## Document Revision History

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## Open Items

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Requesting Weekly Benefits

This section describes how to request unemployment benefits using the web-based UI Online system.

Claimants who have applied for and are eligible to receive Massachusetts unemployment benefits can file for weekly benefits payments using UI Online.

Overview of Requesting Weekly Benefits

Claimants request weekly benefits by answering questions on a series of pages. The pages that appear depend on your circumstances. A request for benefits may be longer and more complex if, for instance, you moved or received partial earnings.

IMPORTANT NOTES:

- The week(s) for which benefit payment(s) can be requested are listed on your Home Page, in the Other Messages section.
- Typically you have 21 days to request a benefit payment. If no benefits are requested in 21 days, the claim is closed.
- The payment for the earliest available week must be requested or declined before any later week(s).
- Declining benefits closes a claim.
- If benefits for a week are declined, the claim must be reopened before any more benefits can be requested.
- A request for benefit payment is saved by the UI Online system if it is not completed, up through 9:59 pm on Saturday of the week it was started (on a Sunday through Saturday week).
HOW TO BEGIN

1. Begin by logging into UI Online (see “Claimant Login, Password, and Navigation” for instructions).

2. Click Request Benefit Payment.

   **NOTE:** The Request Benefit Payment link is only visible if you have benefits to request.

3. The Request Payment Home Page displays.
REQUEST PAYMENT HOME PAGE

The first page that displays when you request a benefit payment is the Request Payment Home Page. The page provides important information, including:

- Claiming Week for which the benefit is being requested.
- Current Payment Method.
- The date through which your request for benefits is saved in UI Online (typically Saturday at 9:59 pm of the Saturday ending the week).
- Questions about requesting benefits, working, earnings, payment method, and more.

You can request or decline benefits from this page. Declining benefits causes the claim to become inactive. You should decline benefits when you are not eligible for them (for instance, if you are unavailable for work). Once a claim is inactive, it must be reopened before further benefits can be requested. See “Reopening a Claim” for more information.

- Click Decline Benefits to decline benefits and inactivate the claim. (A confirmation page appears first.)
- Click Request Benefits to continue on to the Initial Questions page.
DECLINE WEEK OFFERED CONFIRMATION

The Decline Week Offered Confirmation page appears if the Decline Benefits button was clicked on the Request Payment Home Page.

Declining benefits for the week offered causes the claim to become inactive.

- To decline benefits and inactivate the claim, put a check in the box and click Submit. The Claimant Home page displays. The Reopen Claim link is active.
- To resume requesting benefits, click Cancel. The Request Benefit Home Page appears.
ADDRESS VERIFICATION

The Address Verification page displays your mailing and residential addresses.

1. Review the information.
2. Click Confirm or Update.

- If Confirm is selected, the Initial Questions page appears.
- If Update is selected, the View and Maintain Contact Information page appears.

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Address Verification

The following information is what we currently have on file. If any of this information is incorrect or has changed, please click the Update button below to make the required changes. Otherwise click on the Confirm button to confirm the information is correct.

<table>
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<tr>
<th>Mailing Address:</th>
<th>Residential Address:</th>
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<tr>
<td>Address Line 1</td>
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</tbody>
</table>

19 Staniford St
Boston, Massachusetts
02114-2502
United States Of America

Update Confirm
VIEW AND MAINTAIN CONTACT INFORMATION

This page appears if Update was selected on the Address Verification page, OR if Submit was clicked on the Maintain Contact Information page.

