



Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

UI Online - 网上失业福利

再次重开要求失业



在失业网上申请一个重开的失业要求:

- 打开电脑
- 连接网络
- 在地址栏上, 输入 www.mass.gov/dua , 按 <enter>.

注意: 建议使用这些网站浏览器

Desktop Browser

[Microsoft®](#)

[Mozilla Firefox](#)

[Apple® Safari](#)

[Google® Chrome](#)

Windows® 7 and higher

Internet Explorer 9.x or higher

Versions 35 or higher

Not Supported

Versions 35 or higher

Mac® OS X 10.x


Microsoft Edge Not Supported

Versions 35 or higher

Versions 35 or higher

按“网上失业保险”

Department of Unemployment Assistance



再次重开要求失业，按网上失业保险

Unemployment Insurance (UI) Online →



Apply for unemployment benefits →



Request weekly unemployment benefits →



Reset your UI Online password as a claimant →



Contact the Department of Unemployment Assistance →

按登录到网上失业要求



Top tasks

Log in to UI Online for
Claimants →

Log in to UI Online for
Employers →

All other tasks

Reset your UI Online
password as a claimant →

按登录到网上失业要求

Request weekly
unemployment benefits →

Respond to requests for
information about your
unemployment claim →

Respond to requests for
information about your
employer account →

Log in to UI Online for
Third Party
Administrators (TPAs) →

阅读警告声明



Commonwealth
of Massachusetts

[Print Preview](#)

Logon

* Indicates Required Field

1. 阅读并按
授权

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. 在这里,输入
社会安全号码

Next

3. 按下一步

Type Your Password



January 19, 2011
[Print Preview](#)

gon

* Indicates Required Field

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

UI Online User

Password:

*

1. 输入
你的密码

2. 按 Login

Login

Forgot Password

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再次重开要求失业



My Home Page

My Inbox

View and Maintain Account Information
Reopen Claim
Estimate Future Benefits
View And Request 1099G
View UI Records
Request TOP Application

Welcome, **MEPGOOKFC, EGUCXDNUIJ E.** [Show Profile Details](#)

Need Help? ▾

i If you received more than one Form 1099G, for tax purposes please use the one marked: **☑Corrected**

[-] Benefits Overview ⓘ

Claimant ID: 502035

⚠ Your unemployment claim is not active. If you are unemployed now, you must reopen your claim to continue to request benefits. Click ["Reopen Claim"](#).

Claim Information

Benefit Year: **12/25/2016 - 12/23/2017**

[Reopen Claim](#)

Last Requested Week:

2/19/2017 - 2/25/2017

[View Weeks Claimed](#)

[-] Payments Overview ⓘ

Last payment: **\$370.00** on 03/21/2017

Recent Payments

[View Payment History](#)

Payment Date

03/21/2017

Amount

\$370.00

Method

Check

Payment Preferences

[Manage Payment and Tax Options](#)

Federal Tax Withholding: **10.00%**

State Tax Withholding: **5.10%**

Payment Method: **Direct deposit**

[-] Messages from DUA

i We mailed your IRS Form 1099-G to [your mailing address on file](#). To view or print your form, click on ["View And Request 1099G"](#).

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

1. 如果您的雇主减少了您的正常工作时间，或者您根本没有工作，请按再次重开要求链接

工作搜索活动记录



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Important Information about Your Unemployment Benefits

Please read and certify:

- a. You must make at least 3 attempts to look for work on 3 different days of each week that you are unemployed and you must keep a record of your **Work Search Activity Log** in case you are asked by DUA to send it to us for review and verification of those attempts.
- b. You must be able to work, available to work, and actively seeking work in order to be eligible for unemployment benefits. You must respond to all DUA requests for information in a timely manner or a decision will be made without your statement that may affect your right to collect unemployment benefits.
- c. If you move and change your address or your telephone number you must update your contact information in the UI Online system immediately.
- d. You must register with a Massachusetts One-Stop Career Center and attend a Career Center Seminar to receive your unemployment benefits. For a listing of career centers, please follow the web address: <http://www.mass.gov/careercenters/>.

Massachusetts Law provides penalties and/or imprisonment for false statements used to obtain unemployment benefits. DUA will actively pursue fraudulently collected benefits to the fullest extent of the law.

