



Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

L'assurance-chômage (UI) en ligne

**Déposer une nouvelle demande
d'allocations chômage**

Comment déposer une nouvelle demande d'allocations chômage



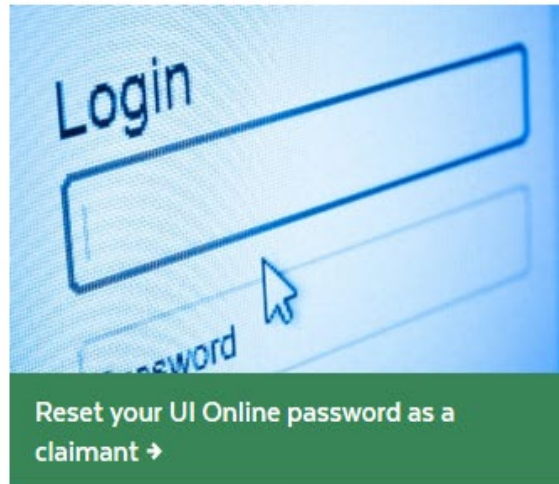
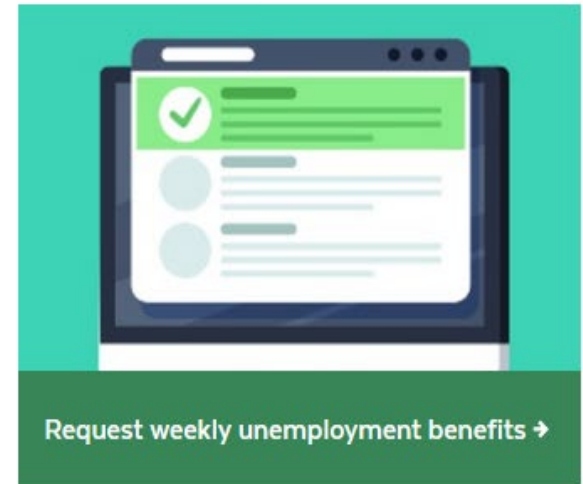
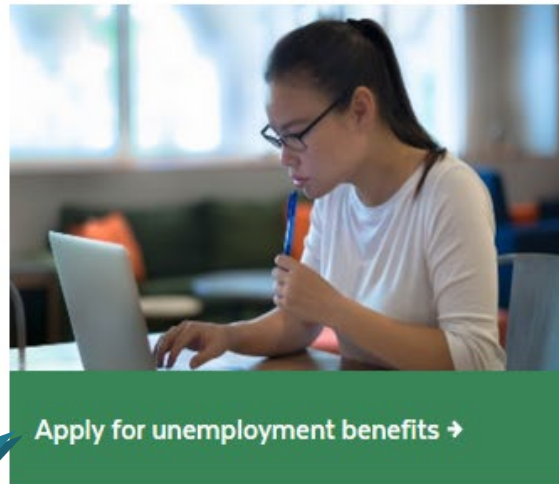
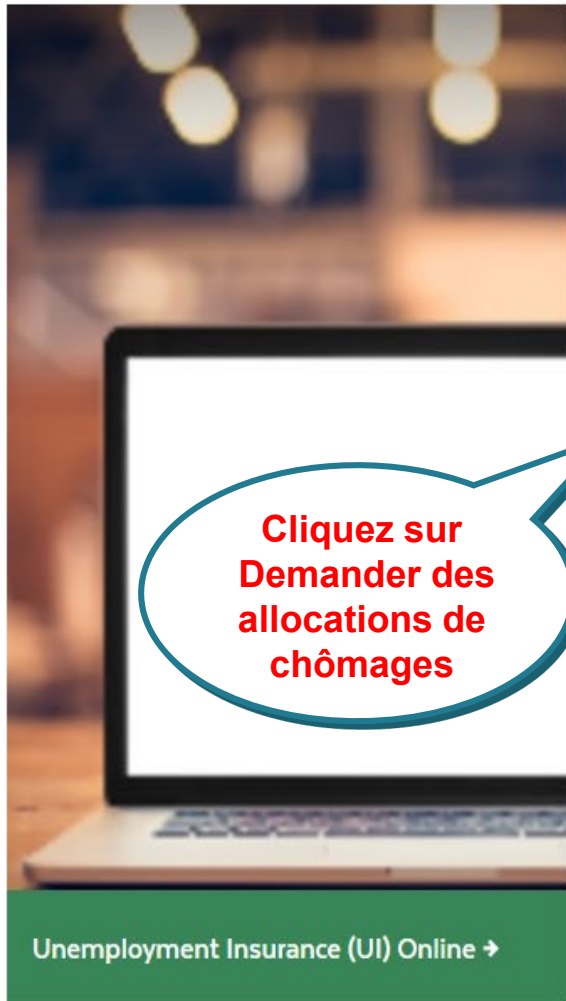
Pour déposer une nouvelle demande d'allocations chômage sur l'assurance-chômage (UI) en ligne :