1. Review the information on the page.
2. Click Previous, Edit, or Next.

- To change any information, click Edit. The Maintain Contact Information page appears.
- To return to the Address Verification page without saving any changes, click Previous.
- To go to the Initial Questions page, click Next (this is the same as clicking Confirm from the Address Validation page).

```
View and Maintain Contact Information

Residential Address

Address Line 1: 19 Staniford St
Address Line 2: 
City: Boston
State: Massachusetts
ZIP Code: 02114-2502
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 Code: 02114-2502
Country: United States Of America

Telephone Numbers

U.S. and Canada Only:
Home: 
Mobile: 
Other: 
International Phone:

Correspondence Preference

How would you like to receive your correspondence? Electronic
  Email Address: pschmitt@dotma.org

Preferred Language

Preferred Language: English

Additional Preferred Language:

Previous  Edit  Next
```
MAINTAIN CONTACT INFORMATION

This page appears if Edit was clicked in the View and Maintain Contact Information page.

The Maintain Contact Information page is the same as the View and Maintain Contact Information page, except the information on the page can be edited.

1. Edit the information on the page.

2. Click Previous or Submit.

   - Click Previous to return to the View and Maintain Contact Information page without saving any changes.
   - Click Submit to save the changes and return to the View and Maintain Contact Information page.
INITIAL QUESTIONS

The Initial Questions page requests information about earnings, employment status, income, capability, availability, and work search activities.

1. Select Yes or No for each question on the page.

2. Click Next.

   NOTE: Depending on your circumstances, one or more related pages may appear:

   - Collect Earnings
   - Work Offered
   - Quit, Discharged, or Laid Off
   - Income from Another Source
   - Claimant - Capability - Health or Physical Condition Questionnaire

3. Answer questions on each page until you reach the Regular UI Work Search Requirements page. At that point, see the section called "Regular UI Work Search Requirements."
COLLECT EARNINGS

This page appears if you stated that you worked or collected earnings.

1. Answer the questions on the page about:
   - Hours worked (but leave blank if 0).
   - Earnings from military services (Yes or No).
   - Part-time wages (Yes or No).
   - Net earnings from self-employment.
   - Return to work (Yes or No).
   - Return to work date (if any).

2. Click Next.

   **NOTE:** Some additional pages may appear before the Regular UI Work Search Requirements page.
CLAIMANT - STILL EMPLOYED - FULL TIME EMPLOYMENT QUESTIONNAIRE

This Questionnaire appears if the number of hours you stated you worked was at or over your full-time week.

**NOTE**: This Questionnaire gives SELF EMPLOYER as the Employer Name, regardless of whether the employment in question was self-employment. It is the default Questionnaire for full-time employment.

1. Complete the Questionnaire. Verify that the certification is checked and that a phone number is provided.
2. Click **Submit** to continue with the request for benefits.

![Claimant - Still Employed - Full Time Employment Questionnaire](image)
SELF-EMPLOYMENT EARNINGS INFORMATION

If the **Self-Employment Earnings Information** page appears:

1. Put a check in the box.
2. Click **Next**.
MILITARY EARNINGS

This page appears if you stated that you worked less than full-time hours, AND you earned wages from Military service.

1. Enter wages earned for any military branch.
2. Click Next.
PART TIME EARNINGS

This page appears if you stated that you worked less than full-time hours, AND you earned wages from employment other than Military service or self-employment.

1. If an Employer needs to be added to or deleted from the list, click Add/Delete Employer. The Additional and Complete Employment page displays.

   **NOTE**: For detailed information on adding Employers, see “About Employment and Employer Information” in the section, “Applying for Benefits.”

   - To add an Employer:
     - Select an Employment Type from the list.
     - Click Add. The page that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
     - Enter information as requested and click Next or Submit as instructed.
   - To delete an Employer, click the Delete button to the right of the Employer name.
   - When Employers have been added or deleted, click Next to return to the Part-Time Earnings page.

2. Enter wages earned for Employer(s) listed on the page (if any).

3. Click Next.
WORK OFFERED (REFUSED OR ACCEPTED)

This page appears if you stated that you were offered employment.

If the Work Offered page displays:

1. Select whether the offer of employment was refused or accepted and whether it was for Full Time or Part Time work.

2. If accepted was selected, also enter a date.

3. Click Next. If refused was selected, another Work Offered page displays.

Work Offered (Was Offer for Contractor/Self-Employment)

This page appears if you stated that the work offered was refused.

