



## Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

### ***UI Online***

***Como fazer uma nova requisição por  
desemprego***

# Como fazer uma nova requisição por desemprego



Como fazer uma nova requisição por desemprego no UI Online:

- **Ligue o computador**
- **Acesse a internet**
- Na barra de endereços, digite, [www.mass.gov/dua](http://www.mass.gov/dua) <enter>

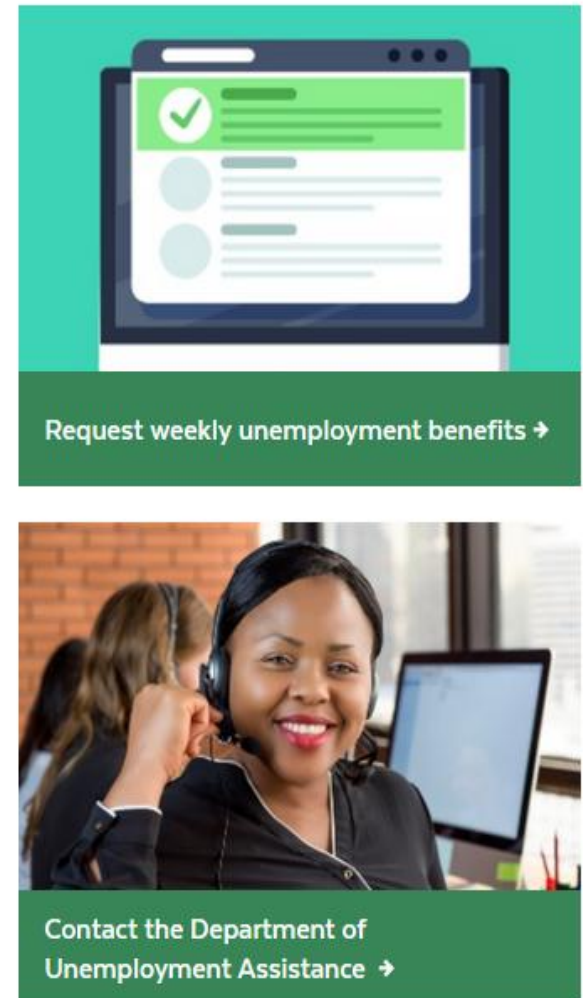
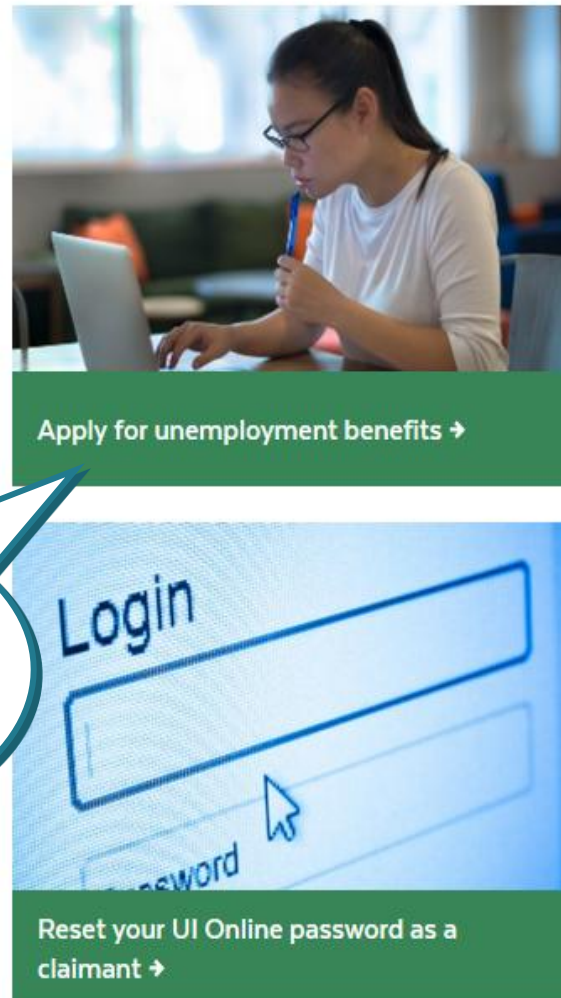
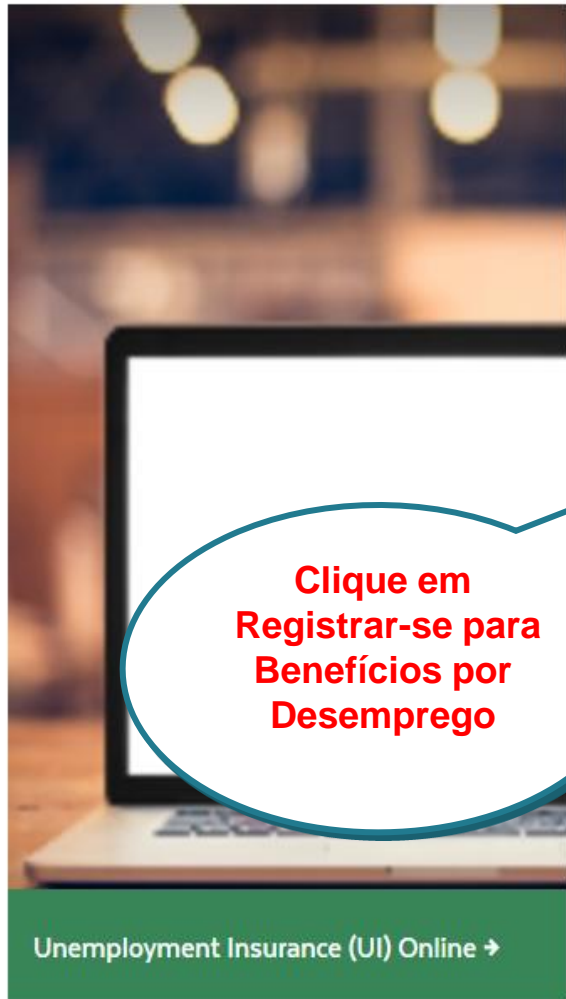
**Observação: Os navegadores de internet recomendados são:**

