QUEST - Employer User Guide

EMPLOYER APPEALS

Introduction This section describes how to file an appeal against a Determination on an Employer account. The Document ID (from QUEST) of the Determination will be required to begin the process. Upon submission of your appeal, DUA staff will review your appeal. If your appeal is timely, staff may choose to forward the Appeal to the Hearings Department or perform account resolution without forwarding the Appeal to the Hearings Department.

- 1. Log in to QUEST and click **Account Maintenance**.
- 2. Click the Employer Appeals link.

| Commonwealth of Massachusetts | | Thursday, July 14, 2011 Print Preview |
|---|---|--|
| Change Password Logoff | | |
| Employer Home | Employer Information Employer Account Number | Name |
| Workflow - My Inbox | Account Maintenance | <u></u> |
| Account Maintenance View Employer Account Profile Address Information Employer Appeals Maintenance | View Employer Account Profile View summary profile and history information related to the Employer Account. | Address Information View or Update address types. Maintain phone numbers and e-mail addresses. |
| Maintain Employer Name Maintain Owners/Officas Maintain Employer Reporting Units Request Worker Status Determination | Employer Appeals Appeal a determination regarding your Employer Account. | Maintain Employer Name Provide information regarding a change to the legal name of the business entity or change the Doing Business As (DBA) name of the business entity. |
| Voluntary Contribution Third Party Administrator (TPA) Authorization | Maintain Owners/Officers View, Add, or Update Owner/Officer information for the Employer Account | Maintain Employer Reporting Units Create and update Employer reporting units |

3. The **Employer Appeals** page appears. Enter the **Document ID** from the Determination correspondence. Click **Next**.

| Employer Information | ঙChange Employer ৬Leave Employer | | | |
|---|----------------------------------|--|--|--|
| Employer Account Number: | Employer Name: | | | |
| Employer Appeals | | | | |
| If you disagree with a determination, you may file an appeal on this screen. Your appeal will be reviewed for timeliness and based on this Agency's policies, a hearing date will be scheduled as appropriate. For more important information regarding the appeal process, please read <u>What you need to know about the Appeal process</u> . | | | | |
| To file an appeal enter the Document Identification Number of the determination you are appealing and select "Next". | | | | |
| Document Identificat | tion Number: * | | | |
| | Home Next | | | |

4. The **Determination Information** page appears. Enter all requested information and click **Next**.

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| Employer Information | | | | | |
|---|-----------------|---|--|--|--|
| Employer Account Number: | Emplover Nar | ne: | | | |
| | . , | | | | |
| Determination Information | | | | | |
| Document Identifica | ation Number: | 44/42/0000 C-00-E0 BM | | | |
| Mailing Date of L | nination Type: | Acquisition Denied due to predecessor delinguency - Letter to the | | | |
| Doton | nnason type. | successor | | | |
| Contact Information | | | | | |
| Name of Individual Filing Appeal: | | * | | | |
| Name of Contact Person for Hearing: | | * | | | |
| Phone Number of Contact Person: | | ext: | | | |
| Address Information | | | | | |
| Any correspondence generated by the appeals process will, by default, be sent to the Legal Address on the Employer Account. If you would like this information to be mailed to a different address on file please select one or enter a temporary maling address | | | | | |
| Address Type | | Select | | | |
| Attention: | | | | | |
| Address Line 1: | | * | | | |
| Address Line 2: | | | | | |
| City: | | * | | | |
| State: | MA - Massachu | isetts 💌 | | | |
| Zip Code: | | | | | |
| Country: | US - United Sta | tes Of America 🔽 🎽 | | | |
| EMail: | | | | | |
| Hearing Details | | | | | |
| Please provide additional nformation: | | | | | |
| Reas | on for Appeal: | | | | |
| Will the employer be represented by a Third Party Administrator(TPA)or OYes ONo* Attorney who was not sent a copy of the initial determination? | | | | | |
| If yes, piease enter the name of the representative: | | | | | |
| ii the Employer will present witnesses other than the contact person, now many?: | | | | | |
| Will the Employer need an interpreter at this hearing? OVes ONo* | | | | | |
| If the Employer needs an interpreter, enter the language needed: | | | | | |
| Previous Next Cancel | | | | | |

- 5. The **Confirmation** page appears. Review the appeal details for confirmation. Confirm by clicking **Submit**.
- 6. The page reappears indicating that the filing is complete.

| Employer Information | | | | | |
|--|---------------------------------|---|--|--|--|
| Employer Account Number: | Employer Name: | | | | |
| | | | | | |
| Determination Information | | | | | |
| | Document Identification Number: | | | | |
| | Mailing Date of Determination: | 11/13/2009 | | | |
| | Determination Type: | Acquisition Denied due to predecessor delinguency - Letter to the | | | |
| | | successor | | | |
| Notice of Appeal | | | | | |
| Your appeal has been received. As appropriate, 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. | | | | | |
| Home | | | | | |