



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

Employer Self Service User Guide

Addendum

UI Online for Employers

Massachusetts UI Online System

Department of Unemployment Assistance (DUA)

Commonwealth of Massachusetts

Version 1.02
July 1, 2013

Document Revision History

Date	Version	Responsible	Reason for Revision
6/28/13	1.01	PS	Initial Version
7/1/13	1.02	PS	Revised information on deleting an Attorney/Representative or a Witness from an appeal.

Open Items

Date entered	Open Item	Responsible	Closed date

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Addendum: UI Online for Employers

On July 1, 2013, the Massachusetts Department of Unemployment Assistance (DUA) rolled out UI Online – an expanded version of the system previously known as QUEST. QUEST was the online system for web-based transactions with DUA for Employers and Third-Party Administrators (TPAs). With UI Online system, Benefits services and data are integrated into the old QUEST system. Going forward, Claimants can also use the self-service web application to interact with DUA.

What this means for Employers is that you will be able to view a lot more information about the benefit charges to your account. The UI Online system also introduces other enhancements to Employer accounts that make the Massachusetts unemployment system easier to use, and centralizes unemployment record keeping and correspondence. Changes include:

- A new URL: <http://www.mass.gov/dua> (but use your QUEST Password and ID)
- A new name: **UI Online**
- An Employer Inbox for your **action items** from DUA
- Online **Request for Wage Information** and **Lack of Work Notification** forms
- A Determination and Issue Summary
- The ability to file an appeal from UI Online
- Benefit charge information, including calendar year summary and detail pages
- A **Protest Benefit Charges** page within UI Online

See the sections that follow for more information about some of these enhancements.

EMPLOYER INBOX

The Employer Inbox places **items from DUA requiring your attention** in a central location, allowing you to view and act on important issues right from your UI Online account.

- The Inbox lists recent action items from DUA.
- Each item in the list has a unique **Document ID**; the name of the document is also provided.
- Opening a document launches a Questionnaire or Form. Fill in the form and submit it right from your UI Online account.
- Search the Inbox by multiple parameters including date, action, and Claimant.
- Once an item has been acted on, it no longer displays in the Inbox, but it is retrievable from Correspondence.

Commonwealth of Massachusetts
Thursday, June 27, 2013 [Print Preview](#)

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

Employer Home

[FAQ](#)
Employer Inbox
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Employer Information
Employer Account Number: 11111111 Employer Name: ER-101

Employer Home

[Employer Home](#)
[Employer Home](#)

[FAQ](#)
Review frequently asked questions (FAQ's) for the UI program or UI system.

Employer Inbox
View and maintain your inbox.

[Determination and Issue Summary](#)
View determinations associated with your account.

[Account Maintenance](#)
Maintain account information including changing legal name, mailing address, owners/officers, reporting units, or reporting status. View the most recent Tax Rate Notice, authorize TPAs or provide information regarding the purchase or sale of a business.

[Benefit Charge Activities](#)
View Benefit Charges by calendar year and quarterly summaries; claimant detail summaries; and individual

[Correspondence](#)
Search for Correspondence

IMPORTANT NOTE: The Employer Inbox has items currently requiring your attention. However, you can still retrieve all communications generated in UI Online by going to the Correspondence area. See "Correspondence," in the *Employer Self Service User Guide*.

Opening the Inbox

Open your Inbox by clicking the **Employer Inbox** link in the left navigation pane, or on the Home Page. A search grid displays.

Employer Inbox

Select the Search button to display your Action items. To narrow your search, select from the search criteria below and select the Search button.

Created on Date: From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Action Due Date: From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Unit Number:

Type: All

SSN: Search by last 4 digits

Claimant Last Name:

Claimant First Name:

Searching the Inbox

To display all items in the Inbox, click **Search** without entering any parameters.

To filter the search:

1. Enter one or more search criteria.
2. Click **Search**. Search Results display below the search grid.
3. To clear the search criteria and results, click **Reset**.

You can search by these parameters:

- Created on Date
- Action Due Date
- Unit Number
- Social Security Number (to perform a search only by the last 4 digits, put a check in the box)
- Claimant Last Name
- Claimant First Name

The search results display below the search grid, with the following information.

- Document ID (a link that opens the document; see "Displaying a Document")
- Type – Benefits (Claimant-related), or Revenue (related to payment of Unemployment tax).
- Name – the generic name of the document
- SSN – the Social Security Number of the claimant.
- Last Name and First Name of the claimant
- Date Created
- Action Due Date

Search Results							
DocumentId	Type	Name	SSN	Last Name	First Name	Date Created	Action Due Date
2304656	Benefits	Notification - Employer Questionnaire	***.**-5326	SmithrW	RoberthW	6/8/2013	6/18/2013

Displaying a Document

To display a document that is listed in your inbox, click the link in the **Document ID** column. The document displays.

- If the document requires action, the document displays within UI Online. Typically what appears is a Questionnaire. Answer the questions directly on the page. (See “Filling in a Questionnaire.”)
- If the document is a Notification only, clicking the Document ID launches a PDF file. Print or save the file.

NOTE: Adobe Acrobat Reader can display PDF files. If you need to install Adobe Acrobat Reader on your computer, click **Download Adobe .PDF Reader (Free)** at the lower right corner of the page.

