.
 - To go to the **Initial Questions** page, click **Next** (this is the same as clicking **Confirm** from the **Address Validation** page).

View and Maintain Contact Information	
Residential Address	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
ZIP Code:	02114-2502
Country:	United States Of America
Mailing Address	
In care of (c/o):	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
ZIP Code:	02114-2502
Country:	United States Of America
Telephone Numbers	
U.S. and Canada Only:	
Home:	
Mobile:	
Other:	
International Phone:	
Correspondence Preference	
How would you like to receive your correspondence?	Electronic
Email Address:	pschmitt@detma.org
Preferred Language	
Preferred Language:	English
Additional Preferred Language:	
<input type="button" value="Previous"/> <input type="button" value="Edit"/> <input type="button" value="Next"/>	

MAINTAIN CONTACT INFORMATION

This page appears if **Edit** was clicked in the **View and Maintain Contact Information** page.

The **Maintain Contact Information** page is the same as the **View and Maintain Contact Information** page, except the information on the page can be edited.

1. Edit the information on the page.

Maintain Contact Information	
Residential Address	
Address Line 1:	19 Staniford St *
Address Line 2:	
City:	Boston *
State:	MA - Massachusetts
Zip Code:	02114-2502
Country:	US - United States Of America *
Mailing Address	
Check this box if Mailing Address is same as Residential Address: <input type="checkbox"/>	
In care of (c/o):	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	MA - Massachusetts
Zip Code:	02114-2502
Country:	US - United States Of America
Telephone Numbers	

2. Click **Previous** or **Submit**.

- Click **Previous** to return to the **View and Maintain Contact Information** page without saving any changes.
- Click **Submit** to save the changes and return to the **View and Maintain Contact Information** page.

INITIAL QUESTIONS

The Initial Questions page requests information about earnings, employment status, income, capability, availability, and work search activities.

1. Select Yes or No for each question on the page.

Initial Questions

To progress through the Request Payment Screens always use the **Previous** or **Next** buttons provided at the bottom of the page. Do not use the "Back" button at the top of your web browser window.

Please answer the following questions carefully for the week of **Sunday, 05/12/2013 through Saturday, 05/18/2013**.

1. Did you work or collect earnings during the week listed above? Yes No*

This includes [Full-Time](#), [Part-Time](#), [Temporary Work](#), [Self Employment](#), [Military Employment](#) or [Holiday Pay](#)

2. During the week listed above:

Were you offered employment? Yes No*

Did you quit or were you discharged from a job? Yes No*

3. During the week listed above, did you receive or apply for income from any other sources that you have not previously reported to us? Yes No*

Please click [Here](#) for examples of other income sources.

4. During the week listed above:

Were you able to work? Yes No*

Were you available to work? (Select "No" if you were in training/school.) Yes No*

Did you look for work? Yes No*

2. Click **Next**.

NOTE: Depending on your circumstances, one or more related pages may appear:

- Collect Earnings
 - Work Offered
 - Quit, Discharged, or Laid Off
 - Income from Another Source
 - Claimant - Capability - Health or Physical Condition Questionnaire
3. Answer questions on each page until you reach the **Regular UI Work Search Requirements** page. At that point, see the section called "Regular UI Work Search Requirements."

COLLECT EARNINGS

This page appears if you stated that you worked or collected earnings.

Collect Earnings	
You indicated that you received or applied for income that you have not previously reported to us.	
For the week of Sunday, 5/12/2013 through Saturday, 5/18/2013 , please identify the income Source(s)(Check all that apply).	
Enter total number of hours worked during the week listed above:	<input type="text"/> *
Did you earn wages from military service (before deductions)?	<input type="radio"/> Yes <input type="radio"/> No*
Did you earn part-time wages (not from military service or self-employment)?	<input type="radio"/> Yes <input type="radio"/> No*
Enter total amount of net earning from self-employment that you previously have not reported:	<input type="text"/>
Have you returned to work full time during week listed above?	<input type="radio"/> Yes <input type="radio"/> No*
If Yes, please enter the date you returned to work:	<input type="text"/> (mm/dd/yyyy)
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

1. Answer the questions on the page about:

- Hours worked (but leave blank if 0).
- Earnings from military services (Yes or No).
- Part-time wages (Yes or No).
- Net earnings from self-employment.
- Return to work (Yes or No).
- Return to work date (if any).