If this Work Offered page displays:

1. Select Yes if the offer of work was as an independent contractor or in self-employment. Otherwise select No.

2. Click Next.

Claimant - Suitable Work - Refusal of Suitable Work Questionnaire

This page appears if the work offered and refused was not for Contractor or Self-Employment work.

1. Complete the Questionnaire as directed.
2. Click Submit.
QUIT, DISCHARGED OR LAID OFF FROM EMPLOYER

This page appears if you stated that you quit or were discharged from a job.

The Quit, Discharged or Laid Off page displays a list of Employers.

1. If an Employer needs to be added to the list:
   - Put a check next to An Employer that I quit or was discharged from is not listed above and click Next.
   - Select an Employment Type from the list.
   - Click Add. The page that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
   - Enter information as requested and click Next or Submit as instructed.

   **NOTE:** For detailed information on adding Employers, see "About Employment and Employer Information" in the section, "Applying for Benefits."

2. Put a check by the Legal Name of each applicable Employer.

3. Select one of the following for each checked Employer:
   - Discharged/Dismissed/Terminated
   - Laid Off
   - Quit.

4. Click Next.
REASON FOR BEING DISCHARGED

This page appears if Discharged/Dismissed/Terminated was selected on the Quit, Discharged or Laid Off from Employer page.

1. Select the reason for being discharged, dismissed, or terminated. Click Next.

2. On the ensuing pages, select the detailed information that best applies.

3. Complete the Questionnaire as directed.

4. Click Submit.
REASON FOR QUIT

This page appears if Quit was selected on the Quit, Discharged or Laid Off from Employer page.

1. Select the reason for quitting. Click Next.

2. On the ensuing pages, select the detailed information that best applies.

3. Complete the Questionnaire as directed.

4. Click Submit.
INCOME FROM ANOTHER SOURCE

This page appears if you stated that you received or applied for income from any other sources that you have not previously reported to us.

1. Put a check by each applicable source of income.

2. Click **Next**.
UNION PENSION

If Union Pension is selected on the Income from Another Source page, the Claimant - Pension - Union Pension Questionnaire page appears.

1. Complete the Questionnaire as directed.
2. Click Submit.
PENSION, RETIREMENT OR ANNUITY

If Pension, Retirement or Annuity is selected on the Income from Another Source page the Pension or Retirement Account page appears, followed by the Claimant - Pension - Pension / Retirement Benefit Questionnaire.

Pension or Retirement Account

The Pension or Retirement Account page displays a list of Employers.

1. If an Employer needs to be added to the list:
   - Click the What if the employer is not listed? link.
   - Enter information as requested and click Next or Submit as instructed.

   ![Pension or Retirement Account](Image)

   **NOTE**: For detailed information on adding Employers, see "About Employment and Employer Information" in the section, "Applying for Benefits."

2. When the Pension or Retirement Account page redisplay, put a check by the Name of each applicable Employer.

3. Select one of the following for each checked Employer:
   - Regular Monthly or periodic
   - Laid Off
   - Quit.

4. Click Next.

Claimant - Pension - Pension / Retirement Benefit Questionnaire

1. Complete the Questionnaire as directed.

2. Click Submit.
SEVERANCE PAY OR SEPARATION PAY

If Severance Pay or Separation Pay was selected on the Income from Another Source page, the Severance or Other Separation Pay page appears, followed by the Claimant - Remuneration - Severance Pay Questionnaire.

Severance or Other Separation Pay

The Severance or Other Separation Pay page displays a list of Employers.

1. If an Employer needs to be added to the list:
   - Click the What if the employer is not listed? link.
   - Enter information as requested and click Next or Submit as instructed.

   **NOTE**: For detailed information on adding Employers, see “About Employment and Employer Information” in the section, “Applying for Benefits.”