- **Allumez l'ordinateur**
- **Accédez à l'Internet**
- **Sur la barre d'adresse, tapez www.mass.gov/dua <valider>.**
 - **Remarque : Les navigateurs Web sont les suivants :**
 - Desktop Browser Windows® 7 et supérieur Mac® OS X 10.x
 - Microsoft® Internet Explorer 9.x ou supérieur
Non soutenu par Microsoft EdgeNot
 - Mozilla Firefox Versions 35 ou supérieures
Versions 35 ou supérieures
 - Apple® Safari Non soutenu
 - Google® Chrome Versions 35 ou supérieures
Versions 35 ou supérieures

Cliquez sur « Déposer une demande d'allocations de chômage »



Department of Unemployment Assistance




Cliquez sur « Demander des allocations de chômage en ligne »



Apply for unemployment benefits

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

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

**Demander des
allocations de
chômage en
ligne**

[Apply for unemployment benefits online →](#)

[Check eligibility →](#)

Lisez la mention d'avertissement

[Print Preview](#)

Logon

* Indicates Required Field

1. Lisez et
cliquez
pour
autoriser

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. Saisissez
le numéro de
sécurité sociale
dans
les deux champs

Next

3. Cliquez
sur
Suivant

Commencez la demande d'allocations chômage



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

Unemployment Initial Claim Submit Process



1 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.

Getting Started with the Massachusetts Unemployment Benefits Online Application

[Do I meet the eligibility requirements?](#)

[When should I file for unemployment benefits?](#)

[What information will I need to apply for benefits?](#)

[What if I worked in another state?](#)

[How will my unemployment benefits be determined?](#)

[How are benefits paid?](#)

[Can I file if I was in the Military or worked for the Federal Government?](#)

[Web page viewing tips](#)

[System Security](#)

[Start the Unemployment Benefits Application](#)

Upon Completion of your application, you must select the "Submit your Unemployment Benefit Application" button to process the application.
Your application will NOT be processed if you exit before you submit your unemployment benefit application.

Note : Do not select the 'Back' button on your browser. Instead, use the [Previous](#) and [Next](#) buttons.

It would be beneficial to be connected to a printer in order to print important documents.

Cliquez pour
Commencer la
demande



Lisez la liste de vérification et cliquez sur Suivant

Unemployment Initial Claim Submit Process



1. Lisez la
liste de
vérification
des
informations

Information Checklist

Information you will need to supply in order to apply for unemployment benefits:

- Your Social Security Number
- If you are not a citizen of the United States, your alien registration number
- Your residential address
- Your mailing address
- Your telephone number
- Your birth date
- Your employment history (most recent 15 months) which includes:
 - The names of all your employers
 - Employer addresses
 - Employer phone numbers
 - Reasons for separation from your employers
 - Employment start and end dates
 - Recall dates
- The social security numbers and dates of birth for your dependents
- Your union name and local number (if you are a member of a union)
- If you were in the Military you will need information from your DD-214 Member 4 (not mandatory to apply)
- If you were a Federal Employee, you will need information from your SF8 (not mandatory to apply)
- Your e-mail address (optional)
- If you want to use direct deposit you will need your bank account number and bank routing number

Select [Print](#) if you would like to see this list in a printer-friendly window.

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2. Cliquez
sur
Suivant

Lisez la mention sur l'autorisation de confidentialité des données



Logon * Indicates Required Field

Unemployment Initial Claim Submit Process

```
graph LR; 1((1 Initial Questions)) --> 2((2 General Information)); 2 --> 3((3 Employment Information)); 3 --> 4((4 Review, Edit and Submit)); 4 --> 5((5 Claim Submitted)); 5 --> COMPLETE[COMPLETE];
```

1. Lisez l'autorisation de confidentialité des données

2. Si d'accord cliquez sur Oui

3. Cliquez sur Suivant

Data Privacy Authorization

The information you provide is required by the Department of Unemployment Assistance (DUA) to determine your eligibility for unemployment insurance benefits. This information is confidential and will not be disclosed except as allowed by law.

Your social security number is needed to file a claim, to identify you, to obtain wage information, to determine your eligibility for benefits and for reporting your receipt of unemployment compensation to the IRS and other government agencies for the administration of their programs. Your application cannot be processed without all personal and employment information requested herein. 26 U.S.C. 6109(a) requires DUA to obtain your social security number from you when you file your claim for benefits.

Employers are authorized by law to provide DUA with information needed to determine your eligibility for benefits. This information includes your dates of employment, wages paid and the reason for your employment separation. Information you provide about why you left specific employment may be disclosed to that employer so that DUA may determine your eligibility for benefits.