2. Click **Next**.

NOTE: Some additional pages may appear before the **Regular UI Work Search Requirements** page.

CLAIMANT - STILL EMPLOYED - FULL TIME EMPLOYMENT QUESTIONNAIRE

This Questionnaire appears if the number of hours you stated you worked was at or over your full-time week.

NOTE: This Questionnaire gives SELF EMPLOYER as the Employer Name, regardless of whether the employment in question was self-employment. It is the default Questionnaire for full-time employment.

1. Complete the Questionnaire. Verify that the certification is checked and that a phone number is provided.
2. Click **Submit** to continue with the request for benefits.

Claimant - Still Employed - Full Time Employment Questionnaire	
Employment Information	
Employer Name:	SELF EMPLOYER
Address:	
Employment Start Date:	
Type of Work:	
Job Title:	
Section 1	
1. Were you hired to work full-time hours?	<input type="radio"/> Yes <input type="radio"/> No*
If No:	
1a. When did you begin to work full-time?	<input type="text"/> (mm/dd/yyyy)
2. When did you start this job?	
<input type="radio"/> Prior to 5/5/2013	
<input type="radio"/> After 5/5/2013	
Select the one statement below that best describes your schedule of work:	

SELF-EMPLOYMENT EARNINGS INFORMATION

If the **Self-Employment Earnings Information** page appears:

1. Put a check in the box.
2. Click **Next**.

Self-Employment Earnings Information

When you are engaged in a self-employment activity, your obligation and the potential effects of your self-employment on your unemployment insurance eligibility are as follows:

1. You must be available for [suitable full time](#)® work in addition to your self-employment. You must be able and willing to rearrange or discontinue your self-employment activities to accept an employer's of suitable employment.
2. Self-employment earnings are deductible from your unemployment benefits. Report the earnings during the week in which you sell a product or a transaction is closed or becomes final, regardless of when you will receive the payment.
3. Report net earnings after allowable federal deduction. Dates records or receipts for your expenses may be requested.

I have read and understand the above information*

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

MILITARY EARNINGS

This page appears if you stated that you worked less than full-time hours, AND you earned wages from Military service.

Military Earnings	
You entered that you earned military earnings on the previous screen. Enter earnings for the branch(es) that you worked for.	
Military Branch :	Wages Earned
Army :	<input type="text"/>
Navy :	<input type="text"/>
Marine :	<input type="text"/>
Air Force :	<input type="text"/>
Coast Guard :	<input type="text"/>
NOAA:	<input type="text"/>
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

1. Enter wages earned for any military branch.
2. Click **Next**.

PART TIME EARNINGS

This page appears if you stated that you worked less than full-time hours, AND you earned wages from employment other than Military service or self-employment.

Part-Time Earnings	
You indicated on the previous screen that you worked part-time (not in the military or self-employment). Please enter your previous employer and wages earned by selecting 'Add Employer'. If you earned wages for more than one employer, select 'Add Employer' again	
Employer Name	Wages Earned
ER-104	<input type="text" value="\$0.00"/>
<input type="button" value="Add/Delete Employer"/>	
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

1. If an Employer needs to be added to or deleted from the list, click **Add/Delete Employer**. The **Additional and Complete Employment** page displays.

NOTE: For detailed information on adding Employers, see "About Employment and Employer Information" in the section, "Applying for Benefits."

- To add an Employer:
 - Select an Employment Type from the list.
 - Click **Add**. The page that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
 - Enter information as requested and click **Next** or **Submit** as instructed.
 - To delete an Employer, click the **Delete** button to the right of the Employer name.
 - When Employers have been added or deleted, click **Next** to return to the **Part-Time Earnings** page.
2. Enter wages earned for Employer(s) listed on the page (if any).
 3. Click **Next**.

WORK OFFERED (REFUSED OR ACCEPTED)

This page appears if you stated that you were offered employment.

If the **Work Offered** page displays:

1. Select whether the offer of employment was **refused** or **accepted** and whether it was for **Full Time** or **Part Time** work.