2. When the Severance or Other Separation Pay page redispays, put a check by the name of each applicable Employer.

3. Click Next.

Claimant - Remuneration - Severance Pay Questionnaire

1. Complete the Questionnaire as directed.

2. Click Submit.
BACK PAY

If Back Pay was selected on the Income from Another Source page the Other Deductible Income page appears, followed by the Claimant - Remuneration - Back Pay Award Questionnaire.

Other Deductible Income

The Other Deductible Income page displays a list of Employers.

1. If an Employer needs to be added to the list:
   - Select An Employer that contributed to my income source is not listed above.
   - Click Next.
   - Select an Employment Type from the list.
   - Click Add. The page(s) that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
   - Enter information as requested and click Next or Submit as instructed.

   ![Other Deductible Income](image)

   **NOTE**: For detailed information on adding Employers, see “About Employment and Employer Information” in the section, “Applying for Benefits.”

2. When the Other Deductible Income page redispers, put a check by the name of each applicable Employer.

3. Select I have selected all the employers that contributed to my income source.

4. Click Next.

Claimant - Remuneration - Back Pay Award Questionnaire

1. Complete the Questionnaire as directed.

2. Click Submit.
OTHER DISABILITY INSURANCE

If Other Disability Insurance was selected on the Income from Another Source page, the Other Deductible Income page appears, followed by the Claimant - Capability - Disability Payments Questionnaire.

Other Deductible Income

The Other Deductible Income page displays a list of Employers.

1. If an Employer needs to be added to the list:
   - Select An Employer that contributed to my income source is not listed above.
   - Click Next.
   - Select an Employment Type from the list.
   - Click Add. The page that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
   - Enter information as requested and click Next or Submit as instructed.

![Other Deductible Income](image)

**NOTE**: For detailed information on adding Employers, see “About Employment and Employer Information” in the section, “Applying for Benefits.”

2. When the Other Deductible Income page redisplays, put a check by the Name of each applicable Employer.

3. Select I have selected all the employers that contributed to my income source.

4. Click Next.

Claimant - Capability - Disability Payments Questionnaire

1. Complete the Questionnaire as directed.

2. Click Submit.
If you selected Vacation Pay on the Income from Another Source page, the Vacation or Personal Time Off (PTO) Pay page appears.

Vacation or Personal Time Off (PTO) Pay

The **Vacation or Personal Time Off (PTO) Pay** page displays a list of Employers.

1. If an Employer needs to be added to the list:
   - Click What if the employer is not listed?.
   - Enter information as requested and click **Next** or **Submit** as instructed.

   **NOTE**: For detailed information on adding Employers, see “About Employment and Employer Information” in the section, “Applying for Benefits.”

2. When the **Vacation or Personal Time Off (PTO) Pay** page redisplays, put a check by the name of each applicable Employer.

3. Select one of the following for each checked Employer:
   - I expect to be recalled, or was recalled by this Employer.
   - I do NOT expect to be recalled by this Employer.

4. Click **Next**.

Claimant - Remuneration - Vacation or Sick Pay Questionnaire

This page appears if Vacation Pay was selected on the Income from Another Source page AND I expect to be recalled or was recalled by this Employer was selected on The Vacation or Personal Time Off (PTO) Pay page.

1. Complete the Questionnaire as directed.

2. Click **Submit**.
WORKERS COMPENSATION

If Workers Compensation is selected on the Income from Another Source page, the Workers Compensation Employer page appears, followed by the Claimant - Capability - Disability Payments Questionnaire.

Workers Compensation Employer

The Workers Compensation Employer page displays a list of Employers.

1. Put a check by an existing Employer Name or by Employer not listed.

2. Select Yes or No on receiving workers compensation for over 7 complete weeks.

3. Select Yes or No on presently receiving or expect to receive workers compensation.

4. Click Next. If Employer not listed was selected, add the Employer:
   - Select an Employment Type from the list.
   - Click Add. The page(s) that displays depends on the type of Employer selected (Massachusetts, Non-Massachusetts, Federal Civilian, or Military).
   - Enter information as requested and click Next or Submit as instructed.