I certify that all information provided is accurate and that the answers to all questions are true and correct. I know that Massachusetts Law provides penalties and/or imprisonment for false statements to obtain benefits and that DUA actively pursues fraudulently collected benefits. I hereby acknowledge that DUA will verify my information to assure its accuracy. By selecting 'Yes', I acknowledge that, under penalty of perjury, all information provided is complete and accurate to the best of my ability.

I have read and agree with the above: ☒ Yes ☐ No*

Note: If you check 'No' you cannot continue through this application. Tell me more about [data privacy](#).

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Avez-vous travaillé à temps partiel la semaine dernière ?



[Print Preview](#)

Logon

* Indicates Required Field

Unemployment Initial Claim Submit Process



1. Cliquez sur Oui seulement Si vous avez travaillé moins que vos heures normales programmées

When will my claim begin?

Your claim begin date will be:

Sunday, March 12, 2017

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

☐ Yes ☐ No*

2. Cliquez sur Non Si vous avez travaillé pendant vos heures normales programmées

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3. Cliquez sur Suivant



Heures travaillées



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of Massachusetts

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Unemployment Initial Claim Submit Process



Work Hours

You may apply for unemployment benefits if:

- You were separated from employment.
- Your hours have been reduced and you will work less than your regular schedule of working hours.

1. During the week of Sunday, through Saturday, how many hours did you or will you work? *

If you were totally unemployed please enter zero.

2. How many hours do you normally work during the week? *

3. Cliquez
sur Suivant

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2. Saisissez ici le nombre
d'heures pendant lesquelles
vous avez travaillé au cours
d'une semaine de travail
régulier

1. Saisissez ici le nombre d'heures
travaillées dans la semaine pour
laquelle vous remplissez la
demande (le cas échéant)

Questions initiales



* Indicates Required Field

1. Lisez le message important

Unemployment Initial Claim Submit Process



2. Cliquez sur OUI si vous avez été affecté par COVID-19

1 Coronavirus Disease 2019 (COVID-19) Emergency Guidance

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

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

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

☐ Yes ☐ No*

Initial Questions

Tell us about your employment.

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

- ☐ I have not worked since last year (1/1/2019)
- ☐ Employed in **Massachusetts** (excluding military and federal civilian employment)
- ☐ Employed in **Non-Massachusetts** (excluding military and federal civilian employment)
- ☐ Employed by the **Military** in Active Duty
- ☐ Employed as a **Federal Civilian**

3. La plupart des demandeurs auront travaillé au Massachusetts et cliqueront ici

4. Cliquez sur OUI seulement si vous avez demandé des prestations dans un autre État. Sinon cliquez sur NON

2. Since 3/17/2019 have you applied for unemployment benefits from a state other than Massachusetts?

☐ Yes ☐ No*

3. Enter your residential address:

5. Saisissez l'adresse du domicile

Address Line 1: *

Address Line 2: *

City: *

State: *

ZIP Code: *

Country: *

6. Cliquez sur OUI si vous vivez au MA et êtes actuellement au MA

4. Are you presently in Massachusetts?:

☐ Yes ☐ No*



Validation de l'adresse



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of Massachusetts

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Logon

Unemployment Initial Claim Submit Process



1. Cliquez sur
le code
postal+4 avec
votre adresse

Address Validation - Residential

The address you entered is verified to ensure that the U.S. Post Office can deliver mail to that address. For faster mailing, we also add the zip+4code. Please select the most accurate mailing address below.

Possible Matches

- ☒ 19 Staniford St
Boston, MA 02114-2502

Provided Address

- ☐ 19 Staniford Street
Boston, MA 02114

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2. Cliquez
sur
Suivant



Saisissez les informations relatives au demandeur



Logon

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1. Cette page apparaîtra
seulement pour les
demandeurs
soumettant leur
première demande

2. Remplir tous
les champs
portant un
astérisque

Unemployment Initial Claim Submit Process



Claimant Authentication

1. Enter your Social Security Number(No Dashes):
2. Confirm your Social Security Number:
3. Birth Date:
4. Gender:
5. First Name (as it appears on your Social Security card):
6. Middle Initial:
7. Last Name (as it appears on your Social Security card):
8. Driver's License Number
9. Issued by State

	*
	*
	*
<input type="radio"/> Female <input type="radio"/> Male	*
	*
	*
	*
Select One	▼

3. Vous n'avez PAS
besoin de saisir votre
numéro de permis de
conduire ou l'État de
délivrance

4. Cliquez
Soumettre

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Submit

Créez un nouveau mot de passe et une question de sécurité



Wednesday, July 10, 2019
[Print Preview](#)

Friday, March 17, 2020
[Print Preview](#)

1. Cette page apparaîtra seulement pour les demandeurs soumettant leur première demande

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

* Indicates Required Field

Unemployment Initial Claim Submit Process



2. Tapez le mot de passe et la réponse à la question de sécurité

Set Password

Please choose a new password and other information by entering it in the fields below and clicking **Save**. For additional information on password security, please refer to the [password guidelines](#).