The screenshot shows a form with two input fields: "Security Answer:" and "4-digit PIN Code:". Below the fields is a "Save" button. At the bottom of the page, there is a link "Download Adobe .PDF Reader (Free)" which is circled in red. A speech bubble points to the bottom right corner of the page with the text "Lower right corner of the page".

Filling in a Questionnaire

To fill in a Questionnaire:

1. Review all the Notices at the top of the page.
2. Answer all relevant questions on the page. (See the sample Questionnaire on the next page.)
3. Click **Save** if the Questionnaire is long, just in case the system times out before you have finished.
4. Click **Save & Continue** if you cannot complete the Questionnaire in one session. This returns you to the Inbox. You can return to the Questionnaire any time **before the due date**.
5. When you are finished, put a check in the certification box.
6. Click **Submit**.

If you have omitted any mandatory answers, the Questionnaire cannot be submitted, and UI Online lists each omission in the Notices section at the top of the page. Each notice references the item number of the Questionnaire that needs correction, so you can return and enter the information.

NOTE: If you click **Save & Continue**, the Questionnaire is saved until its due date. Once the due date passes, the Questionnaire will be purged.

IMPORTANT NOTE: If you submit a form or questionnaire electronically (by entering the information online and clicking Submit), the notice disappears from your Inbox. It will still be referenced in the Determination and Issue Summary. See “Determination and Issue Summary.”

Saving a Questionnaire

- To save a Questionnaire while you are working on it, click **Save**.
- To save a Questionnaire and return to the Inbox, click **Save & Continue**.

NOTE: Saving a Questionnaire does not submit it. Be sure to click Submit when the Questionnaire is complete.

Sample Lack of Work Notification

Employer Information	
Employer Account Number: 11111111	Employer Name: ER-101
The following issues were detected with your submission:	
Notices	
<input checked="" type="radio"/> You must complete the questionnaire below by the due date. Partially completed questionnaires will not be used to determine eligibility for benefits. (0)	
<input checked="" type="radio"/> Click the SAVE button often while completing the questionnaire to ensure the system does not "time out." If system does time out you will lose any data that has not been saved. (0)	
The following information is needed to determine the Claimant's eligibility for unemployment benefits. If a particular question does not apply, you may answer accordingly. There is room at the bottom to add additional relevant information. In order to protect your rights, you are required to complete and submit this questionnaire no later than 7/1/2013. If returned by mail, your response must be postmarked no later than 7/1/2013.	
Notification - Employer Questionnaire	
LACK OF WORK NOTIFICATION	
ER-101 19 STANFORD ST BOSTON, MA 02114-2502	Employer DUA Number: 11111111 Claimant Name: Roberthrz Z. Smithhrz Claimant SSN: ***-**-5329 Claim Number: 201301 Claimant ID: 10104730
The Claimant listed above has applied for Regular UI unemployment benefits on 6/20/2013 and you have been listed as a recent employer on this claim. The Claimant has indicated they had worked for you from 4/1/2012 to 6/7/2013 and listed lack of work as the reason for separation.	
<input type="checkbox"/> I confirm that the claimant separated due to a lack of work (permanent, temporary or seasonal layoff, reduction in force, position eliminated, temporary or permanent close of business.) commencing on 6/7/2013.	
<input type="checkbox"/> The claimant will return to work on <input type="text"/> (mm/dd/yyyy)	
Notice provided in writing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> The claimant did not work for me during the time period stated.	
If the claimant did not separate due to a lack of work provide the reason for separation below:	
<input type="checkbox"/> Quit: <input type="checkbox"/> Job Dissatisfaction <input type="checkbox"/> Domestic Circumstances <input type="checkbox"/> Temporary Agency Employment <input type="checkbox"/> Other	Related Issues: <input type="checkbox"/> Severance, Pay in Lieu of Notice, Termination, Continuation Pay, (All pay is contingent upon a signed release of claims). <input type="checkbox"/> Severance, Pay in Lieu of Notice, Termination, Continuation Pay, (No release of claims for either some or all of the pay). <input type="checkbox"/> Vacation/Sick Pay <input type="checkbox"/> Holiday Pay <input type="checkbox"/> Pension {Union or Employer Pension; 401(k)} <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Still Employed <input type="checkbox"/> Part-Time <input type="checkbox"/> On Call
<input type="checkbox"/> Discharged: <input type="checkbox"/> Did not meet performance standards - No Misconduct <input type="checkbox"/> Attendance <input type="checkbox"/> Violation of Employer Rule or Policy <input type="checkbox"/> Other	
<input type="checkbox"/> Conviction <input type="checkbox"/> Suspended <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Reasonable Assurance (educational institution only)	
IMPORTANT: To protect your rights to dispute this claim and/or resulting charges to your account you must complete and return this notice in full: online (via your "inbox") or postmarked by 7/1/2013.	
Employer Certification: I certify, under pains and penalties of perjury, that all information provided in this filing is complete and true to the best of my knowledge and belief.	
Employer Representative Name: <input type="text"/>	Employer Representative Signature: <input type="text"/>
Date: <input type="text"/> (mm/dd/yyyy)	Phone: <input type="text"/>
<input type="checkbox"/> I certify the above information is true and correct *	
<input type="button" value="Previous"/> <input type="button" value="Save"/> <input type="button" value="Save & Continue"/> <input type="button" value="Submit"/>	