Navegador	Windows® 7 ou superior	Mac® OS X 10.x
<u><a href="#">Microsoft®</a></u>	Internet Explorer 9.x ou superior	Microsoft Edge (não suportado)
<u><a href="#">Mozilla Firefox</a></u>	Versão 35 ou superior	Versão 35 ou superior
<u><a href="#">Apple® Safari</a></u>	Não suportado	
<u><a href="#">Google® Chrome</a></u>	Versão 35 ou superior	Versão 35 ou superior

# Clique em “Apply for Unemployment Benefits” (Registrar-se para Benefícios por Desemprego)



## Department of Unemployment Assistance



# Clique em “Registrar-se para Benefícios por Desemprego Online”



## 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.*

**Registrar-se  
para Benefícios  
por Desemprego  
Online**

[Apply for unemployment benefits online →](#)

[Check eligibility →](#)

# Leia a advertência



Commonwealth  
of Massachusetts

[Print Preview](#)

Logon

\* Indicates Required Field

1. Leia e  
clique para  
autorizar

## 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. Digite seu  
número de  
Social Security  
nos  
dois campos

Next

3. Clique em  
Avançar

# Inicie a Requisição de Benefícios por Desemprego



[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.

Clique em  
Iniciar a  
requisição



# Leia a lista de informações e clique em Avançar



1. Leia a lista de informações

## Unemployment Initial Claim Submit Process



### 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.

Previous

Next

2. Clique em Avançar



# Leia a Autorização de Privacidade de Dados

Logon

\* Indicates Required Field

## Unemployment Initial Claim Submit Process



1. Leia a Autorização de Privacidade de Dados

### 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\*

2. Se concordar, Clique em Sim

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

3. Clique em Avançar

Previous

Next



# Você trabalhou meio período na semana passada?



[Print Preview](#)

Logon

\* Indicates Required Field

1. Clique em **Sim** apenas se tiver trabalhado menos horas do que o seu horário de trabalho normal

## Unemployment Initial Claim Submit Process



### 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. Clique em **Não** se trabalhou todas as horas do seu horário normal

Previous

Next

3. Clique em **Avançar**



# Horas trabalhadas



Commonwealth  
of Massachusetts

[Print Preview](#)

Logon

\* Indicates Required Field

## 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? \*

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

3. Clique  
em  
Avançar

Next

2. Digite aqui o número  
de horas trabalhadas  
em uma semana de  
trabalho normal

1. Digite aqui o número de  
horas trabalhadas na semana  
em que você está fazendo  
essa requisição  
(se houver trabalhado)



# Perguntas iniciais

Logon

\* Indicates Required Field

1. Leia esta mensagem importante

## Unemployment Initial Claim Submit Process



2. Clique em SIM se você sofreu um impacto do 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**

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

3. Enter your residential address:

Address Line 1: \*

Address Line 2: \*

City: \*

State: MA - Massachusetts ✓\*

ZIP Code: \*

Country: US - United States Of America: ✓\*

5. Digite seu endereço residencial

3. A maioria dos candidatos terá trabalhado em Massachusetts e deve clicar aqui

4. Clique em SIM apenas se registrou-se para receber benefícios em outro estado. Caso contrário, clique em NÃO

6. Clique em SIM, se morar em MA e estiver está em MA atualmente

4. Are you presently in Massachusetts?



# Validação do endereço



Commonwealth  
of Massachusetts

[Print Preview](#)

Logon

## Unemployment Initial Claim Submit Process



1. Clique no  
código  
postal+4 do  
seu endereço

### 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

Previous

Next

2. Clique  
em Avançar



# Digite as informações do requerente



Commonwealth  
of Massachusetts

Logon

[Print Preview](#)

Field

1. Esta página  
será exibida  
apenas na  
primeira vez que  
você se registrar

2. Preencha  
todos os  
campos com  
asteriscos

## 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 in:

3. Você NÃO precisa  
digitar o número de  
sua carteira de  
motorista ou o estado  
onde foi emitida

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

Previous

Submit

4. Clique  
em Enviar



# Criar nova senha e pergunta de segurança



Commonwealth  
of Massachusetts

Friday, March 17, 2017  
[Print Preview](#)

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

\* Indicates Required Field

1. Esta página  
será exibida  
apenas na  
primeira vez que  
você se registrar

## Unemployment Initial Claim Submit Process



### 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](#).

#### Diretrizes de senhas:

- mínimo de 8 caracteres,
- uma letra maiúscula,
- uma letra minúscula e
- um caractere especial

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"/>	*

2. Digite sua  
senha e  
responda à  
pergunta de  
segurança

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

Save

3. Clique  
em Salvar



# Endereço para correspondência



Commonwealth  
of Massachusetts

[Print Preview](#)

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

\* Indicates Required Field

[My Home Page](#)

## 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:** ▼

**Clique na caixa se o endereço para correspondência for o mesmo que o residencial (Caso contrário, preencha os campos do endereço)**



# Endereço, números de telefone, método de correspondência e idioma

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:

ZIP Code:

Country:

MA - Massachusetts

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. Digite seu telefone residencial e número do celular (se você tiver somente um telefone celular, digite-o nos dois campos)

2. Digite seu endereço de e-mail nos dois campos (leia seu e-mail periodicamente para ler informações importantes)

3. Escolha Eletrônico para um processamento mais rápido

4. O inglês é seu idioma primário? Clique em Sim ou Não

# Informações pessoais



[Print Preview](#)

## Unemployment Initial Claim Submit Process



### Personal Information

1. Are you a <u>Military Veteran</u> ?	<input type="radio"/> Yes <input type="radio"/> No*
2. <u>Race</u> :	Select one ▼*
3. Are you of <u>Hispanic heritage</u> ? :	<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*
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*
If you have qualified dependent children, you may be eligible to collect additional benefits. Click <a href="#">here</a> to review the definition of qualified dependents. Do you wish to claim for dependency allowances?	
	<input type="radio"/> Yes <input type="radio"/> No*