Directives concernant le mot de passe :

- Au moins 8 caractères,
- une lettre majuscule,
- une lettre minuscule et
- un caractère spécial

New Password:	<input type="password"/>	*
Confirm Password:	<input type="password"/>	*
Security Question:	<input type="text"/>	✓ *
Security Answer:	<input type="text"/>	*
Confirm Security Answer:	<input type="text"/>	*

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

3. Cliquez sur Sauvegarder

Save

Adresse postale



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* Indicates Required Field

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Unemployment Initial Claim Submit Process



Contact Information

First Name: **Charles**
Middle Initial:
Last Name: **Smith**
Suffix:

Residential Address

Address Line 1: **19 Staniford St**
Address Line 2:
City: **Boston**
State: **MA**
Zip: **021142502**
Country: **US**

Mailing Address

Check this box if Mailing Address is same as Residential Address: ☐

In care of (c/o):
Address Line 1:
Address Line 2:
City:
State: **MA - Massachusetts** ▼
ZIP Code:
Country: **US - United States Of Americ:** ▼

**Cliquez sur la case
si l'adresse postale
est la même que
l'adresse du
domicile
(sinon, remplissez
les champs de
l'adresse)**



Adresse, numéros de téléphone, méthode de correspondance et langue

Mailing Address

Check this box if Mailing Address is same as Residential Address:

☐

In care of (c/o):

Address Line 1:

Address Line 2:

City:

State:

MA - Massachusetts

ZIP Code:

Country:

US - United States Of America

Telephone Number

Home:

Cell:

Other:

International:

Enter email address:

Re-enter email address:

Correspondence Preference

Choosing electronic correspondence will ensure that benefits are processed and paid faster.

How would you like to receive your correspondence?

☐ Electronic ☐ US Mail*

Note: If you select electronic correspondence you must provide an email address.

Primary Language

DUA will make best efforts to provide you with services in your primary language.

Is English your primary language?

☐ Yes ☐ No*

1. Tapez le numéro de téléphone du domicile et téléphone portable (si vous n'avez qu'un téléphone portable, vous pouvez l'indiquer dans les deux champs)

2. Tapez l'adresse email dans les deux champs (veuillez vérifier fréquemment vos emails en cas d'informations importantes)

3. Sélectionnez Électronique pour un traitement plus rapide

4. L'anglais est-il votre langue principale ? Cliquez sur Oui ou Non



Données personnelles



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of Massachusetts

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Change P

2. Si vous n'êtes pas citoyen des É.-U., vous devrez fournir d'autres informations

Unemployment Initial Claim Submit Process



1. Cliquez pour répondre Questions de données personnelles

Personal Information

1. Are you a <u>Military Veteran</u> ?	<input type="radio"/> Yes <input type="radio"/> No*
2. Race :	Select one *
3. Are you of Hispanic heritage? :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer*
4. Select your <u>highest level of education</u> completed:	Select one *
5. Do you have a <u>Disability</u> ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer*
6. Are you a U.S. citizen?	<input type="radio"/> Yes <input type="radio"/> No*
7. Are you required by a court order or other government agency to pay child support?	
A. In Massachusetts?	<input type="radio"/> Yes <input type="radio"/> No*
B. In a state other than Massachusetts?	<input type="radio"/> Yes <input type="radio"/> No*
8. If you have qualified dependent children, you may be eligible to collect additional benefits. Click here to review the definition of qualified dependents. Do you wish to apply for dependency allowances?	<input type="radio"/> Yes <input type="radio"/> No*

3. Si vous ajoutez des enfants à charge, vous devrez fournir d'autres informations

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4. Cliquez sur Suivant

Données concernant l'emploi



Friday, March 17, 2017

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Unemployment Initial Claim Submit Process



Work Information

1. Are you a union member who is currently seeking work exclusively through a union hiring hall or business agent?

☐ Yes ☐ No*

2. Have you been notified by an employer of a definite return to work date?

☐ Yes ☐ No*

If Yes, enter your return to work date, and select means of notification:

(mm/dd/yyyy)

☐ In Writing ☐ Not in Writing

3. Are you customarily laid off and do you later return to work with the same or different employer in your industry and/or your occupation?

☐ Yes ☐ No*

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1. Nous comprenons que dans la plupart des cas, les demandeurs n'auront pas de date définie de retour à l'emploi

2. Cliquez sur Suivant

Titre de l'emploi



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Unemployment Initial Claim Submit Process



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:

2. Cliquez
sur
Recherche.

Search

Reset

1. Saisissez
le titre de
l'emploi

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

Sélectionnez Description de l'emploi



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Unemployment Initial Claim Submit Process



1. Sélectionnez et cliquez sur Description de l'emploi

General 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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2. Cliquez Suivant

Nombre d'années travaillées



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Unemployment Initial Claim Submit Process



Additional Occupation Information

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

[Search](#)

To search for job title select search

How many years have you done this type of work?:

Note: If you have worked for less than one year, enter 1.