The screenshot shows a form titled "Work Offered" with a blue header. Below the header, the text reads "Please select the result of the offer of employment:". There are two radio button options: "* I refused the offer of employment." and " I accepted the offer of employment.". Below these is a text input field for "My first day of work is on:" with a placeholder "(mm/dd/yyyy)". Underneath is the label "The offer was:" followed by two radio button options: " Full Time" and " Part Time". At the bottom of the form are two buttons: "Previous" and "Next".

2. If **accepted** was selected, also enter a date.
3. Click **Next**. If refused was selected, another Work Offered page displays.

Work Offered (Was Offer for Contractor/Self-Employment)

This page appears if you stated that the work offered was refused.

If this **Work Offered** page displays:

1. Select **Yes** if the offer of work was as an independent contractor or in self-employment. Otherwise select **No**.
2. Click **Next**.

The screenshot shows a form titled "Work Offered" with a blue header. Below the header, the text reads "Was the offer as an independent contractor or in self-employment?". There are two radio button options: "* Yes" and " No". At the bottom of the form are two buttons: "Previous" and "Next".

Claimant - Suitable Work - Refusal of Suitable Work Questionnaire

This page appears if the work offered and refused was not for Contractor or Self-Employment work.

1. Complete the Questionnaire as directed.
2. Click **Submit**.

QUIT, DISCHARGED OR LAID OFF FROM EMPLOYER

This page appears if you stated that you quit or were you discharged from a job.

The **Quit, Discharged or Laid Off** page displays a list of Employers.

1. If an Employer needs to be added to the list:
 - Put a check next to An Employer that I quit or was discharged from is not listed above and click **Next**.

Quit, Discharged or Laid Off from Employer

You indicated that you have quit or were discharged from employment.

Select all employer(s) that you quit or were discharged from during the week being requested:

Legal Name	Doing Business As (DBA) Name	Quit/Discharge/Laid Off?
<input type="checkbox"/> ER-104		Select one ▼

An Employer that I quit or was discharged from is not listed above. (Search and select employer on next screen)

Previous
Next

- Select an **Employment Type** from the list.
- Click **Add**. The page that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
- Enter information as requested and click **Next** or **Submit** as instructed.

NOTE: For detailed information on adding Employers, see "About Employment and Employer Information" in the section, "Applying for Benefits."

2. Put a check by the Legal Name of each applicable Employer.
3. Select one of the following for each checked Employer:
 - Discharged/Dismissed/Terminated
 - Laid Off
 - Quit.
4. Click **Next**.

REASON FOR BEING DISCHARGED

This page appears if Discharged/Dismissed/Terminated was selected on the Quit, Discharged or Laid Off from Employer page.

1. Select the reason for being discharged, dismissed, or terminated. Click **Next**.

Reason for Being Discharged

Please select the reason that best describes why you were discharged from your job. You will have an opportunity to provide more details within this section of the application.

- Drugs or Alcohol
- Loss of license
- My behavior
- Policy violation (Please select this reason for any discharge when the employer cites a rule or policy)
- Safety violation, accident, or equipment damage
- Theft, Misappropriation, or Falsification
- Unsatisfactory attendance
- Work performance or qualifications
- Reason not mentioned above

2. On the ensuing pages, select the detailed information that best applies.
3. Complete the Questionnaire as directed.
4. Click **Submit**.

REASON FOR QUIT

This page appears if Quit was selected on the Quit, Discharged or Laid Off from Employer page.

1. Select the reason for quitting. Click **Next**.

Reason for Quit

Please select the reason that best describes why you quit your job. You will have an opportunity to provide more details within this section of the application.

- * Combination of quitting and being discharged or laid off
- Health or Safety reasons
- I was not satisfied with the job or conditions of employment or the employment changed
- Other work
- Personal reasons
- Reason not mentioned above

2. On the ensuing pages, select the detailed information that best applies.
3. Complete the Questionnaire as directed.
4. Click **Submit**.

INCOME FROM ANOTHER SOURCE

This page appears if you stated that you received or applied for income from any other sources that you have not previously reported to us.