Sample Request for Wage Information

Employer Information												
Employer Account Number: 11111111				Employer Name: ER-101								
The following issues were detected with your submission:												
Notices												
<input checked="" type="radio"/> You must complete the questionnaire below by the due date. Partially completed questionnaires will not be used to determine eligibility for benefits. (0)												
<input checked="" type="radio"/> Click the SAVE button often while completing the questionnaire to ensure the system does not "time out." If system does time out you will lose any data that has not been saved. (0)												
The following information is needed to determine the Claimant's eligibility for unemployment benefits. If a particular question does not apply, you may answer accordingly. There is room at the bottom to add additional relevant information. In order to protect your rights, you are required to complete and submit this questionnaire no later than 7/8/2013. If returned by mail, your response must be postmarked no later than 7/8/2013.												
Notification - Employer Questionnaire												
REQUEST FOR WAGE INFORMATION												
ER-101 19 STANIFORD ST BOSTON, MA 02114-2502						Employer DUA Number: 11111111 Claimant Name: Lana L. Lane Claimant SSN: ██████████ Claimant ID: █████ 5098						
The claimant listed above has applied for unemployment benefits and has indicated that between the dates of 4/1/2012 and 3/31/2013 you paid the claimant wages; however, we do not have all of the necessary quarterly wage detail information to determine monetary eligibility for this claimant. If no wages were paid, enter zeroes. The following quarters were not filed: 2/2012, 3/2012, 4/2012, 1/2013												
Base Period Employment for Lana L. Lane												
4/1/2012 - 6/30/2012				7/1/2012 - 9/30/2012			10/1/2012 - 12/31/2012			1/1/2013 - 3/31/2013		
UI Gross Wages:	\$		\$		\$		\$		\$		\$	
MA Wages Subject to Withholding:	\$		\$		\$		\$		\$		\$	
MA Income Tax Amount Withheld:	\$		\$		\$		\$		\$		\$	
Did employee perform services during the payroll period which includes the 12th of the month?												
	Month 1	Month 2	Month 3	Month 1	Month 2	Month 3	Month 1	Month 2	Month 3	Month 1	Month 2	Month 3
	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
IMPORTANT: To protect your rights to dispute this claim and/or resulting charges to your account you must complete and return this notice in full: online (via your "inbox") or postmarked by 7/8/2013.												
Employer Certification: I certify, under pains and penalties of perjury , that all information provided in this filing is complete and true to the best of my knowledge and belief.												
Employer Representative Name: <input type="text"/>				Phone: <input type="text"/>								
Return form to: DUA, P.O. Box 9511, Boston, MA 02114												
<input type="button" value="Previous"/> <input type="button" value="Save"/> <input type="button" value="Save & Continue"/> <input type="button" value="Submit"/>												

DETERMINATION AND ISSUE SUMMARY

The **Determination and Issue Summary** page provides a list of determinations (issue decisions) and pending issues.

Accessing the Determination and Issue Summary Page

Access the page as follows:

1. Log in to UI Online.
2. Click the **Determination and Issue Summary** link in the left pane. The **Search – Determinations and Issues** page displays.

Search - Determinations and Issues

- Enter additional search criteria to view pending issues, past determinations and decisions
- To add / update information for an appeal hearing, including witness and legal representation, search for Pending First Level Appeal items

Search

Type:	All	Status:	All
Social Security Number:	<input type="text"/>	Last Name:	<input type="text"/>
Issue Identification Number:	<input type="text"/>	Unit Number:	<input type="text"/>
Document Id:	<input type="text"/>		
Date Range:	From: <input type="text"/> (mm/dd/yyyy)	To: <input type="text"/> (mm/dd/yyyy)	

Searching for Determinations or Issues

Search as follows:

1. Access the **Determinations and Issue Summary** page.
2. Enter one or more of the following search criteria in the Search grid:
 - Type (Benefits or Revenue)
 - Social Security Number
 - Issue Identification Number
 - Document ID
 - Status
 - Last Name
 - Unit Number
 - Date Range
3. Click **Search**. The search results display below the search grid.
4. Click the **Select** link of a specific Issue or Determination in the search results to view the details.

Search								
Type:	All			Status:	All			
Social Security Number:				Last Name:				
Issue Identification Number:				Unit Number:				
Document Id:								
Date Range:	From:		(mm/dd/yyyy)	To:		(mm/dd/yyyy)		
<input type="button" value="Search"/> <input type="button" value="Reset"/>								
Search Results								
	<u>SSN</u>	<u>Last Name</u>	<u>First Name</u>	<u>Unit</u>	<u>Type</u>	<u>Issue/Determination</u>	<u>Status</u>	<u>Date</u>
Select	***-**-4137	Testing	UATProd	0	Benefits	Discharged - Inability to Meet Performance Standards - No Misconduct	Processed Determinations	6/19/2013
Select	***-**-9601	Employ	Conf	0	Benefits	Discharged - Inability to Meet Performance Standards - No Misconduct	Processed Determinations	6/19/2013
Select	***-**-9936	Employ	Conf	0	Benefits	Discharged - Inability to Meet Performance Standards - No Misconduct	Processed Determinations	6/14/2013
Select	***-**-8861	Smith	John	0	Benefits	Discharged - Inability to Meet Performance Standards - No Misconduct	Processed Determinations	6/7/2013

Viewing Details about an Issue or Determination

You can view the details about a specific Issue or Determination as follows:

1. Access the **Determination and Issue Summary** page.
2. Search for the Issue or Determination.
3. Click **Select** in the row of the specific Issue or Determination you want to view.