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1. Tapez le nombre d'années travaillées

2. Cliquez sur Suivant

Options de retenue fiscale

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Unemployment Initial Claim Submit Process



1. Sélectionnez et cliquez Options de retenue fiscale

Tax Withholding Options

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

- ☐ Withhold Federal income tax at the rate of 10%; or
- ☐ Withhold State income tax at the rate of 5.1 ; or
- ☐ Withhold Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1 , for a combined rate of 15.1
- ☐ I choose not to have any income tax withheld from my benefits

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

2. Cliquez Soumettre

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Unemployment Initial Claim Submit Process



Payment Options

All unemployment Insurance payments are electronic

with the exception of your first payment which will be made by paper check. When an unemployment benefit payment is made, the payment is made by either a:

1. Le dépôt
direct
permettra un
traitement
plus rapide

- Deposit made to an unemployment debit card; or
- Direct deposit to a personal checking or savings account. Deposits can only be made to banks in the U.S

Your payments will be made to an unemployment debit card unless you select direct deposit and complete the information below or if there is a problem with your direct deposit information.

- ☒ I would like my benefits paid via a **unemployment debit card**
- ☐ I would like my benefits paid by **direct deposit** to a personal bank account

2. Cliquez
Soumettre

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[Submit](#)

Mise à jour de l'emploi



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Unemployment Initial Claim Submit Process



Additional and Complete Employment

A complete list of employment from 1/1/2016 to 3/17/2017 is needed to determine your eligibility and benefit amount.

- If an employer is listed with a status of "Incomplete," select the "Update" button to review and complete the missing information.
- If the list of employers has a status of "Complete" and reflects all the employment that you have had in the past year, select "Next."
- If the list does not include all the employment that you have had in the past year, select the type of employment and the "Add" button below.
- If you worked for the same employer in multiple states, please list your employment in each state as a separate employer.

1. Dans la plupart des cas, le champ de l'employeur s'affichera automatiquement et devra être mis à jour

Employer Business Name	Employer Legal Name	Status	
Massachusetts Employment			
	{UnKnown}	INCOMPLETE	* Update Delete

2. Cliquez sur Mise à jour

Provide Additional Employers

A complete list of employment from 1/1/2016 to 3/17/2017 is needed to determine your eligibility. Click below to add additional Employment.

Employment Type: [Add](#)

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[Next](#)

3. Si votre employeur ne s'affiche pas automatiquement, utilisez le menu déroulant pour l'ajouter

Tapez le Nom de l'employeur, puis Recherche



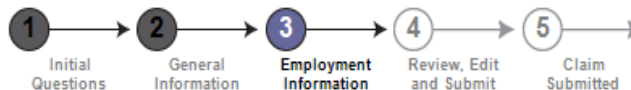
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1. Afin que votre paiement soit traité plus rapidement, veuillez saisir le nom de l'employeur tel qu'il apparaît exactement sur votre fiche de paie ou formulaire W-2.

Massachusetts Employer Search

You previously said you worked for a Massachusetts employer. Is this correct? ☐ Yes ☐ No*

- If **Yes**, complete the following information:
- If **No**, select the **Next** button. This will remove this Massachusetts employment from your employment list.

You indicated you had Massachusetts employment since 1/1/2016

- To search for your Massachusetts employer enter at least 2 characters of your employer's name in the **Employer Name** field.
- To perform a 'Contains' search you must enter at least 5 characters and select the 'Contains' checkbox.
- Select the **Search** button to begin your employer search.

2. Tapez le nom de l'employeur tel qu'il apparaît sur votre fiche de paie ou formulaire W-2

[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"/>	

3. Cliquez sur Recherche.

Search

Reset

Previous

Next



Choisissez et sélectionnez votre employeur



Massachusetts Employer Search

You previously said you worked for a Massachusetts employer. Is this correct? ☒ Yes ☐ No*

- If **Yes**, complete the following information:
- If **No**, select the **Next** button. This will remove this Massachusetts employment from your employment list.

You indicated you had Massachusetts employment since 1/1/2016

- To search for your Massachusetts employer enter at least 2 characters of your employer's name in the **Employer Name** field. To perform a 'Contains' search you must enter at least 5 characters and select the 'Contains' checkbox.
- Select the **Search** button to begin your employer search.