1. Put a check by each applicable source of income.

Income From Another Source	
You Indicated that you received or applied for income that you have not previously reported to us.	
For the week of Sunday, 5/12/2013 through Saturday, 5/18/2013 , please identify the income Source(s)(Check all that apply).	
<input type="checkbox"/>	Union Pension Fund ⓘ
<input type="checkbox"/>	Pension, Retirement or Annuity ⓘ
<input type="checkbox"/>	Severance Pay or Separation Pay ⓘ
<input type="checkbox"/>	Back Pay ⓘ
<input type="checkbox"/>	Other Disability Insurance ⓘ
<input type="checkbox"/>	Vacation Pay ⓘ
<input type="checkbox"/>	Worker's Compensation ⓘ
<input type="checkbox"/>	Other State Unemployment Insurance ⓘ
<input type="checkbox"/>	My Income is Not Listed Above ⓘ
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

2. Click **Next**.

UNION PENSION

If Union Pension is selected on the Income from Another Source page, the Claimant - Pension - Union Pension Questionnaire page appears.

1. Complete the Questionnaire as directed.
2. Click **Submit**.

PENSION, RETIREMENT OR ANNUITY

If Pension, Retirement or Annuity is selected on the Income from Another Source page the Pension or Retirement Account page appears, followed by the Claimant - Pension - Pension / Retirement Benefit Questionnaire.

Pension or Retirement Account

The Pension or Retirement Account page displays a list of Employers.

1. If an Employer needs to be added to the list:
 - Click the [What if the employer is not listed?](#) link.
 - Enter information as requested and click **Next** or **Submit** as instructed.

Pension or Retirement Account	
You indicated since Sunday, April 01, 2012, you have applied for or are receiving payments from a pension fund, annuity fund, or retirement claim. Select the employer(s) that contributed to your pension fund(s) and indicate the method(s) of payment.	
Employer	Payment Method
<input checked="" type="checkbox"/> ER-104	Regular Monthly or Periodic
What if the employer is not listed?	
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

NOTE: For detailed information on adding Employers, see “About Employment and Employer Information” in the section, “Applying for Benefits.”

2. When the Pension or Retirement Account page redisplay, put a check by the Name of each applicable Employer.
3. Select one of the following for each checked Employer:
 - Regular Monthly or periodic
 - Laid Off
 - Quit.
4. Click **Next**.

Claimant - Pension - Pension / Retirement Benefit Questionnaire

1. Complete the Questionnaire as directed.
2. Click **Submit**.

SEVERANCE PAY OR SEPARATION PAY

If *Severance Pay or Separation Pay* was selected on the *Income from Another Source* page, the *Severance or Other Separation Pay* page appears, followed by the *Claimant - Remuneration - Severance Pay Questionnaire*.

Severance or Other Separation Pay

The **Severance or Other Separation Pay** page displays a list of Employers.

1. If an Employer needs to be added to the list:
 - Click the [What if the employer is not listed?](#) link.
 - Enter information as requested and click **Next** or **Submit** as instructed.



Severance or Other Separation Pay

You indicated since Saturday, October 01, 2011, you have received or expect to receive severance or other payments due to separation from employment. From the list below, select the employer(s) issuing payment(s):

IRISH VILLAGE MOTEL

[What if the employer is not listed?](#)

Previous Next

NOTE: For detailed information on adding Employers, see "About Employment and Employer Information" in the section, "Applying for Benefits."

2. When the **Severance or Other Separation Pay** page redisplay, put a check by the name of each applicable Employer.
3. Click **Next**.

Claimant - Remuneration - Severance Pay Questionnaire

1. Complete the Questionnaire as directed.
2. Click **Submit**.

BACK PAY

If Back Pay was selected on the Income from Another Source page the Other Deductible Income page appears, followed by the Claimant - Remuneration - Back Pay Award Questionnaire.

Other Deductible Income

The **Other Deductible Income** page displays a list of Employers.

1. If an Employer needs to be added to the list:
 - Select An Employer that contributed to my income source is not listed above.
 - Click **Next**.
 - Select an **Employment Type** from the list.
 - Click **Add**. The page(s) that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
 - Enter information as requested and click **Next** or **Submit** as instructed.

Other Deductible Income	
You indicated that you have applied for or are receiving payments from another income source.	
Select all employer(s) that contributed to the Back Pay:	
Legal Name	Doing Business As(DBA) Name
<input type="checkbox"/> IRISH VILLAGE MOTEL	
<input type="radio"/> An Employer that contributed to my income source is not listed above. Search and select employer on next screen.	
<input type="radio"/> I have selected all the employers that contributed to my income source *	
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

NOTE: For detailed information on adding Employers, see “About Employment and Employer Information” in the section, “Applying for Benefits.”

