



Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

خدمة موقع (UI Online)

إعادة فتح مطالبة

كيفية إعادة فتح مطالبة

لإعادة فتح مطالبة على موقع تأمين البطالة (UI Online):

- شغل جهاز الكمبيوتر
- اتصل بشبكة الإنترنت
- أكتب في شريط العنوان، www.mass.gov/dua وأنقر على <enter>.

ملحوظة: متصفحات الإنترنت الموصى بها هي

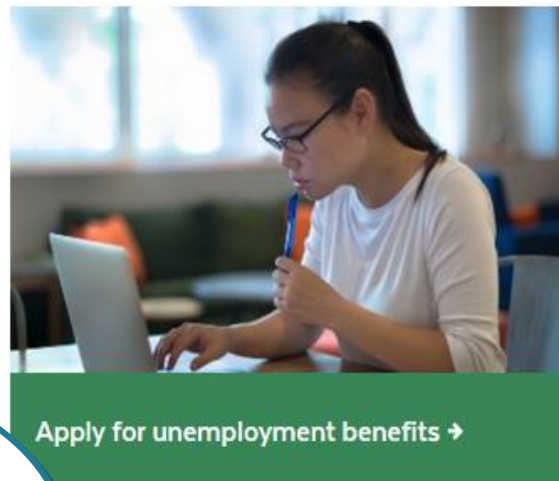
Mac® OS X 10.x
متصفح Microsoft Edge غير مدعوم
الإصدارات 35 أو أعلى

متصفح سطح المكتب Windows® 7 أو أعلى
Internet Explorer 9.x أو أعلى
الإصدارات 35 أو أعلى
غير مدعوم

[Microsoft®](#)
[Mozilla Firefox](#)
[Apple® Safari](#)
[Google® Chrome](#)

انقر على تأمين البطالة عبر الإنترنت "Unemployment Insurance Online"

Department of Unemployment Assistance





"Log in to UI OnLine for Claimants"

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 →

انقر على
Log in to UI Online "
"for Claimants

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) →

إقرأ البيان التحذيري "Warning Statement".



Commonwealth
of Massachusetts

[Print Preview](#)

Logon

* Indicates Required Field

1. إقرأ وانقر
على الزر
للموافقة

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. ادخل
رقم الضمان
الاجتماعي
في كلا الحقليين

Next

3. انقر على
زر "Next"

ادخل كلمة المرور الخاصة بك



Print Preview

gon

* Indicates Required Field

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

UI Online User

Password:

1. ادخل
كلمة المرور
الخاصة بك

2. انقر على
تسجيل الدخول
(Login)

Login

Forgot Password

Download Adobe .PDF Reader (Free) | Accessibility | Privacy Statement | Viewing Tips



My Home Page

My Inbox

View and Maintain Account Information

Reopen Claim

Estimate Future Benefits

View And Request 1099G

View UI Records

Request TOP Application

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

Payment Date

Amount

Method

03/21/2017

\$370.00

Check

[View Payment History](#)

Payment Preferences

Federal Tax Withholding: 10.00%

State Tax Withholding: 5.10%

Payment Method: **Direct deposit**

[Manage Payment and Tax Options](#)

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. إذا قام صاحب العمل بتخفيض جدول ساعات العمل المعتاد الخاص بك، أو إذا كنت لا تعمل على الإطلاق، فانقر على رابط إعادة الفتح "Reopen"

Change Password | Logoff

* Indicates Required Field

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View UI 5

Re

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. اقرأ
المعلومات
الهامة

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 those attempts.

You must be 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 input. Failure to respond may affect your right to collect unemployment benefits.

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

You must meet 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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Next

3. انقر على
زر "Next"

2. عَمَّ على المربع
لتأكيد أنك قرأت وفهمت
المعلومات المذكورة
أعلاه



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

* Indicates Required Field

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[View UI Records](#)

[Request TOP Application](#)

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:

انقر للإقرار
بأن معلومات
الاتصال صحيحة

☐ 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.*

تحقق من خيارات طريقة الدفع



Change Password | Logoff

* Indicates Required Field

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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](#).

Payment Option: **Direct deposit**
Account Type: **Checking**
Bank Name: **EASTERN BANK**
Routing Number: **011301798**
Bank Account Number: **xxxxx4242**
Status: **Active**

Edit

☐ 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

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

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Next

1. انقر على تعديل "Edit" فقط إذا كنت ترغب في تغيير طريقة الدفع

2. انقر للتصديق إذا كانت طريقة الدفع صحيحة.

4. انقر للتصديق إذا كانت الاستقطاعات الضريبية "Tax Withholding" صحيحة.

3. انقر على تعديل "Edit" فقط إذا كنت ترغب في تغيير قسم الاستقطاعات الضريبية "Tax Withholding"

5. انقر على زر "Next"



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* Indicates Required Field

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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. إقرأ
المعلومات الهامة

2. هل تأثرت بفيروس
كورونا (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. أنقر على
"Next" التالي



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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. انقر على
"Add" إضافة

1. اختر
نوع الوظيفة
"Employment Type"

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

2. انقر على بحث
"Search"

Search

Reset

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1. من أجل معالجة دفعاتك بشكل أسرع، يرجى إدخال اسم جهة العمل تمامًا كما يظهر على كعب إيصال استلام الراتب أو نموذج (W-2).

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[Manage Debt](#)

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](#)

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?](#)

[Previous](#)

[Next](#)

2. انقر على
زر "Next"

1. اختر جهة
عملك وأنقر عليها

أجب عن أسئلة التوظيف



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Request TOP Application

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

في معظم الحالات
ستكون هذه الإجابات
"NO" بلا

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. لأغراض إعادة فتح
المطالبات بسبب حالة
الطوارئ الخاصة
بفيروس كورونا
(COVID-19)، كل
أسباب الفصل ستكون
التسريح من العمل
"LAYOFF"

2. انقر على
زر "Next"



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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

2. انقر على بحث
"Search"

1. ادخل
المسمى الوظيفي
"Job Title"

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

اختر المسمى الوظيفي وانقر عليه



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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. اختر
المسمى الوظيفي
الخاص بك
Job "
"Description
وانقر عليه

2. انقر على زر
"Next"

انقر على زر "Next"



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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:

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1. عند إضافة
جميع جهات
العمل واكتمال
الحالة، انقر على
زر "Next"

2. انقر على
زر "Next"

هل عملت بدوام جزئي الأسبوع الماضي؟



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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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أنقر على
التالي
"Next"

هل عملت بدوام جزئي
الأسبوع الماضي؟
(أقل من جدول ساعات العمل
المعتاد؟)
انقر على نعم "Yes" أو لا "No"

تأكيد إعادة الفتح - إرسال



Commonwealth
of Massachusetts

Monday, April 17, 2017
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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](#)

انقر على
"Submit"

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Reopen Claim Confirmation

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

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انقر على الصفحة
الرئيسية
"Home"



صفحتي الرئيسية

2. انقر على تسجيل الخروج
"Logoff"
من نظام تأمين البطالة عبر
الإنترنت (UI Online)
(System)

1. إقرأ المعلومات
الهامة

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

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"](#).