[View Search Tips](#)

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

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

Search Results

Select	Employer Doing Business As (DBA) Name	Legal Name	Employer Address
<input checked="" type="radio"/>	FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	68 Industrial Blvd Ste 6, Hanson, MA, 02341-1547

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

1. Sélectionnez et cliquez sur votre employeur

2. Cliquez sur Suivant

Répondez aux questions relatives à l'employeur



You selected you worked for:

Massachusetts Employer Legal Name: **FIRST STUDENT MANAGEMENT LLC**

Massachusetts Employer Doing Business As (DBA) Name: **FIRST STUDENT MANAGEMENT LLC**

Employer Legal Address:

600 Vine St

Suite 1400

Cincinnati

Ohio

45202-2400

Employer Physical Location Address:

68 Industrial Blvd Ste 6

Hanson

Massachusetts

02341-1547

Most Recent Work Address

Enter the physical location where you performed work for this employer, if different than the address listed above.

Address Line 1:

Address Line 2:

City:

State: **Massachusetts**

ZIP Code:

Phone:

ext:

*Did you work full time for this employer?

☐ Yes ☐ No

Enter your total period of employment with this employer:

Employment Start Date:

(mm/dd/yyyy)

Employment End Date:

(mm/dd/yyyy)

* Have you been separated from this employer more than once since 1/1/2016?

☐ Yes ☐ No

*Are you considered working on-call for this employer?

☐ Yes ☐ No

*Are you a member of a corporation or a shareholder of this company?

☐ Yes ☐ No

*Are you a sole proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole proprietorship and/or partnership at this company?

☐ Yes ☐ No

*Are you a school Employee?

☐ Yes ☐ No

*1. Are you paid by the city or town?

☐ Yes ☐ No

*2. Are you paid by a private employer?

☐ Yes ☐ No

Dans la plupart des cas, la réponse à ces questions sera **NON**

Sélectionnez et cliquez sur Description de l'emploi



Commonwealth
of Massachusetts



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Unemployment Initial Claim Submit Process



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" (53-3011) and "Bus Drivers" (53-3020).

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2. Cliquez sur Suivant

1. Sélectionnez et cliquez sur Description de l'emploi

Choisissez et cliquez sur les raisons de la cessation de l'emploi



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.

1. Si le dépôt de votre demande résulte de l'urgence sur le COVID-19, la raison de la cessation de l'emploi est le LICENCIEMENT

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2. Cliquez Suivant



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Unemployment Initial Claim Submit Process



Additional and Complete Employment

A complete list of employment from 1/1/2016 to 3/31/2017 is needed to determine your eligibility and benefit amount.

- If an employer is listed with a status of "Incomplete," select the "Update" button to review and complete the missing information.
- If the list of employers has a status of "Complete" and reflects all the employment that you have had in the past year, select "Next."
- If the list does not include all the employment that you have had in the past year, select the type of employment and the "Add" button below.
- **If you worked for the same employer in multiple states, please list your employment in each state as a separate employer.**

Employer Business Name	Employer Legal Name	Status		
Massachusetts Employment				
FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	COMPLETE	* Update	Delete

Provide Additional Employers

A complete list of employment from 1/1/2016 to 3/31/2017 is needed to determine your eligibility. Use the "Add" button below to add additional Employment.

Employment Type: [Add](#)

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1. Quand tous les employés ont été ajoutés et l'étape est complète, cliquez sur Suivant

2. Cliquez sur Suivant

Questions sur l'éligibilité



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* Indicates Required Field

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Unemployment Initial Claim Submit Process



1. Répondez à toutes les questions comportant un astérisque

Eligibility Information

Since Friday, January 1, 2016, have you applied for or are you receiving any of the following:

1. Payments from a [Union Pension Fund](#) contributed to by one or more employers? (including lump sum and periodic payments) ☐ Yes ☐ No*

2. Payments from a pension fund, annuity fund, or retirement account contributed to by an employer? (Including 401K and lump sum or periodic payments.) ☐ Yes ☐ No*

Since Friday, January 1, 2016, have you received, applied for, or are you receiving any of the following:

3. [Workers' compensation](#) payments for the loss of wages? ☐ Yes ☐ No*

Since Friday, January 1, 2016, have you received, are you receiving, or do you expect to receive any of the following:

4. Vacation or Personal Time Off (PTO) pay because of or upon your severance of employment (includes temporary layoffs) ☐ Yes ☐ No*

5. Severance Pay or any other payments due to separation from employment?

- Severance or other pay may include any types of payment such as severance pay, pay in lieu of dismissal notice, continuation pay (not performing services but still being paid), a retention or "stay" bonus or any other payment based on years or length of service. ☐ Yes ☐ No*
- Does NOT include regular earnings for work performed.

Since Friday, January 1, 2016:

6. Were you paid to participate in or train for professional sporting events at any level as a coach, athlete, or referee? ☐ Yes ☐ No*

7. Are you currently enrolled in a Full Time School or a training program?

- Full Time School is described as a course or training program providing a minimum of at least 20 hours of supervised classroom training per week or 12 credits each semester or the equivalent. ☐ Yes ☐ No*

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2. Cliquez sur Suivant

Registre d'activités de recherche d'emploi



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Unemployment Initial Claim Submit Process



Important Information about Your Unemployment Benefits

Please read and certify:

- a. If you are unable to work due to the *Coronavirus – 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.
- b. If your current unemployment claim is not due to *Coronavirus – 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.
- c. If you move and change your address or your telephone number you must update your contact information in the UI Online system immediately.