Depending on the link you click, you may display one of the following

- Revenue Determination
- Employer Eligibility Determination
- Benefits Determination

An Employer Eligibility Determination

Employer Eligibility Determination	
To view detailed determination, select view determination	
Employee Name:	QFSVCTYPXW, WAMLCOZWAJ
Issue Identification Number:	0021 1500 36-01
Issue Type:	Workshare
Effective Begin Date:	6/2/2013
Effective End Date:	6/8/2013
Correspondence Issued Date:	6/24/2013
Determination:	Ineligible
Appeal Disposition:	
Determination	
In order to file an appeal, you must view your determination	
View the Determination:	View Determination
Appeal by Date:	7/5/2013
<input type="button" value="Previous"/>	

A Revenue Determination


Revenue Determination	
To view detailed determination, select view determination	
Employer Name:	ER-101
Type:	
Description:	Benefit Charge Statement
Correspondence Issued Date:	6/6/2013
Appeal Disposition:	
Determination	
In order to file an appeal, you must view your determination	
View the Determination:	View Determination
Appeal by Date:	6/17/2013
<input type="button" value="Previous"/> <input type="button" value="File Appeal"/>	

Viewing a Determination

If a determination can be viewed, the **View Determination** link appears.

To view a determination, click the **View Determination** link.

Sample Determination:

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

ER-101
19 STANIFORD ST
BOSTON, MA 02114-25

0000000

Document ID

EAN: 11111111
June 19, 2013

Claimant Name:	Roberthrw W. Smithhrw
Issue Identification Number:	0021 1495 42-01
Appeal Due Date:	7/1/2013

Notice of Approval

Reasoning and Findings

You discharged the claimant due to inability to meet with your satisfaction with respect to the quality and/or quantity of work produced. Such failure was not due to any deliberate lack of effort by the claimant. Therefore, the claimant's discharge was not attributable to deliberate misconduct in willful disregard of the employing unit's interest.

Applicable Section of Law

Massachusetts General Law Chapter 151A, §25(e)(2)

Effect of this Determination

The claimant is eligible to receive benefits beginning 4/28/2013 as long as all other eligibility requirements are met.

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www.mass.gov/dua

FILING AN APPEAL

UI Online allows Employers to file an appeal of a determination. If the determination may be appealed, the File Appeal button displays at the bottom of the page.

To file an appeal:

1. Access the **Determination and Issue Summary** page.
2. Search for the determination.
3. Click **Select** in the row for the determination. The **Determination** page displays.

Employer Eligibility Determination	
To view detailed determination, select view determination	
Employee Name:	SmithhrS, RoberthrS
Issue Identification Number:	0021 1493 02-01
Issue Type:	Discharged
Effective Begin Date:	12/30/2012
Effective End Date:	
Correspondence Issued Date:	6/18/2013
Determination:	Eligible
Appeal Disposition:	

Determination	
In order to file an appeal, you must view your determination	
View the Determination:	View Determination
Appeal by Date:	6/28/2013

4. Click **View Determination**. A PDF document displays. Print and/or save the document.
5. Close the document.

NOTE: An appeal cannot be filed until and unless you have viewed the determination.

6. Click **File Appeal**. The **File Appeal** page displays.

Employer Information	
Employer Account Number:	11111111
Employer Name:	ER-101

File Appeal
To file an appeal on this determination, please complete the following screens. If you wish to appeal another determination, you will need to file a separate appeal for that determination.
A hearing will be scheduled to resolve your appeal. Your hearing may be held by telephone or in person at a location closest to you. Your employer may participate in your hearing. You have the right to be represented by an attorney or advocate and you may bring witnesses to help you present your case. If you plan to seek representation, you should do so now. If you indicate that you need an interpreter, we will provide one for you.
The hearing is conducted by a Review Examiner. The Review Examiner's duty is to make sure that all important facts are presented so that a fair decision can be made. All parties testify under oath. We urge you to read "Important Information Regarding Appeals" as soon as possible and to prepare for your hearing. You must appear for your hearing. If your hearing is conducted by telephone then you must participate. If you fail to participate or if you do not appear for your hearing your appeal will be dismissed and this determination will remain in effect.
About fourteen days after your hearing, you will receive a written decision. If the decision is in your favor, and you are otherwise eligible, you will be paid for all the weeks you have properly claimed. If the decision is not in your favor, the determination remains in effect and you will not be paid.

- Click **Next**. The **Contact Information / Reason for Appeal / Hearing Details** page displays.

