**User Designation Form for Unemployment Services for Employers**

**All fields on this form are required. Failure to fill out this form accurately and completely will result in denial and delayed access as you will be required to submit a new *User Designation Form*. Reminder, if you have a system administrator in Unemployment Services for Employers, additional access can and should be self-serviced.**

**Employer Company Name Employer Account Number (EAN) Federal Employer Identification Number (FEIN)**

Hereby appoint as the **Employer System Administrator on Unemployment Services for Employers:**

**First Name Last Name**

**Email Address Telephone Number**

The designated User’s powers shall include, but not be limited to, in the specified system the authority to protest and appeal benefit determinations, manage benefit claims, respond to fact-finding, report wages, file payments, change addresses and authorize access to an agent (TPA) or other users who conduct business on the company’s behalf. We acknowledge that by designating User to represent the company named above, we agree to be bound by the *Terms of Service* listed below.

**Terms of Service**

Login credentials and passwords are unique to the person designated as the User to access online systems belonging to the Department of Unemployment Assistance (DUA) and should not be shared with others.
DUA will revoke access for any user or entity identified as sharing login credentials. DUA is not responsible for
end-user software or ISP filters that would otherwise prevent the use of these systems. If the designated User departs from the company/organization, or there is a change in contact or address information, it is the employer’s responsibility to maintain their account which includes, but is not limited to, updating addresses or contact information, adding new administrator(s), and removing users’ access. Third-party administrators are prohibited from submitting a user designation form for system administrator access to a client account and must follow separate processes determined by DUA for third-party administrator access to employer accounts.

**Authorization Statement**

By signing this form, I certify, under the pains and penalties of perjury, that I am the **authorized owner or officer of the company/organization listed above** and that I have the authority to designate the individual listed above to access the company/organization account with UI Online and Unemployment Services for Employers. I understand that providing false information may subject me to **criminal liability** under Massachusetts General Laws, Chapter 151A Section 47.

**Printed Name** **Title**

**Signature** **Date**

**Submit this form by visiting** [**https://unemployment.mass.gov/Employers/**](https://unemployment.mass.gov/Employers/) **and selecting
“*Request administrator access to an employer account”* in the “*Online Registration”* menu.**

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