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

1. Lisez et certifiez

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2. Cliquez Suivant

Examen, modification et soumission de la demande



Commonwealth
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* Indicates Required Field

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Unemployment Initial Claim Submit Process



1. Commencez de
revoir, modifiez et
soumettez la
demande

Application Not Yet Complete

Your **application is not yet submitted**. To complete your application you must do the following:

- Review your entries before submitting this claim by selecting the links below or scrolling down the screen.
- If you need to change your entries select the **Modify** button to go back to the appropriate section of the claim.
- Re-enter your social security number to verify your identity.
- Select Submit the Unemployment Benefits Claim, and wait for a confirmation page.

Review and Edit Contents

To review each section of your claim click on the section header links below or scroll down the screen:

- [Initial Questions](#)
- [General Information](#)
- [Employment Information](#)
- [Eligibility Questions](#)

The following is a summary of your entries during this Unemployment Benefit Application process:

Initial Questions

Benefit Claim Effective Date:	Sunday, March 26, 2017
What are your gross earnings for the week ending Saturday, March 25, 2017:	
How many hours do you typically work during a week:	40
How many hours did you work during the week of Sunday, March 26, 2017 through	

Révision des questions initiales



Review and Edit Contents

To review each section of your claim click on the section header links below or scroll down the screen:

- [Initial Questions](#)
- [General Information](#)
- [Employment Information](#)
- [Eligibility Questions](#)

1. Examinez les questions initiales et modifiez-les seulement si elles sont inexactes

The following is a summary of your entries during this Unemployment Benefit Application process:

Initial Questions

Benefit Claim Effective Date:	Sunday, March 26, 2017
What are your gross earnings for the week ending Saturday, March 25, 2017:	
How many hours do you typically work during a week:	40
How many hours did you work during the week of Sunday, March 26, 2017 through Saturday, April 1, 2017:	0
Are you unemployed as a direct result of a disaster:	No
Employed in Massachusetts (excluding military and federal civilian employment):	Yes
Employed in state other than Massachusetts (excluding military and federal civilian employment):	No
Employed by the Military in Active Duty:	No
Employed as a Civilian Federal Employee:	No
Since 3/27/2016 have you applied for unemployment benefits from a state other than Massachusetts:	No
Enter the ZIP code of your home address:	021142502

Modify

Révision des informations



General Information	
First Name:	Charles
MI:	
Last Name:	Smith
Residential Address	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	021142502
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:	021142502
Country:	United States Of America
Telephone Numbers	
Home:	6176543210
Cell:	6177654321
Other:	
International:	
Correspondence Preference	
How would you like to receive your correspondence:	Electronic
If Electronically, enter your email address:	csmith@detma.org
Re-enter email address:	csmith@detma.org
In order to properly staff our customer service center, indicate your preferred language, using this dropdown menu:	English
If your preferred language is not in the list above, select one from this dropdown menu:	

1. Examinez toutes les informations et modifiez-les seulement si elles sont inexactes

Révision des informations



**1. Examinez
toutes les
informations
et modifiez-
les seulement
si elles sont
inexactes**

Personal Information	
Are you a military veteran:	No
Ethnic Heritage:	Not Hispanic or Latino
Race:	White
Select your highest level of education completed:	Master's Degree
Do you have a disability:	No
Are you a U.S. citizen?	Yes
Are you required by a court or other enforcement agency to pay child support in Massachusetts:	No
In a state other than Massachusetts:	No
Do you have qualified dependents:	No
Work Information	
Are you a union member who is currently seeking work exclusively through a union hiring hall or business agent:	No
Is your employment seasonal:	No
Do you have a definite recall date:	No
If yes, what is your recall date:	-None-
Select your primary occupation:	Bus Drivers, School or Special
Years of Work:	10
Are you customarily laid off and do you later return to work with the same or different employer in your industry and/or your occupation?	No
Payment Options	
Tax withholding preference:	Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1%
I would like my benefits paid by:	Debit Card
Modify	