Previous

Next

2. Se você não for cidadão dos EUA, serão necessárias informações adicionais

3. Se estiver adicionando crianças dependentes, serão necessárias informações adicionais

1. Clique para responder às perguntas sobre informações pessoais

4. Clique em Avançar

# Informações sobre seu trabalho



Friday, March 17, 2017

[Print Preview](#)

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

\* Indicates Required Field

[My Home Page](#)

## 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\*

[Previous](#)

[Next](#)

1. Entendemos que, na maioria dos casos, os requerentes não terão uma data definida para retornar ao trabalho

2. Clique em Avançar



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

My Home Page

## 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. Clique em  
Pesquisar**

Search

Reset

**1. Digite seu  
cargo**

Previous

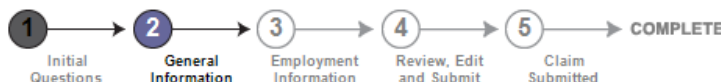
Next

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

# Selecione uma descrição do emprego

[Print Preview](#)[Change Password](#) | [Logoff](#)[My Home Page](#)

## Unemployment Initial Claim Submit Process



1. Selecione e clique em  
Descrição do emprego

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**. If you have additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title: 

### Search Results

Select	<a href="#">Job Title</a>	<a href="#">Description</a>
<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).

2. Clique em  
Avançar



# Número de anos trabalhados



[Print Preview](#)

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

[My Home Page](#)

## Unemployment Initial Claim Submit Process



### Additional Occupation Information

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

[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.

[Previous](#)

[Next](#)

1. Digite o número de anos trabalhados

2. Clique em Avançar

# Opções de retenção de impostos

[Print Preview](#)[Change Password](#) [Logoff](#)[My Home Page](#)

## Unemployment Initial Claim Submit Process



1. Escolha e clique em Opções de retenção de impostos

### 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. Clique em Enviar

[Previous](#)[Submit](#)

# Escolha Cartão de Débito ou Depósito Direto



Commonwealth  
of Massachusetts

Friday, March 11, 2011

[Print Preview](#)

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

[My Home Page](#)

## 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:

- 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

[Previous](#)

[Submit](#)

1. Depósito  
direto irá  
assegurar um  
processament  
o mais rápido

2. Clique  
em Enviar

# Atualizar emprego



Friday, March 17, 2017  
[Print Preview](#)

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

[My Home Page](#)

## 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 for each employer.

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

### Provide Additional Employers

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

Employment Type:

[Previous](#)

[Next](#)

1. Na maioria dos casos, o empregador será preenchido automaticamente e precisará ser atualizado

2. Clique em Atualizar

3. Se o seu empregador não aparecer automaticamente, use o menu suspenso para adicioná-lo

# Digite o nome do empregador e clique em pesquisar



Commonwealth  
of Massachusetts

[Print Preview](#)

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

[My Home Page](#)

## Unemployment Initial Claim Submit Process



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

**3. Clique em  
Pesquisar**

Search

Reset

Previous

Next

**1. Para processar  
seu pagamento  
mais rapidamente,  
digite o nome de  
seu empregador  
exatamente como  
ele é mostrado no  
seu contracheque  
ou W-2.**

**2. Digite o  
nome de seu  
empregador  
exatamente  
como é  
mostrado em  
seu  
contracheque  
ou W-2**

# Selezione seu empregador



## 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"/> <a href="#">Contains</a>
Employer City:	<input type="text" value="Hanson"/>	
Federal Employer Identification Number (FEIN):	<input type="text"/>	

Search

Reset

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

## Search Results

Select	<a href="#">Employer Doing Business As (DBA) Name</a>	<a href="#">Legal Name</a>	<a href="#">Employer Address</a>
<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?](#)

Previous

Next

1. Seleccione seu empregador

2. Clique em Avançar



# Responda às perguntas sobre o empregador



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

Na maioria dos casos, essas respostas serão NÃO

# Selecione e clique em Descrição do emprego



[Print Preview](#)

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

[My Home Page](#)

## Unemployment Initial Claim Submit Process



### Occupational Information

1. Selecione e clique em Descrição do emprego

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 click **Next**. If you have additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

**Search**

**Reset**

### Search Results

Select	<a href="#">Job Title</a>	<a href="#">Description</a>
<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).