Contact Information	
Please enter your contact information below:	
Name of individual filing appeal:	<input type="text"/> *
Job title of individual filing appeal:	<input type="text"/> *
Name of contact person for hearing:	<input type="text"/> *
Job Title of contact person for hearing:	<input type="text"/> *
Telephone number of contact person:	<input type="text"/> *
Reason for Appeal	
Please describe the reason for this appeal (optional): <input type="text"/>	
Hearing Details	
Claimant Name:	SmithhrQZ, RoberthrQZ
Are you represented by an attorney or other representative in this appeal?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown at this time
Will you present witnesses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown at this time
Will you need an interpreter?	<input type="radio"/> Yes <input type="radio"/> No
If you need an interpreter, select the language needed:	<input type="text"/>
What is your hearing preference?	<input type="text"/>
If your preference is telephone, enter your hearing contact number:	<input type="text"/>
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

- Answer the questions on the page.
- If you answered **Yes** to the question, Are you represented by an Attorney or other Representative in this appeal, the **Additional Representation** page appears.
 - If you are only adding **one** Attorney/Representative:
 - Enter the Attorney/Representative's Name, Firm, address, and phone.
 - Click **Next**.
 - Select an Address in the **Address Validation** page and click **Next** to continue with the Appeal.

Additional Representation	
You indicated that you will be represented by an attorney or other representative at the hearing. Please provide the contact information for your attorney or other representative below.	
Attorney/Representative's First Name:	<input type="text"/>
Attorney/Representative's Last Name:	<input type="text"/>
Firm Name:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	MA - Massachusetts <input type="text"/>
Zip Code:	<input type="text"/>
Phone:	<input type="text"/> ext. <input type="text"/>
<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Add New"/> <input type="button" value="Delete"/>	

- If you are adding **several** Attorney/Representatives:
 - Enter the Attorney/Representative's Name, Firm, address, and phone.
 - Click **Add New**.
 - Select an Address in the **Address Validation** page and click **Next**. This returns you to the Additional Representation page.

- Repeat this process for each Attorney/Representatives except the last.
 - After entering information about the last Attorney/Representative, click **Next**.
 - Select an Address in the Address Validation page and click **Next**, and continue with the Appeal.
- To clear the information about an Attorney/Representative, click **Delete**. (To delete an Attorney/Representative after you have left submitted the appeal, see the section, "Modifying Appeal Information.")
10. If you answered **Yes** to the question, Will you present Witnesses? the **Witness List** page appears.
- If you are only adding **one** Witness, enter the Witness's name and click **Next** to continue with the appeal.
 - If you are adding **several** Witnesses:
 - Enter the Witness's name.
 - Click **Add New**.
 - Repeat this process for each Witness except the last.
 - After entering information about the last Witness, click **Next**, and continue with the Appeal.

Witness List

You indicated that you will present witnesses to help prove your case. Witnesses should have direct knowledge of the issue(s) to be heard. You are responsible for notifying the witnesses of the date and time of the hearing.

Witness First Name:

Witness Last Name:

- To clear the information about a Witness, click **Delete**. (To delete a Witness after you have left submitted the appeal, see the section, "Modifying Appeal Information.")
11. Review the information in the **Appeal Confirmation** page. If you need to make changes, click the **Modify** button just under the section you want to edit. (See the following page.)

What You Need to Know About the Appeal Process'. At the bottom of the page, there is a 'Submit' button."/>

Appeal Information

Notice of Appeal

Your appeal has been received. You will be informed of the date, time, and place of your hearing. To prepare for your hearing, please review [What You Need to Know About the Appeal Process](#)

12. Click **Submit**.

This completes the process of filing an appeal.

Viewing Appeal Case Documents

1. Log in to UI Online.
2. Access the **Determination and Issue Summary** page.
3. Search for the determination.
4. Click **Select** in the row for the determination. The **Determination** page displays.
5. At the bottom of the page, select **View Appeal Case Documents** and click **Next**.

Hearings Appeal Information
An appeal has been filed on this determination.
If you wish to mail or deliver additional materials to be considered with your appeal, please do so as soon as possible. Select 'Generate' below to print a cover sheet, which must be included with any such material.
The following action(s) can be taken on this appeal:
<input type="radio"/> View Appeal Case Documents* <input type="radio"/> Withdraw Appeal <input type="radio"/> Modify Appeal Information
<input type="button" value="Previous"/> <input type="button" value="Generate"/> <input type="button" value="Next"/>

6. Display a PDF version of each case document by clicking its Title link.

Appeal Case Folder				
<u>Document Number</u>	<u>Title</u>	<u>Source</u>	<u>Date Received</u>	<u>Date Mailed</u>
S1	Fact Finding	System	6/17/2013	6/17/2013
S2	Fact Finding	System	6/17/2013	6/17/2013
S3	Non-Monetary Determination	System	6/17/2013	6/17/2013
S4	Non-Monetary Determination	System	6/17/2013	6/17/2013
S5	Appeal Confirmation	System	6/17/2013	6/17/2013
S6	Initial Application Document	System	6/17/2013	6/17/2013
S7	Notice Of Appeal	System	6/17/2013	6/17/2013
S9	Notice of Appeal Acknowledgement	System	6/17/2013	6/17/2013
S10	Notice Of Appeal	System	6/17/2013	6/17/2013

Withdrawing an Appeal

To withdraw an appeal:

1. Log in to UI Online.
2. Access the **Determination and Issue Summary** page.
3. Search for the determination.
4. Click **Select** in the row for the determination. The **Determination** page displays.
5. At the bottom of the page, select **Withdraw Appeal** and click **Next**.
6. On the Withdraw Appeal page, put a check by the box and click **Withdraw**.