Révision des informations concernant l'emploi



Massachusetts Employment Information

1. Examinez toutes les informations concernant l'emploi et modifiez-les seulement si elles sont inexactes

MA Employer Legal Name:	FIRST STUDENT MANAGEMENT LLC
MA Employer Doing Business As (DBA) Name:	FIRST STUDENT MANAGEMENT LLC
Employer Legal Address:	600 Vine St Suite 1400 Cincinnati Ohio 45202-2400 8002076926 115 68 Industrial Blvd Ste 6 Hanson Massachusetts 023411547 7814474445
Employer Physical Address:	Massachusetts 023411547 7814474445
Physical location Where Work Was Performed:	
Employment Start Date:	Saturday, January 2, 2010
Employment End Date:	Friday, March 24, 2017
Have you had multiple periods of Employment with this Employer since Friday, January 1, 2016:	Yes
Are you considered working on call for this Employer:	No
Did you work full time for this Employer:	Yes
Are you a member of a corporation or a shareholder of this company:	No
Are you a sole-proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole-proprietorship and/or partnership at this company:	No
Are you a school employee:	No
1. Are you paid by the city or town:	
2. Are you paid by a private employer:	
Reason for separation from this Employer:	Layoff: Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.
Most Recent Employment Begin Date:	Monday, February 27, 2017
Most Recent Employment End Date:	Friday, March 24, 2017
Occupation with this employer:	Bus Drivers, School or Special

Révision des informations et vérification de l'identité



Eligibility Information

Have you applied for or are you receiving payments from a union pension fund contributed to by one or more employers:	No
Have you applied for or are you receiving payments from a pension fund, annuity fund, or retirement account contributed to by an employer:	No
Have you applied for or are you receiving workers' compensation payments for the loss of wages:	No
Have you applied for or are you receiving vacation or Personal Time Off (PTO) pay because of or upon your separation from employment:	No
Have you applied for or are you receiving severance or other payments due to separation from employment:	No
Have you paid to participate in, or train for professional sporting events at any level as coach, athlete, or referee:	No
Are you currently enrolled in school or a training program:	No

Modify

1. Réviser les informations concernant l'éligibilité et modifiez-les seulement si elles sont inexactes

2. Vérifiez l'identité et la véracité des informations en cliquant

Identity Verification

☐ * **I have answered all questions fully and truthfully.** I know there are penalties for giving wrong information. I know that to receive benefits I must meet the eligibility requirements.

By clicking Submit, I acknowledge that, under penalty of perjury, all information provided is as complete and accurate to the best of my ability.

Enter Your Social Security Number: *

3. Saisissez le numéro de sécurité sociale

Submit the Unemployment Benefit Application

4. Cliquez pour soumettre la demande d'allocations chômage

Upon completion of your application, you must select the "Submit your Unemployment Benefit Application" button to submit the application. **Your application will NOT be processed if you exit before you submit your unemployment benefit application.**

Votre demande a été envoyée pour traitement







Print this page for your records. [Print Page](#)

Your claim has been sent for processing.

Your next steps:

- ✓ **Request benefits each week Sunday through Saturday between 6:00am and 10:00pm (EST) by:**
 - Visiting www.mass.gov/dua and logging into your UI Online Account or,
 - Calling DUA Telecert at 617-626-6338
- ✓ **Check your UI Online account frequently.** Log in and go to My Home Page to see important messages, check the status of your claim, and update your information.

Your Responsibility:

-  Learn about TOP - the [Training Opportunities Program](#) that pays benefits when you attend full-time, approved training.
-  Read your [Claimant Guide](#). It explains how to manage your claim, get help with your job search, and handle problems or questions.
-  Go to a [One-Stop Career Center](#) to get help with your job search. There are Centers [in all major cities](#) and many branch offices across our state.
-  Sign up with [JobQuest](#). It's a website that connects job seekers with employers.

To sign up for Direct Deposit, log in to your account or call 617-626-6800, option 3 from the main menu.

Cliquez sur le bouton et allez sur Ma page d'accueil pour consulter les informations concernant le demandeur

[Go to My Home Page](#)

[Log Out of UI Online](#)

Ma page d'accueil



Friday, March 31, 2017

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My Home Page

My Inbox

View and Maintain Account Information

[Estimate Future Benefits](#)

[View And Request 1099G](#)

[View UI Records](#)

[Request TOP Application](#)

! 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: 10850152

! Your application for unemployment benefits has been received and your employer(s) are being contacted for wage and [separation](#) information. You will receive a [determination](#) in the mail or a notification by email when your application is processed. It is your responsibility to come back each week and request benefits.

If your claim is approved you will only be paid for weeks that you have requested and for which you are found eligible. Learn more about the [UI Claims Process](#) and review [important information about requesting weekly unemployment benefits](#).

! You may submit your next benefit request beginning Sunday 03/22/2020 through Saturday 03/28/2020.

Claim Information

Benefit Year: 3/15/2020 - 3/13/2021

[When do I request payment for Benefits?](#)

Last Requested Week: None

[View Weeks Claimed](#)

Payments Overview ⓘ

You have no recent payments

Recent Payments

There were no payments made in the last 90 days.

[View Payment History](#)

Payment Preferences

[Manage Payment and Tax Options](#)

Federal Tax Withholding: 0.00%

State Tax Withholding: 5.05%

Payment Method: Debit card

Messages from DUA

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