

Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

UI Online(실업보험 온라인)

신규 실업급여 신청서 제출하기



신규 실업급여 신청서 제출하는 방법

UI Online으로 신규 실업급여 신청서를 제출하려면:

- 컴퓨터를 켭니다.
- 인터넷에 접속합니다.
- 주소 바에 www.mass.gov/dua를 입력하고 <Enter(엔터)> 키를 칩니다.

유의: 권장하는 웹 브라우저는 다음과 같습니다.

데스크톱 컴퓨터 브라우저

[Microsoft®](#)

[모질라 파이어폭스](#)

[Apple® 사파리](#)

[Google® 크롬](#)

Windows® 7 이상

인터넷 익스플로러 9.x 이상

버전 35 이상

지원 안됨

버전 35 이상

Mac® OS X 10.x

마이크로소프트 엣지 지원 안됨

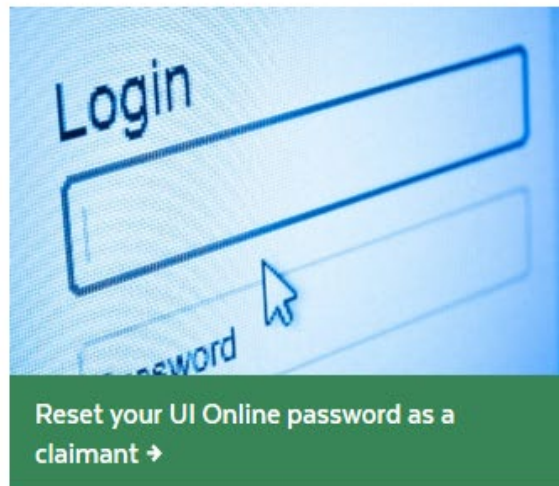
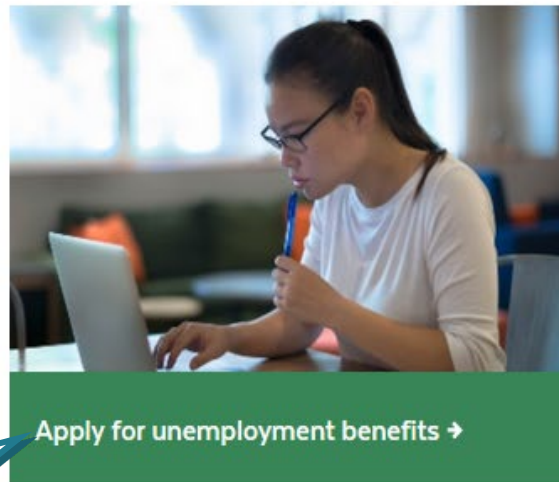
버전 35 이상

버전 35 이상

“Apply for Unemployment Benefits (실업급여 신청)” 을 클릭하십시오.



Department of Unemployment Assistance



“Apply for Unemployment Benefits Online(온라인으로 실업급여 신청)” 을 클릭하십시오.



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.

온라인으로
실업급여를
신청하십시오.

[Apply for unemployment benefits online →](#)

[Check eligibility →](#)

경고문을 읽으십시오.



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[Print Preview](#)

Ligon

* Indicates Required Field

1. 읽고
클릭하여
인가하십시오.

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. 양쪽 난에
사회 보장
번호를
입력하십시오.

Next

3. "Next(다음)" 을
클릭하십시오.

실업급여 신청을 시작하십시오.



[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](#)

클릭하여
신청을
시작하십시오.

[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.

체크리스트를 읽고 “Next(다음)” 을 클릭하십시오.



Unemployment Initial Claim Submit Process



1. 정보
체크리스트를
읽으십시오.

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)
- If you were a Federal Employee, you will need information from your SF8 (not mandatory)
- 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.

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Next

2.
“Next(다음)”
을 클릭하십시오.



데이터 개인정보 보호 허가서 읽으십시오.

Logon

* Indicates Required Field

Unemployment Initial Claim Submit Process



1. 데이터 개인정보
보호 허가서
읽으십시오.

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. 동의하면,
“Yes(예)” 를
클릭하십시오.

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

Previous

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3.
“Next(다음)”
을 클릭하십시오.

지난 주에 시간제로 일을 했습니까?



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* Indicates Required Field

Unemployment Initial Claim Submit Process



1. 정규의 예정된 시간보다 적은 시간을 일한 경우에만 “Yes(예)” 를 클릭하십시오.

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. 정규의 예정된 시간을 일한 경우에는 “No(아니요)” 를 클릭하십시오.

Previous

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3. “Next(다음)” 을 클릭하십시오.

일한 시간



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* 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. “Next(다음)” 을
클릭하십시오.

Next

2. 여기에 정규로 일한
주에 일한 시간을
입력하십시오.

1. 여기에 (해당되는 경우) 신청서를
제출하는 주에 일한 시간을
입력하십시오.

첫 질문들



* Indicates Required Field

1. 중요한
메시지를
읽으십시오.