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

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1. 如果您的申请是由于
COVID-19的结果
没有工作搜索要求,
你被认为有能力,能够工作
而且您不必册在职业中心
注册

2. 阅读并
按授权

3. 按下一
步

再次查看联络信息

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* Indicates Required Field

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View and Maintain Contact Information

Residential Address

Address Line 1: **8 Robert Dr**

Address Line 2:

City: **Middleboro**State: **Massachusetts**ZIP Code: **02346-1854**Country: **United States Of America**

Mailing Address

In care of (c/o) :

Address Line 1: **8 Robert Dr**

Address Line 2:

City: **Middleboro**State: **Massachusetts**ZIP Code: **02346-1854**Country: **United States Of America**

Telephone Numbers

U.S. and Canada Only:

Home: **(508) 943-9849**Mobile: **(781) 217-0582**

Other:

International Phone:

按以授权联络信息是正确的

☐ I have reviewed the above information and certify it is current and correct. I understand any discrepancies may result in a stop or delay in correspondence from the agency, including, but not limited to payment.*



验证通信偏爱

Correspondence Preference	
How would you like to receive your correspondence?	US Mail
Email Address:	
Preferred Language	
Is English your primary language?	Yes

Note: Electronic correspondence is only available in English at this time.

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1. 验证通信偏爱
美国邮件或电子
邮件

2. 如果您想更改通信偏爱,
按 **Edit**.
如果保持不变,请按下一步

验证付款方式选项



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* Indicates Required Field

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View and Maintain Payment and Tax Withholding Information

Select the Edit button to update the information that was previously provided.

Payment Information

Updating your payment method may require a pre-note or authorization and account setup. Be aware that this could delay future payments. Payments may be sent via your prior payment method, or via check to your current mailing address. Verify your address information via [Maintain Contact Information](#).

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

Edit

☐ I have reviewed the above bank information and certify it is current and correct. I understand any discrepancies may result in incorrect or delayed payments.*

Tax Withholding Information

Tax withholding selection: **Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1%**

Edit

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

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2. 按下以证明 如果付款方式是正确.

1. 只按“Edit”如果您想更改付款方式

4. 按下以确认预扣税选择是否正确.

3. 只按“Edit”，如果你想改变扣税选择

5. 按下一步



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* Indicates Required Field

1. 从您申请的日期开始, 你有没有工作过?
按 “Yes” 或 “No”

Claimant Question

Please answer the following questions:

1. Have you worked since 2/19/2017? (This includes: Full-time, Part-time, Temporary Work, or Self Employment) ☐ Yes ☐ No*
- If Yes, was all employment in self-employment?: ☐ Yes ☐ No

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3. 按 下一步

2. 你是自雇人士吗?
按 “Yes” 或 “No”



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Additional and Complete Employment

A complete list of employment from 2/19/2017 to 4/7/2017 is needed to determine your eligibility and benefit amount.

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

No records found...

Provide Additional Employers

A complete list of employment from 2/19/2017 to 4/7/2017 is needed to determine your eligibility. Use the "Add" button below to add additional Employment.

Employment Type: Select one
Massachusetts Employment
Non-Massachusetts Employment
Federal Civilian Employment
Military Service

Add

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2. 按添加

1. 选择就业类型

输入雇主名称和搜索



Commonwealth
of Massachusetts

11/22/2017 1:13 PM
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Massachusetts Employer Search

You indicated you had Massachusetts employment since 2/19/2017

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

[View Search Tips](#)

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

2. 按
搜索

Search

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1. 你必须输入与
工资单或W-2上
显示的名称完全
相同的雇主名称。
任何不准确之处
可能会延迟索赔
处理

选择您的雇主



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Massachusetts Employer Search

You indicated you had Massachusetts employment since 2/19/2017

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

[View Search Tips](#)

Employer Name:

☐ [Contains](#)

Employer City:

Federal Employer Identification Number (FEIN):

[Search](#)

[Reset](#)

1. 选择并按下
您的雇主

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

Search Results

Select	Employer Doing Business As (DBA) Name	Legal Name	Employer Address
<input type="radio"/>	FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	600 Vine St, Suite 1400, Cincinnati, OH, 45202-2400

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

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2. 按下
一步

回答就业问题



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Massachusetts Detailed Employment Information

You selected you worked for:

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

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

Employer Legal Address:

600 Vine St

Suite 1400

Cincinnati

Ohio

45202-2400

Employer Physical Location Address:

68 Industrial Blvd Ste 6

Hanson

Massachusetts

02341-1547

Most Recent Work Address

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

Address Line 1:

Address Line 2:

City:

State: **Massachusetts**

ZIP Code:

Phone:

ext:

*Did you work full time for this employer?