2. When the **Other Deductible Income** page redisplay, put a check by the name of each applicable Employer.
3. Select I have selected all the employers that contributed to my income source.
4. Click **Next**.

Claimant - Remuneration - Back Pay Award Questionnaire

1. Complete the Questionnaire as directed.
2. Click **Submit**.

OTHER DISABILITY INSURANCE

If *Other Disability Insurance* was selected on the *Income from Another Source* page, the *Other Deductible Income* page appears, followed by the *Claimant - Capability - Disability Payments Questionnaire*.

Other Deductible Income

The **Other Deductible Income** page displays a list of Employers.

1. If an Employer needs to be added to the list:
 - Select An Employer that contributed to my income source is not listed above.
 - Click **Next**.
 - Select an **Employment Type** from the list.
 - Click **Add**. The page that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
 - Enter information as requested and click **Next** or **Submit** as instructed.

Other Deductible Income

You indicated that you have applied for or are receiving payments from another income source.

Select all employer(s) that contributed to the Back Pay:

	Legal Name	Doing Business As(DBA) Name
<input type="checkbox"/>	RISH MOTEL	

An Employer that contributed to my income source is not listed above. Search and select employer on next screen.
 I have selected all the employers that contributed to my income source

*

NOTE: For detailed information on adding Employers, see "About Employment and Employer Information" in the section, "Applying for Benefits."

2. When the **Other Deductible Income** page redisplay, put a check by the Name of each applicable Employer.
3. Select I have selected all the employers that contributed to my income source.
4. Click **Next**.

Claimant - Capability - Disability Payments Questionnaire

1. Complete the Questionnaire as directed.
2. Click **Submit**.

VACATION PAY

If you selected *Vacation Pay* on the *Income from Another Source* page, the *Vacation or Personal Time Off (PTO) Pay* page appears.

Vacation or Personal Time Off (PTO) Pay

The **Vacation or Personal Time Off (PTO) Pay** page displays a list of Employers.

1. If an Employer needs to be added to the list:
 - Click [What if the employer is not listed?](#)
 - Enter information as requested and click **Next** or **Submit** as instructed.

Vacation or Personal Time Off (PTO) Pay

You indicated since Saturday, October 01, 2011, you have received, are receiving, or expect to receive Vacation or Personal Time Off (PTO) pay because of or upon your separation from employment. Select the employer(s) issuing payment(s) and your employment status:

IRISH VILLAGE Select one

[What if the employer is not listed?](#)

NOTE: For detailed information on adding Employers, see “About Employment and Employer Information” in the section, “Applying for Benefits.”

2. When the **Vacation or Personal Time Off (PTO) Pay** page redisplay, put a check by the name of each applicable Employer.
3. Select one of the following for each checked Employer:
 - I expect to be recalled, or was recalled by this Employer.
 - I do NOT expect to be recalled by this Employer.
4. Click **Next**.

Claimant - Remuneration - Vacation or Sick Pay Questionnaire

This page appears if Vacation Pay was selected on the Income from Another Source page AND I expect to be recalled or was recalled by this Employer was selected on The Vacation or Personal Time Off (PTO) Pay page.

1. Complete the Questionnaire as directed.
2. Click **Submit**.

WORKERS COMPENSATION

If Workers Compensation is selected on the Income from Another Source page, the Workers Compensation Employer page appears, followed by the Claimant - Capability - Disability Payments Questionnaire.

Workers Compensation Employer

The **Workers Compensation Employer** page displays a list of Employers.

- Put a check by an existing Employer Name or by Employer not listed.

Workers Compensation Employer	
1. From the following list, select the employer(s) related to your workers' compensation claim(s): *	
<input type="checkbox"/> RISH VILLAGE	
<input type="checkbox"/> Employer not listed: I worked for the contributing employer prior to Saturday, October 01, 2011. Search and select employer on next screen.	
2. During Saturday, October 01, 2011 to Sunday, September 30, 2012 did you receive full workers' compensation for over 7 complete weeks?	<input type="radio"/> Yes <input type="radio"/> No*
3. Are you presently receiving or do you expect to receive workers' compensation?	<input type="radio"/> Yes <input type="radio"/> No*
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

- Select **Yes** or **No** on receiving workers compensation for over 7 complete weeks.
- Select **Yes** or **No** on presently receiving or expect to receive workers compensation.
- Click **Next**. If Employer not listed was selected, add the Employer:
 - Select an **Employment Type** from the list.
 - Click **Add**. The page(s) that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
 - Enter information as requested and click **Next** or **Submit** as instructed.