Withdraw Appeal
You may withdraw your appeal anytime before the Review Examiner's decision is mailed.
<input type="checkbox"/> I understand that by withdrawing my appeal, the determination I appealed will remain in effect
Previous Withdraw

7. On the Withdraw Appeal Confirmation page, click **Yes** or **No**.

Withdraw Appeal Confirmation
Are you sure you want to withdraw this appeal?
No Yes

8. The Notice of Withdrawal page appears. Click **Next**.

Notice Of Withdrawal
Determination Date:
Appeal File Date: 6/7/2013
The appealing party has asked to withdraw the appeal of this determination.
The request has been granted. The appeal is dismissed. Accordingly, the determination remains in effect.
Next

NOTE: Once an appeal has been withdrawn, information about it can still be viewed from the Monetary Determination page.

Hearings Appeal Information
If you wish to mail or deliver additional materials to be considered with your appeal, please do so as soon as possible. Select 'Generate' below to print a cover sheet, which must be included with any such material. A disposition has been issued on this appeal at the Hearing level.
The appeal has been processed.
The following action(s) can be taken on this appeal: ○ View Appeal Case Documents*
Previous Generate Next

Modifying Appeal Information

Modify appeal information to add or remove Representatives or Witnesses to the appeal. Employers can only add or remove an Employer Representative or an Employer Witness.

1. Log in to UI Online.
2. Access the **Determination and Issue Summary** page.
3. Search for the determination.

4. Click **Select** in the row for the determination. The **Determination** page displays.
5. At the bottom of the page, select **Modify Appeal Information** and click **Next**. The **Manage Appeal Participants** page displays.

Manage Appeal Participants			
	Name	Participant Type	Hearing Contact Number Status
<input type="radio"/>	Mix, Tom	Employer Representative	Active
<input type="radio"/>	Spelling, Lori	Employer Witness	Active
<input type="radio"/>	ER-101	Employer Appellant	Active

- To add a participant, click **Add Participant**. Select the participant type, enter the name, and click **Next**.
- To delete a participant, select the participant, and click **Delete Participant**.
- To modify a participant, select the participant, and click **Modify Participant**. Edit the information and click **Next**.

Generating a Cover Sheet

If you need to mail in additional pieces of information in support of your appeal, you can generate a cover sheet to include with the mailing. (Including a cover sheet with the mailing expedites handling.)

Generate a cover sheet as follows:

1. Log in to UI Online.
2. Access the **Determination and Issue Summary** page.
3. Search for the determination.
4. Click **Select** in the row for the determination. The **Determination** page displays.
5. Click the **Generate** button at the bottom of the page.

A document with the cover is placed in your **Inbox**.

BENEFIT CHARGE ACTIVITIES

The UI Online system provides a Benefit Charge Activities area for Employers. Use this area to search for Employees, view summary and detail information about your benefit charges, protest benefit charges using a form within UI Online, and more.

The Benefit Charge functions being introduced include:

- Benefit Charges Search
- Calendar Year Summary and Detail
- Rated Year Summary
- Monthly Benefit Charge Download
- Benefit Charge Protest

Accessing the Benefit Charge area

1. Log in to UI Online.
2. Click **Benefit Charge Activities**. The links for each function display in the left navigation pane and in the main pane.

Benefit Charges Search for Claimant Information

To search for Claimant information:

1. Click **Benefit Charge Activities**.
2. Click **Benefit Charges Search**. The Benefit Charge Search page displays.
3. Enter search criteria.
4. Click **Search**. (Click Reset to clear the search criteria and begin a new search.) Search results display below the search grid.

The screenshot shows a web form titled "Benefit Charge Search". It contains several input fields: "Social Security Number" (with a masked value ending in 5320), "Claimant Last Name", "Claimant First Name", and "Year" (a dropdown menu). There are radio buttons for "Calendar" (selected) and "Rated". Below the form are "Search" and "Reset" buttons. Below the buttons is a table with the following data:

SSN	Last Name	First Name	Claim Effective Date	Total Benefit Charges
[Masked] 5320	SmithhrQ	RoberthrQ	5/5/2013	\$674.00

5. Click a link in the **SSN** column to view more information about the Claimant, including:
 - Claimant Account Summary Information
 - SSN
 - Last Name
 - First Name
 - Claim Effective Date

- o DA (Dependency Allowance)
- o Maximum Potential Benefits Allowed
- o Total Charges

- Individual Claimant Detail Information
 - o Transaction Date
 - o Week Paid
 - o Unit
 - o Activity
 - o Benefit Charges
 - o DA
 - o Program
 - o Total Benefits Charged
 - o Charge Type
 - o Ownership Type
 - o Non Profit

Claimant Account Summary Information						
SSN	Last Name	First Name	Claim Effective Date	DA	Maximum Potential Benefits Allowed	Total Charges
██████-5320	SmithhrQ	RoberthrQ	5/5/2013	\$0.00	\$20,220.00	\$674.00

Individual Claimant Detail Information										
Transaction Date	Week Paid	Unit	Activity	Benefit Charges	DA	Program	Total Benefits Charged	Charge Type	Ownership Type	Non Profit
6/6/2013	5/18/2013	0	Payment	\$674.00	\$0.00	Regular UI	\$674.00	C*	Private	No

[Previous](#)

6. Click **Previous** to return to the Search page.

Calendar Year Summary and Detail

To view calendar year summary and detail information:

1. Access the **Benefit Charge Activities** page.
2. Click the **Calendar Year Summary and Detail** link to view current calendar year information through the most recent reporting period. Information includes:
 - Calendar Year
 - Time Period Begin and End dates
 - Contributory Charges
 - Benefit Charges

Benefit Charge Calendar Year Summary				
Amounts listed below reflect the total benefit charges and adjustments made during each reporting period.				
Calendar Year	Time Period		Contributory Charges	Benefit Charges
	Begin	End		
2013	1-1-2013	05-31-2013	\$2,022.00	\$2,022.00
Previous				

- Click the link in the **Calendar Year** column to view detailed information by month. The **Benefit Charge Monthly Summary** displays.