Unemployment Initial Claim Submit Process Unemployment Initial Claim Submit Process



2. COVID-19의
영향을 받았다면
“YES(예)”를
클릭하십시오.

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**

3. 대다수
신청자들은
메사추세츠 주에서
일하였을 것이고
여기를 클릭할
것입니다.

4. 다른 주에서
실업급여를 신청했던
경우에만 “YES(예)”를
클릭하십시오. 그렇지
않으면,
“NO(아니요)”를
클릭하십시오.

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

☐ Yes ☐ No*

3. Enter your residential address:

5. 거주 주소를
입력하십시오.

Address Line 1: *

Address Line 2: *

City: *

State: *

ZIP Code: *

Country: *

6. 메사추세츠
주에서 살고 현재
메사추세츠 주에
있다면 YES(예)를
클릭하십시오.

4. Are you presently in Massachusetts?:

☐ Yes ☐ No*

주소 검증



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Unemployment Initial Claim Submit Process



1. 주소와 함께 있는
우편번호+4자리
코드를 클릭하십시오.

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 suggest you enter 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

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2.
“Next(다음)” 을
클릭하십시오.

실업급여 신청자 정보를 입력하십시오.



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Field

1. 이 페이지는
초보 신청자에
대해서만
나타납니다.

2. 별표가 있는
모든 난들을
작성하십시오.

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 by State:

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

3. 운전 면허증 또는
운전 면허증을 발급한
주를 입력할 필요가
없습니다.

4.
“Submit(제출)”
을 클릭하십시오.

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Submit

새 암호 및 보안 질문을 설정하십시오.



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Friday, 1

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* Indicates Required Field

1. 이 페이지는
초보 신청자에
대해서만
나타납니다.

Unemployment Initial Claim Submit Process



2. 암호를
입력하고 보안
질문에
답하십시오.

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](#).

암호 지침:
•최소한 8문자,
•대문자 1개,
•소문자 1개 및
•특수 문자

| | | |
|--------------------------|--------------------------|----|
| 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"/> | * |

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

Save

3. 저장을
클릭하십시오.



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** ▼

우편 주소가 거주
주소와 동일한 경우
칸을 클릭하십시오.
(그렇지 않으면,
주소란에
기입하십시오)



주소, 전화번호, 교신 방법 및 언어

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 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. 자택 전화번호 및 휴대폰 번호를 입력하십시오
(휴대폰만 있는 경우, 휴대폰 번호를 양쪽 난에 입력할 수 있습니다.)

2. 양쪽 난에 이메일 주소를 입력하십시오
(중요한 정보를 보려면 반드시 이메일을 정기적으로 확인하십시오)

3. 더 빠른 처리를 위해 전자 메일을 선택하십시오.

4. 영어가 제1언어입니까?
“Yes(예)” 또는 “No(아니요)”를 클릭하십시오.

개인 정보



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Unemployment Initial Claim Submit Process



1. 클릭하여 개인
정보 질문에
답하십시오.

2. 미국 시민이
아니면, 추가 정보를
제공하라고 합니다.

3. 피부양
자녀를
추가하는
경우, 추가
정보를
제공하라고
합니다.

Personal Information

| | |
|--|--|
| 1. Are you a <u>Military Veteran</u> ? | <input type="radio"/> Yes <input type="radio"/> No* |
| 2. Race : | 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* |
| 7. 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 here to review the definition of qualified dependents. Do you wish to apply for dependency allowances? | |
| | <input type="radio"/> Yes <input type="radio"/> No* |

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4. “Next(다음)” 을
클릭하십시오.

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* Indicates Required Field

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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*

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1. 우리는, 대부분의 경우, 신청자는 직장으로 복귀하는 날짜가 정해져 있지 않다고 알고 있습니다.

2. “Next(다음)” 을 클릭하십시오.



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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. 검색을
클릭하십시오.

Search

Reset

1. 직업 명칭을
입력하십시오.

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

직업 설명을 선택하십시오.

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Unemployment Initial Claim Submit Process



1. 직업 설명을
선택하고
클릭하십시오.

General 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 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). |

2. "Next(다음)" 을
클릭하십시오.



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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.

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1. 일한 연수를 입력하십시오.

2. “Next(다음)” 을 클릭하십시오.

원천징수 세금 옵션

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Unemployment Initial Claim Submit Process



1. 선택하고
클릭하십시오.
원천징수 세금 옵션

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 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. “Submit(제출)” 을
클릭하십시오.

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직불 카드 또는 계좌 입금을 선택하십시오.



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Friday, March 17, 2017

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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. 계좌 입금을
선택하면, 입금
처리가 더 빨리
이루어집니다.

2. “Submit(제출)” 을
클릭하십시오.

고용을 업데이트하십시오.



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

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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 the "Next" button.
- If the list does not include all the employment that you have had in the past year, select the type of employment and click the "Add" button below.
- If you worked for the same employer in multiple states, please list your employment in each state and click the "Add" button below.