   NOTE: For detailed information on adding Employers, see "About Employment and Employer Information" in the section, "Applying for Benefits."

5. When the Workers Compensation Employer page redisplay, put a check by the name of each applicable Employer and uncheck Employer not listed.

6. Click Next.

Claimant -Capability - Disability Payments Questionnaire

1. Complete the Questionnaire as directed.

2. Click Submit.
MY INCOME IS NOT LISTED ABOVE

If you select My Income Is Not Listed Above on the Income from Another Source page, the Claimant - Remuneration - Other Questionnaire appears.

1. Complete the Questionnaire as directed.
2. Click Submit.
WERE YOU ABLE TO WORK

If Were You Able to Work was answered No, the Claimant - Capability - Health or Physical Condition Questionnaire appears.

1. Complete the Questionnaire as directed.
2. Click Submit.
WERE YOU AVAILABLE TO WORK

If Were You Available to Work was answered No, the Availability page appears.

Availability

The Availability page displays a list of reasons for being unavailable.

1. Put a check by each applicable reason.
2. Click Next.

A Questionnaire will follow for each reason selected on the Availability page.
REGULAR UI WORK SEARCH REQUIREMENTS

This page lists the activities that must be performed as a condition of eligibility for unemployment benefits, and provides guidelines that describe the types of activities that constitute a productive work search contact (the list is not all inclusive).

1. Review the information on the page.

2. Scroll to the end of the page and select:
   - Directly online or
   - Print a paper form.

3. Put a check next to the text, "I have read and understood the above information."

4. Click Next.
WORK SEARCH LOG

The Work Search Log appears if you opted to maintain the work search directly online on the Regular UI Work Search Requirements page.

Creating a Work Search Log Item

1. Click New.

2. The Work Search Details page displays.

3. Fill in the Date, Type, Name/Agency, Person, Contact Information, Contact Type, Type of Work, and Results.

   **NOTE:** Information in the Contact Information field must correspond to the Contact Type selected. For example, if Contact Type is Phone Number, the Contact Information must be a phone number.

4. Click Submit. The Work Search Log redisplay showing the new item.
Deleting a Work Search Log Item

1. Select the Work Search Log item to delete.
2. Click Remove.

Editing a Work Search Log Item

1. Select the Work Search Log item to edit.
2. Click Edit. The Work Search Details page appears.
3. Edit the item and click Submit.

Submitting the Work Search Log

Click Submit.
WORK SEARCH VERIFICATION QUESTIONNAIRE

1. Put a check by all applicable work search activities in Question 1.

2. Select the number of days that the work search was performed in Question 2.

3. Click **Next**.

![Work Search Verification Questionnaire](image.png)

You are required to have a record of sufficient work search activities for each week that you request benefits and may be asked to submit proof of your work search activities at any time during your claim.
SUMMARY

The Summary page contains instructions on completing the request for benefit payment, and gives the opportunity to modify information in the request before submitting it (see the next page).

To Modify Information

1. There are several Modify Answers buttons on the page. Click the Modify Answers button under the section that displays the information you want to edit.
2. This returns to a page on or before the one where the information was originally entered.
3. If necessary, click Next until the page to be edited is reached again.
   NOTE: Most previously entered information is retained, but some data may need to be reentered before you can progress through the application.
4. Edit the data.
5. Click Next until the Summary page is reached again.
   NOTE: Changes to certain answers may cause new pages or fields to be added to claim.

To Submit the Request for Benefit Payment

1. Once all the information on the page is correct, scroll to the Acknowledgment area.
2. Put a check in the certification box.
3. Click Submit.
CONFIRMATION PAGE

When the Confirmation page appears, the request for benefit payment has been completed.

The page displays the time and date that the request was received, payment request status, weekly benefit status, and claim status. It may also have a link for additional requests for benefit payments if any are available.

Click Home Page to return to the Claimant Home.