Benefit Charge Monthly Summary				
Annual breakdown of Benefit Charges.				
Total Benefit Charges: \$2,022.00				
Month/Year	Contributory Charges	Reimbursable Charges †	Dependency Allowance Charges	Benefit Charges
June 2013	\$2,022.00	\$0.00	\$0.00	\$2,022.00
Previous				

- View information for a specific month by Claimant by clicking a link in the **Month/Year** column. This displays the **Benefit Charge Claimant Summary** page.

Benefit Charge Claimant Summary							
The individual claimant details below lists Benefit Charges and Adjustments assigned to June of year 2013							
Select the SSN link to view all transactions, payments and adjustments, associated with this claimant.							
Total Monthly Charges \$2,022.00							
SSN	Last Name	First Name	Claim Effective Date	Week Paid End Date	Potential Benefit Charges	Remaining Potential Benefit Charges	Weekly Charge Amount
[REDACTED].5320	SmithhrQ	RoberthrQ	5/5/2013	5/18/2013	\$20,220.00	\$19,546.00	\$674.00
[REDACTED].5322	SmithhrS	RoberthrS	5/5/2013	5/25/2013	\$20,220.00	\$18,872.00	\$674.00
[REDACTED].5322	SmithhrS	RoberthrS	5/5/2013	5/18/2013	\$20,220.00	\$19,546.00	\$674.00
Previous							

- View information about a specific Claimant by clicking the link in the **SSN** column. This displays the same Claimant information that can be seen by performing a Claimant search and viewing details. See “Benefit Charges Search for Claimant Information” for the information that displays.

Rated Year Summary

To display the Benefit Charge Rated Year Summary page:

1. Access the **Benefit Charge Activities** page.
2. Click **Rated Year Summary**.
3. Click **Previous** to return to the Benefit Charge Activities page.

Benefit Charge Rated Year Summary				
Amounts listed below reflect the Benefit Charge data used to calculate your annual UI Contribution Rate. This includes the following data: Benefit Charge data for all locations and units.				
Benefit Charges are attributed to the Rated Year based on the date the payment was made.				
Rated Year	Rated Year Time Period		Contributory Charges	Benefit Charges
	Begin	End		
2013	10/1/2012	9/30/2013	\$2,022.00	\$2,022.00
<input type="button" value="Previous"/>				

Monthly Benefit Charge Download

To download a detailed monthly benefit charge statement do the following:

1. Access the **Benefit Charge Activities** page.
2. Click **Monthly Benefit Charge Download**.

Monthly Benefit Charge Download	
Month:	January ▾
Year:	2013 ▾
<input type="button" value="Search"/>	

3. Select a **Month** and **Year**.
4. Click **Search**.
5. Follow the prompts to download the file.

Viewing the Benefit Charge Statement

Benefit Charge Statement



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



Attr: ER-101
ER-101
19 Staniford St.
Boston, MA 02114

Document ID

EAN: 11111111
June 06, 2013

Statement Date

	Month End Date: 5/31/2013 Total Charges this Period: \$1,982.00 Total Credits this Period: \$0.00 Net Charges this Period: \$1,982.00
--	--

THIS STATEMENT IS NOT A BILL

This statement includes all payments and adjustments issued between 5/1/2013 and 5/31/2013.

SSN	Name	Claim Effective Date	Potential Charges	Benefit Rate	Charges to Date	Paid for Week End Date	Program Type	Amount Credited	Amount Charged
333333333	PJRBYXXUB, ZVTZFBOUND J.	9/9/2012	\$8,700.00	\$290.00	\$290.00	5/4/2013	Regular UI	\$0.00	\$290.00
444444444	PJRBYXXUB, ZVTZFBOUND J.	9/9/2012	\$8,700.00	\$290.00	\$405.00	5/11/2013	Regular UI	\$0.00	\$115.00
555555555	WMUJQVSM, BWQIDUREY L.	3/3/2013	\$9,478.47	\$319.00	\$319.00	4/20/2013	Regular UI	\$0.00	\$319.00
666666666	WMUJQVSM, BWQIDUREY L.	3/3/2013	\$91.53	\$319.00	\$638.00	4/27/2013	Regular UI	\$0.00	\$319.00
777777777	WMUJQVSM, BWQIDUREY L.	3/3/2013	\$91.53	\$319.00	\$939.00	5/4/2013	Regular UI	\$0.00	\$301.00
888888888	WMUJQVSM, BWQIDUREY L.	3/3/2013	\$91.53	\$319.00	\$1,258.00	5/11/2013	Regular UI	\$0.00	\$319.00
999999999	WMUJQVSM, BWQIDUREY L.	3/3/2013	\$91.53	\$319.00	\$1,577.00	5/18/2013	Regular UI	\$0.00	\$319.00
Totals:								\$0.00	\$1,982.00

Notice: All the information found in this document can be viewed online by logging onto www.mass.gov/uima and accessing your employer account. Select "Benefit Charges".

