



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

UI Online System Administrator Designation Form

Employer Company Name	8-digit Employer Account Number (EAN)
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Hereby appoint as the **Employer System Administrator** for the **UI Online System**

First Name	Last Name
Email Address	Telephone Number

The Employer System Administrator's powers shall include, but not be limited to, the authority to report wages, file payments, change addresses and authorize access to an agent (TPA) or other users who conduct business on the company's behalf. We acknowledge that by appointing the UI Online Employer System Administrator to represent the company named above, we agree to be bound by the terms of service listed below.

TERMS OF SERVICE

User IDs and Passwords are unique to the person appointed as the Employer System Administrator to access the UI Online system and should not be shared with others. The Department of Unemployment Assistance (DUA) is not responsible for end user software or ISP filters that would otherwise prevent the use of UI Online. If the Employer System Administrator departs the company/organization, it is the employer's responsibility to notify DUA so that the user's access may be revoked and a new user may be added.

Authorization Statement

By signing this form, I certify, under the pains and penalties of perjury, that I am the **authorized owner or officer of the company/organization listed above** and that I have the authority to designate the individual listed above to access the company/organization account with UI Online. I understand that providing false information may subject me to criminal liability under Massachusetts General Laws, Chapter 151A Section 47.

Printed Name

Title

Signature

Date

Please email the signed and completed form to:
uiemployerhelp@detma.org