1. 대다수
경우에
고용주는
자동으로
데이터가
채워지고
업데이트되
어야
합니다.

2. 업데이트를
클릭하십시오.

| 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. Click the "Add" button below to add additional Employment.

Employment Type: [Add](#)

[Previous](#)

[Next](#)

3. 고용주가
자동으로 나타나지
않으면, 드롭다운
메뉴를 사용하여
그 고용주를
추가하십시오.

고용주 이름을 입력하고 검색하십시오.



Commonwealth
of Massachusetts

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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 **Emp**
- 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"/> | |

3. 검색을
클릭하십시오.

Search

Reset

Previous

Next

1. 실업급여 지급을 더
빨리 처리하기 위해,
급여 명세서나 W-2에
나온 대로 고용주
이름을 정확히
입력하십시오.

2. 급여
명세서나 W-
2에 나온
대로 고용주
이름을
정확히
입력하십시
오.

고용주를 선택하십시오.



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](#)

1. 고용주를 선택하고
클릭하십시오.

Employer Name: ☐ Contains
Employer City:
Federal Employer Identification Number (FEIN):

Review 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 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?](#)

2. "Next(다음)" 을
클릭하십시오.

고용주 질문에 답하십시오.



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

대부분 경우에 이
답은
“NO(아니요)”
입니다.

직업 설명을 선택하고 클릭하십시오.



Commonwealth
of Massachusetts



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[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, select **Next**.
- 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). |

[Previous](#)

[Next](#)

1. 직업 설명을
선택하고
클릭하십시오.

2. "Next(다음)" 을
클릭하십시오.

퇴직 사유를 선택하고 클릭하십시오.



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.
- ☐ **School 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.

Previous

Next

1. 실업급여
신청을 하는 것이
COVID-19
비상사태로 인한
것이라면, 퇴직
사유는
“LAYOFF(정리
해고)” 입니다.

2. “Next(다음)” 을
클릭하십시오.

[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 | | |
|---------------------------------|------------------------------|----------|--------------------------|------------------------|
| <i>Massachusetts Employment</i> | | | | |
| FIRST STUDENT MANAGEMENT LLC | FIRST STUDENT MANAGEMENT LLC | COMPLETE | * Update | Delete |

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. 모든 고용주들이 추가되고 상황이 완료되면, "Next(다음)" 을 클릭하십시오.

2. "Next(다음)" 을 클릭하십시오.

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

* Indicates Required Field

[My Home Page](#)

Unemployment Initial Claim Submit Process



1. 별표가 있는 모든 질문에 답하십시오.

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.

- Does NOT include regular earnings for work performed.

☐ Yes ☐ No*

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. "Next(다음)" 을 클릭하십시오.

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. 읽고
확인하십시오.

Preview

2. “Next(다음)” 을
클릭하십시오.

신청서를 검토하고, 수정하며 제출하십시오.



Commonwealth
of Massachusetts

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* Indicates Required Field

[My Home Page](#)

Unemployment Initial Claim Submit Process



1. 정보를 검토하기
시작하십시오.

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

첫 질문들을 검토하십시오.



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. 첫 질문을 검토하고
부정확한 경우에만
수정하십시오.

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

정보를 검토하십시오.



General Information

First Name: Charles

MI:

Last Name: Smith

Residential Address

Address Line 1: 19 Staniford St

Address Line 2:

City: Boston

State: Massachusetts

Zip: 021142502

Country: United States Of America

Mailing Address

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

Telephone Numbers

Home: 6176543210

Cell: 6177654321

Other:

International:

Correspondence Preference

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. 모든 정보를
검토하고 부정확한
경우에만
수정하십시오.

정보를 검토하십시오.



1. 모든 정보를
검토하고
부정확한
경우에만
수정하십시오.

| 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 |
| Modify | |

고용 정보를 검토하십시오.



Massachusetts Employment Information

1. 모든 고용 정보를
검토하고 부정확한
경우에만 수정하십시오.

| | |
|---|---|
| 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: | |
| 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: | Layoff: 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 |

정보를 검토하고 신원을 확인하십시오.



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 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

1. 자격 정보를 검토하고 부정확한 경우에만 수정하십시오.

2. 클릭하여 신원과 정보의 정확성을 검토하십시오.

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:

3. 사회 보장 번호를 입력하십시오.

Submit the Unemployment Benefit Application

4. 클릭하여 “Benefits Application(실업급여 신청서)”를 제출하십시오.

...ation of your application, you must select the “Submit your Unemployment Benefit Application” button to ... the application. **Your application will NOT be processed if you exit before you submit your unemployment benefit application.**

신청서가 처리를 위해 전송되었습니다.



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 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.

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

버튼을 클릭하고 “My Home Page(내 홈페이지)” 로 이동하여 “Claimant Information(실업급여 신청자 정보)” 를 보십시오.

[Go to My Home Page](#)

[Log Out of UI Online](#)



Friday, March 31, 2017

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[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.