Benefit Charge Request for Review of Charges (included after Benefit Charge Statement)



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



3333333
Department of Unemployment Assistance
Employer Charge Unit - 5th Floor
19 Staniford Street
Charles F. Hurley Building
Boston, MA 02114

Different Document ID, to represent a separate document (if used)

EAN: 11111111
June 06, 2013

Request for Review of Charges

Employer Account Number: 11111111
Employer Name: ER-101

Please find the request for Review of Charges for the following:

Name : _____
 SSN : ____ - ____ - ____
 Reason for Protest : _____

Name : _____
 SSN : ____ - ____ - ____
 Reason for Protest : _____

Name : _____
 SSN : ____ - ____ - ____
 Reason for Protest : _____

Name : _____
 SSN : ____ - ____ - ____
 Reason for Protest : _____

Name : _____
 SSN : ____ - ____ - ____
 Reason for Protest : _____

Name : _____
 SSN : ____ - ____ - ____
 Reason for Protest : _____

IMPORTANT: A request for Review of Charges, must be submitted within 30 days from the mailing date on the form 1088 you received from DUA.

You may file a request for Review of Charges by logging into your Employer Account at www.mass.gov/dua(via Benefit Charge Activities > Benefit Charge Protest)

or

You may print this form and provide the name, SSN, and your reason for protesting charges. Mail the filled in form to Employer Charge Unit at the above address or FAX to (617) 626-5174.

Benefit Charge Protest

To protest a benefit charge complete the following steps:

1. Access the **Benefit Charge Activities** page.
2. Click **Benefit Charge Protest**. The Protest/Review Benefit Charge page displays.

Protest/Review Benefit Charge

[Document Id](#)

Statement Mail Date: (mm/dd/yyyy)

Claimant SSN: *

Claimant Last Name: *

Claimant's Last Day of Work: * (mm/dd/yyyy)

Is the protest/review of charge timely: Yes No *

Received on: * (mm/dd/yyyy)

Reason for Protest/Review

Select all reasons that apply: *

<input type="checkbox"/> Claimant Never Worked for Me	<input type="checkbox"/> Attending School (Full or Part Time)
<input type="checkbox"/> Discharge	<input type="checkbox"/> Claimant Is Working in Self-Employment
<input type="checkbox"/> Loss of Employment Due to a Conviction	<input type="checkbox"/> Currently Employed (Has Earnings for the Week(s) in Question)
<input type="checkbox"/> On a Leave of Absence	<input type="checkbox"/> New Employment Elsewhere
<input type="checkbox"/> Suspension	<input type="checkbox"/> Reasonable Assurance to Return to Work (School Employees Only)
<input type="checkbox"/> Voluntary Quit	<input type="checkbox"/> Receiving a Company or Union Pension
	<input type="checkbox"/> Received Other Pay (Severance Pay, Pay in Lieu of Notice)
	<input type="checkbox"/> Refusal of Suitable Work
	<input type="checkbox"/> Vacation Pay with a Recall Date
	<input type="checkbox"/> Other

Please provide reason if 'Other' selected:

NOTE: The **Document ID** is located on the Benefit Charge Statement just under the bar code.

3. Fill in information as requested.
4. Click **Submit**.
5. You may be asked to provide additional details about the reason for the protest in one or more pages. Proceed as directed on each page.

- After you have answered all questions, a confirmation page displays.

NOTE: To avoid delay, be sure to address any notices relating to the protest.

Employer Information	
Employer Account Number: 1111111	Employer Name: ER-101
The following issue was detected with your submission:	
<p>Notices</p> <p><input checked="" type="radio"/> There is outstanding fact finding associated with this claimant. Fact finding is available online by navigating to your Employer Inbox. (50000254)</p>	
<p>Protest Benefit Charge</p> <p>Your protest has been received. You will receive notice regarding this protest after the Agency has reviewed the information.</p>	

Viewing a Benefit Charge Protest

A PDF document of your protest will appear in your Correspondence on the day after the protest is filed. To view the protest:

- Log in to UI Online.
- Click **Correspondence**
- Enter search parameters and click **Search**. The Search Results display.

Employer Correspondence Search							
Created On Date:		From:	<input type="text"/>	(mm/dd/yyyy)	To:	<input type="text"/>	(mm/dd/yyyy)
Document ID:	<input type="text"/>						
Type:	All <input type="button" value="v"/>						
Unit Number:	<input type="text"/>						
SSN:	<input type="text"/>						
Claimant Last Name:	<input type="text"/>						
Claimant First Name:	<input type="text"/>						
<input type="button" value="Search"/>				<input type="button" value="Reset"/>			
Search Results							
Document ID	Type	Name	Unit	Claimant SSN	Claimant Last Name	Claimant First Name	Created Date
9691337	Benefits	Benefit Charge Protest	0				6/21/2013
9691476	Benefits	Benefit Charge Statement	0				6/5/2013
9913614	Benefits	NonMonDetermination	0				6/21/2013

- Click the **Document ID** to view the PDF of the correspondence.