NOTE: For detailed information on adding Employers, see "About Employment and Employer Information" in the section, "Applying for Benefits."

- When the **Workers Compensation Employer** page redisplay, put a check by the name of each applicable Employer and **uncheck** Employer not listed.
- Click **Next**.

Claimant - Capability - Disability Payments Questionnaire

- Complete the Questionnaire as directed.
- Click **Submit**.

MY INCOME IS NOT LISTED ABOVE

If you select My Income Is Not Listed Above on the Income from Another Source page, the Claimant - Remuneration - Other Questionnaire appears.

1. Complete the Questionnaire as directed.
2. Click **Submit**.

WERE YOU ABLE TO WORK

*If Were You Able to Work was answered No, the **Claimant - Capability - Health or Physical Condition Questionnaire** appears.*

1. Complete the Questionnaire as directed.
2. Click **Submit**.

WERE YOU AVAILABLE TO WORK

If Were You Available to Work was answered No, the **Availability** page appears.

Availability

The Availability page displays a list of reasons for being unavailable.

1. Put a check by each applicable reason.
2. Click **Next**.

Availability

You indicated that you could not have accepted work. Please select the reason(s) why

*Select all that apply

<input type="checkbox"/> Illness or Injury	<input type="checkbox"/> Volunteer work	*
<input type="checkbox"/> In School or Training (Not High School)	<input type="checkbox"/> No Child Care	
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Out of Town	
<input type="checkbox"/> No Transportation	<input type="checkbox"/> Incarcerated, Home Monitoring, Court Ordered Community Service	
<input type="checkbox"/> Family or Domestic Responsibilities	<input type="checkbox"/> Other Reason Not Listed Above	

A Questionnaire will follow for each reason selected on the **Availability** page.

REGULAR UI WORK SEARCH REQUIREMENTS

This page lists the activities that must be performed as a condition of eligibility for unemployment benefits, and provides guidelines that describe the types of activities that constitute a productive work search contact (the list is not all inclusive).

1. Review the information on the page.

Regular UI Work Search Requirements

The Massachusetts Department of Unemployment Assistance requires that as a condition of eligibility you must:

- Make a minimum of three work search contacts in each week that be
- Keep a written log of those work search contacts;
- Provide a work search log to DUA upon request.

The following guidelines describe the types of activities that may constitute a productive work search contact. Productive work search contacts include, **but are not limited to**

- Registering for work and reemployment services with a local One Stop Career Center.
- Completing a job application in person or online with employers who may reasonably be expected to have openings for suitable work.
- Mailing a job application and/or résumé, as instructed in a public job notice.
- Making in-person visits with employers who may reasonably be expected to have openings.
- Sending job applications to employers who may reasonably be expected to have openings for suitable work.
- Interviewing with potential employers in person or by telephone.
- Registering for work with private employment agencies or placement services.

2. Scroll to the end of the page and select:

- **Directly online** or
- **Print a paper form.**

For each week of UI benefits claimed, you must search for work in accordance with these guidelines, and must make at least the minimum number of work search contacts stated above in each such week. You are expected—as a condition of eligibility—to keep weekly records of your work search activities, and to submit to DUA all details about your work search activities when notified by DUA to do so. You may be declared ineligible for any week(s) where you do not meet the requirements of the law. You may be required to repay unemployment benefits received but to which you were not eligible.

Week of: _____

Provide a list of all work search contacts made, date of each contact, names and addresses (mail, e-mail, or Web), and the results of each contact.

Directly online through the UI Online system.
 Print a paper form and mail it to the agency.*

I have read and understand the above information*

Previous Next

3. Put a check next to the text, "I have read and understood the above information."
4. Click **Next**.

WORK SEARCH LOG

The **Work Search Log** appears if you opted to maintain the work search directly online on the **Regular UI Work Search Requirements** page.