☐ Yes ☐ No

Enter your total period of employment with this employer:

Employment Start Date:

(mm/dd/yyyy)

Employment End Date:

(mm/dd/yyyy)

* Have you been separated from this employer more than once since 2/19/2017?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

*Are you a school Employee?

☐ Yes ☐ No

在大多数情况,这些答案 将会是 "No"

选择不再工作的原因



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.
- ☐ **Control Employee:** You are on a semester/term break from school-related employment.
- ☐ **Strike:** You are not working due to a strike.
- ☐ **Lockout:** You are not working as a result of a lockout.
- ☐ **Conviction:** You were discharged by your employer or quit your job due to a conviction of a felony or misdemeanor.

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1. 如果您的索赔是COVID-19紧急情况的结果 离开工作的原因是裁员

2. 按下一步



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Occupational Information

- Enter your job title and select **Search** to locate the most accurate description of your occupation.
- Once you have located the most accurate description of your occupation, select the button associated with the Job Title, and select **Next**.
- For additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

1. 输入职位

Search

Reset

2. 按
搜索

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

选择并按职位描述



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Occupational Information

- Enter your job title and select **Search** to locate the most accurate description of your occupation.
- Once you have located the most accurate description of your occupation, select the button associated with the Job Title, and select **Next**.
- For additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

[Search](#)

[Reset](#)

Search Results

Select	Job Title	Description
<input type="radio"/>	Bus Drivers, School or Special Client	Transport students or special clients, such as the elderly or persons with disabilities. Ensure adherence to safety rules. May assist passengers in boarding or exiting.
<input type="radio"/>	Bus Drivers, Transit and Intercity	Drive bus or motor coach, including regular route operations, charters, and private carriage. May assist passengers with baggage. May collect fares or tickets.
<input type="radio"/>	Taxi Drivers and Chauffeurs	Drive automobiles, vans, or limousines to transport passengers. May occasionally carry cargo. Includes hearse drivers. Excludes "Ambulance Drivers and Attendants, Except Emergency Medical Technicians" (53-3011) and "Bus Drivers" (53-3020).

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

1. 选择并按职位描述

2. 按下一步

按下一步



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Additional and Complete Employment

A complete list of employment from 2/19/2017 to 4/7/2017 is needed to determine your eligibility and benefit amount.

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

Employer Business Name	Employer Legal Name	Status		
<i>Massachusetts Employment</i>				
FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	COMPLETE	* Update	Delete

Provide Additional Employers

A complete list of employment from 2/19/2017 to 4/7/2017 is needed to determine your eligibility. Use the "Add" button below to add additional Employment.

Employment Type:

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1.当所有雇主都加入后，然后按下一步

2.按下一步

你上周有兼职吗？



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Reopen Your Claim – Reopen Date

* Your claim will be reopened on Sunday, 4/2/2017.

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

☐ Yes ☐ No*

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按下一步

上周？
(少于您的正常时间)
按 “Yes” 或 “No”

再次重开确认- 提交



Commonwealth
of Massachusetts

Monday, April 17, 2017
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Confirm Employment Information

Employer Business Name	Employer Legal Name
<i>Massachusetts Employment</i>	
FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC

Reopen Confirmation

Reopen Effective Date: **4/2/2017**
Benefit Payment Request Date: **4/9/2017**

[Modify](#)

[Submit](#)

按提交

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您的请求已再次重开



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Reopen Claim Confirmation

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

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按注销
当完成并离开
UIOnline系统

Continued. [Show Profile Details](#)

Need Help? ▼

Information icon: You may submit your next benefit request beginning Sunday 04/09/2017 through Saturday 04/15/2017. X

Benefits Overview ? Claimant ID: 502035

! You may submit your next benefit request beginning Sunday 04/09/2017 through Saturday 04/15/2017. X

Claim Information

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

Weekly Benefit Amount: **\$435**
Dependency Allowance: **\$0**
Potential Remaining Balance: **\$12,615**
Potential Weeks Left: **29**

Benefit Year: **12/25/2016 - 12/23/2017**
Last Requested Week:
2/19/2017 - 2/25/2017

Payments Overview ? Last payment: \$370.00 on 03/21/2017

Recent Payments

[View Payment History](#)

Payment Date	Amount	Method
03/21/2017	\$370.00	Check

Payment Preferences

[Manage Payment and Tax Options](#)

Federal Tax Withholding: **10.00%**
State Tax Withholding: **5.10%**
Payment Method: **Direct deposit**

Messages from DUA

Information icon: We mailed your IRS Form 1099-G to [your mailing address on file](#). To view or print your form, click on "[View And Request 1099G](#)".

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