2. Clique em Avançar

**Previous**

**Next**

# Escolha e clique no motivo do seu desligamento



## 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.
- ☐ **Agreement 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.
- ☐ **Probation:** Your employer will not allow you to work pending an investigation or as a disciplinary action.
- ☐ **Semester/Term Break:** 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.

Previous

Next

1. Se a sua requisição foi causada por uma emergência resultante da COVID-19, o motivo do desligamento é **LAYOFF (Dispensa de pessoal)**

2. Clique em **Avançar**



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

[My Home Page](#)

### 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	* <a href="#">Update</a>	<a href="#">Delete</a>

#### 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](#)

[Previous](#)

[Next](#)

1. Quando todos os Empregadores forem adicionados e o status estiver concluído, clique em Avançar

2. Clique em Avançar

# Perguntas sobre elegibilidade



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

\* Indicates Required Field

[My Home Page](#)

## Unemployment Initial Claim Submit Process



1. Responda a todas as perguntas com um asterisco

### 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\*

[Previous](#)

[Next](#)

2. Clique em Avançar

# Registro de atividade da procura de emprego



[Print Preview](#)

## 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. Leia e certifique**

Previous

Next

**2. Clique em Avançar**



# Revisar, editar e enviar a requisição



Commonwealth  
of Massachusetts

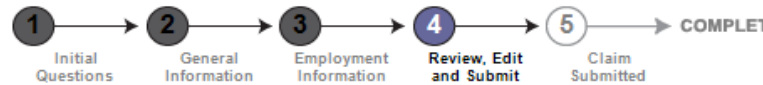
[Print Preview](#)

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

\* Indicates Required Field

[My Home Page](#)

## Unemployment Initial Claim Submit Process



1. Comece a  
revisar as  
informações

### 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

# Revise as perguntas iniciais



## 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. Revise as  
perguntas iniciais e  
modifique somente  
se incorretas

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

# Revise as informações



<b>General Information</b>	
First Name:	Charles
MI:	
Last Name:	Smith
<b>Residential Address</b>	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	021142502
Country:	United States Of America
<b>Mailing Address</b>	
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
<b>Telephone Numbers</b>	
Home:	6176543210
Cell:	6177654321
Other:	
International:	
<b>Correspondence Preference</b>	
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. Revise as  
todas as informações e  
modifique somente  
se incorretas

# Revise as informações



1. Revise as  
todas as  
informações e  
modifique  
somente  
se incorretas

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
<a href="#">Modify</a>	

# Revise as informações sobre empregos



## Massachusetts Employment Information

1. Revise todas as informações sobre empregos e modifique somente se incorretas

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:	<b>Layoff:</b> 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

# Revise as informações e verifique sua identidade



**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 been 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](#)

**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:  \*

[Submit the Unemployment Benefit 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.**

1. Revise as informações de elegibilidade e modifique somente se incorretas

2. Confirme sua identidade e se as informações estão corretas clicando aqui

3. Digite seu número de Social Security

4. Clique aqui para enviar sua requisição de benefícios por desemprego



# Sua requisição foi enviada para processamento







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](http://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.

Clique neste botão e vá para Minha página inicial para ver as informações do requerente

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

[Go to My Home Page](#)

[Log Out of UI Online](#)

# Minha página inicial



Friday, March 31, 2017

[Print Preview](#)

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

## 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

Federal Tax Withholding: 0.00%

[Manage Payment and Tax Options](#)

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.