Creating a Work Search Log Item

1. Click **New**.

The screenshot shows the 'Work Search Log' interface. At the top, it displays 'Week Beginning: 4/21/2013' and 'Week ending: 4/27/2013'. Below this, it says 'No records found...'. At the bottom, there are three buttons: 'New', 'Remove', and 'Edit'. The 'New' button is circled in red. Below these buttons are 'Cancel' and 'Submit' buttons.

2. The **Work Search Details** page displays.

The screenshot shows the 'Work Search Details' form. It has a title bar 'Work Search Details' and a subtitle 'Enter work search log details:'. The form contains several fields: 'Date' (text input), 'Type' (dropdown menu with 'Career Fair' selected), 'Name Employer/Agency' (text input), 'Person Contacted' (text input), 'Contact Information' (text input), 'Contact Type' (dropdown menu with 'Select one' selected), 'Type of Work' (text input), and 'Results' (dropdown menu with 'Select one' selected). At the bottom, there are 'Previous' and 'Submit' buttons.

3. Fill in the Date, Type, Name/Agency, Person, Contact Information, Contact Type, Type of Work, and Results.

NOTE: Information in the Contact Information field must correspond to the Contact Type selected. For example, if Contact Type is Phone Number, the Contact Information must be a phone number.

4. Click **Submit**. The **Work Search Log** redisplay shows the new item.

The screenshot shows the 'Work Search Log' interface after submitting a new item. It displays 'Week Beginning: 5/12/2013' and 'Week ending: 5/18/2013'. Below this is a table with the following data:

	<u>Date</u>	<u>Type</u>	<u>Name</u>	<u>Person Contacted</u>	<u>Contact Type</u>
	5/16/2013	Career Fair	Yanos	Maria Callas	In Person

Below the table are buttons for 'New', 'Remove', and 'Edit'. At the bottom are 'Cancel' and 'Submit' buttons.

Deleting a Work Search Log Item

1. Select the Work Search Log item to delete.
2. Click **Remove**.

Editing a Work Search Log Item

1. Select the Work Search Log item to edit.
2. Click **Edit**. The Work Search Details page appears.
3. Edit the item and click **Submit**.

Submitting the Work Search Log

Click **Submit**.

WORK SEARCH VERIFICATION QUESTIONNAIRE

1. Put a check by all applicable work search activities in Question 1.
2. Select the number of days that the work search was performed in Question 2.
3. Click **Next**.

Work Search Verification Questionnaire

In order to successfully process your Request for Payment for the period of **Sunday, 5/19/2013** through **Saturday, 5/25/2013**, Please answer the following questions regarding your work search activities.

1. What activities did you perform while looking for a job? *

- Registered for work and reemployment services with a local One Stop Career Center.
- Completed a job application in person or online with employers who may reasonably be expected to have openings for suitable work.
- Mailed a job application and/or résumé, as instructed in a public job notice.
- Made in-person visit with employers who may reasonably be expected to have job openings.
- Sent job application to employer who may reasonably be expected to have openings for suitable work.
- Interviewed with potential employer in person or by telephone.
- Registered for work with private employment agency or placement service.
- Used the employment resources available at One Stop Career Centers to obtain/use local labor market information.
- Participated in skills assessments for occupation matching at One Stop Career Center.
- Participated in instructional workshop at One Stop Career Center.
- Obtained or followed up on job referrals at One Stop Career Center.
- Attended job search seminars, career networking meetings, job fairs, or employment-related workshops that offer instruction in improving individuals' skills for obtaining employment.
- Used online job matching systems, including the Massachusetts One Stop Employment System Internet-based system, to submit applications/résumés, search for matches or request referrals, and/or apply for jobs.
- Reported to the Union Hall, if this is your primary work search method.
- Reviewed job listings on the internet, newspapers or professional journals.
- Contacted professional association(s).
- Networked with colleagues or friends.
- None
- Other job search activities

2. How many days did you perform work search activities this week? * | Select ▼

You are required to have a record of [sufficient work search activities for each week](#) that you request benefits and may be asked to submit proof of your work search activities at any time during your claim.

For a downloadable form to help you track your work search activities, [Click here](#)

SUMMARY

The **Summary** page contains instructions on completing the request for benefit payment, and gives the opportunity to modify information in the request before submitting it (see the next page).

To Modify Information

1. There are several **Modify Answers** buttons on the page. Click the **Modify Answers** button under the section that displays the information you want to edit.
2. This returns to a page on or before the one where the information was originally entered.
3. If necessary, click **Next** until the page to be edited is reached again.

NOTE: Most previously entered information is retained, but some data may need to be reentered before you can progress through the application.

4. Edit the data.
5. Click **Next** until the **Summary** page is reached again.

NOTE: Changes to certain answers may cause new pages or fields to be added to claim.

To Submit the Request for Benefit Payment

1. Once all the information on the page is correct, scroll to the **Acknowledgment** area.
2. Put a check in the certification box.
3. Click **Submit**.

Summary

If you would like to change your answer in any section below, click the **Modify Answers** button in that section to jump to the questions of that section. Depending on your responses, you may be asked to reconfirm existing answers. If you do not think the questions apply, examine the questions in that section carefully.

Please review your responses carefully for the **week of Sunday, 4/21/2013 through Sunday, 4/27/2013**.

Review the Information

Initial Questions

1. Did you work during the reporting period listed above? No
 This includes [Full-Time](#), [Part-Time](#), [Temporary](#), [Self](#), or [Military](#) employment.
2. During the week listed above:
 - Were you offered employment? No
 - Did you quit or were you discharged from a job? No
3. During the week listed above, did you receive or apply for income from sources you have not previously reported to us? No
 Please click [Here](#) for examples of other income sources.
4. During the week listed above:
 - Were you able to work? Yes
 - Were you available to work? (Select "No" if you were in training) Yes
 - Did you look for work? Yes

Modify Answers

Click the Modify Answers button below the specific section to modify

Employment Information Summary

Employer Business Name	Employer Legal Name	Status
DONUT.DONS	DONUT.DONS	COMPLETE

Work Search Requirements

Directly online through the UI Online system.
 Print a paper form and mail it to the agency.
 I have read and understand the above information

Work Search Verification Questionnaire

Registered for work and reemployment services with a local One Stop Career Center.
 Completed a job application in person or online with employers who may reasonably be expected to have openings for suitable work.
 Mailed a job application and/or résumé, as instructed in a public job notice.
 Sent job application to employer who may reasonably be expected to have openings for suitable work.

2. How many days did you engage in work search activities this week?

Modify Answers

Check the box to certify that the information is true and correct

Acknowledgements

I certify that the information I have provided is true and correct. I understand that I may be subject to penalties and/or imprisonment for false statements to obtain benefits fraudulently collected benefits. I hereby acknowledge that DUA will be used to verify the accuracy.*

Submit

Click Submit to complete the request for benefit payment

CONFIRMATION PAGE

When the **Confirmation** page appears, the request for benefit payment has been completed.

The page displays the time and date that the request was received, payment request status, weekly benefit status, and claim status. It may also have a link for additional requests for benefit payments if any are available.

Click **Home Page** to return to the Claimant Home.

The screenshot shows a web page titled "Confirmation Page" with several sections. Callouts are placed over the page to highlight specific information:

- Confirmation and Time and Date of Receipt:** A callout box points to the text "Your request for benefits for the week of **Sunday, 4/21/2013 through Saturday, May 31, 2013 18:56 PM.**"
- Payment Request Status:** A callout box points to the text "Your potential payment is **\$310.00** (provided there is no additional activity on your part) and you will receive your payment within 5 business days. You have submitted a Continued Claims Benefit Request. To view this and other information, select **View and Maintain My Account**, the **Payment Information**. [Print/Save](#) this confirmation for your records."
- Weekly Benefit Request Status:** A callout box points to the text "The last eligible week for which you may claim benefits is ending **11/30/2013**. You have weeks that you have not requested:
 - 4/28/2013 through 5/4/2013
 - 5/5/2013 through 5/11/2013
 - 5/12/2013 through 5/18/2013
 - 5/19/2013 through 5/25/2013"
- Request Benefits:** A callout box points to a "Request Benefits" button located below the weekly benefit status section.
- Claim Status:** A callout box points to the text "You can **Request Weekly Benefits** or select **View and Maintain My Account** through Friday from 7:00 A.M. to 10:00 P.M. and Saturday from 7:00 A.M. to 3:00 P.M."
- Home Page:** A callout box points to a "Home Page" button at the bottom of the page.