

Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

#### **UI Online - Seguro de desempleo por internet**

## Cómo presentar una solicitud de ayuda por desempleo





Recursos para hispanohablantes:

**DUA Español** 

**DUA's Obligation to Claimants Who Don't Speak English** 

(Las obligaciones de DUA para con los solicitantes que no hablan inglés)



## Para presentar una nueva solicitud de ayuda por desempleo por internet:

- Prenda la computadora
- Acceda al internet abriendo su navegador\*\*
- En la barra de dirección, escriba <u>www.mass.gov/dua</u> <enter>

#### \*\*Nota: Los navegadores de web recomendados son:

<b>Desktop Browser</b>
<u>Microsoft®</u>
Mozilla Firefox
Apple® Safari
Google® Chrome

Windows® 7 and higher Internet Explorer 9.x o mayor Versiones 35 o mayo No apoyado Versiones 35 o mayor Mac® OS X 10.x Microsoft Edge No apoyado Versions 35 o mayor

#### Haga click en "Solicitar beneficios de desempleo"



#### **Department of Unemployment Assistance**

Haga click sobre **"Solicitar** Apply for unemployment benefits → beneficios de desempleo" **"Apply for** Login unemployment benefits" neword

Unemployment Insurance (UI) Online >

Reset your UI Online password as a claimant >



Request weekly unemployment benefits >



Contact the Department of Unemployment Assistance >

#### En la siguiente página, haga click en "Apply for Unemployment Benefits 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.

Apply for unemployment benefits online >

Check eligibility →



Verifique su elegibilidad, después haga clic sobre "Solicitar ayuda al desempleo por internet"

#### Lea la declaración de advertencia



#### Comenzar la solicitud de ayuda al desempleo

Commonwealth of Massachusetts	Print Preview
Logon	
	Unemployment Initial Claim Submit Process
	1 Initial Questions Information Informat
	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? Haga click para
	Web page viewing tips iniciar la solicitud
	System Security
	Start the Unemployment Benefits Application

## Lea la lista y presione "siguiente"





#### Lea la declaración de autorización de privacidad de datos



#### ¿Trabajó usted a tiempo parcial la semana pasada?



#### Horas trabajadas





### **Preguntas iniciales**





#### Validación de dirección





#### Ingresar información de solicitante:



#### Poner contraseña y pregunta de seguridad





#### Dirección de correo



#### Dirección, teléfonos, preferencias de correspondencia, idioma



Mailing Address	
Check this box if Mailing Address is same as Residentia	
Address	1. Escriba su
In care of (c/o):	número de
Address Line 1:	teléfono y de
Address Line 2:	celular
City:	(si sólo tiene
State:	MA - Massachusetts  Celular, lo puede
ZIP Code:	escribir en ambos
Country:	US - United States Of Americ: V espacios)
Telephone Number	
Home:	
Cell:	2. Escriba su
Other:	dirección de email
International:	en ambos espacios
Enter email address:	si su preferencia de
Re-enter email address:	correspondencia es
Correspondence Preference	electrónica)
Choosing electronic correspondence will ensure that benefits are	e processed and paid faster.
Use of the terms of te	3 Flija correo
How would you like to receive your correspondence?	electrónico os Main
Note: If you select electronic correspondence you must provide a	an email address.
······································	más rápida
Primary Language	
DUA will make best efforts to provide you with services in your p	rimary language <b>4 El inglés es su</b>
bor this make boot onoris to provide you mar solvices in your p	idioma principal?
Is English your primary language?	OYes ONo* Hana click en
	ves/si o no
	your on the

## Información personal





#### **Información laboral**



#### Información de su ocupación



#### Seleccionar descripción de su puesto



Change Password Logoff			
vly Home Page			Unemployment Initial Claim Submit Process
1. Seleccio haga click descripción	one y en la	Information	1 Initial Questions Information Employment Information Information A Submit Submitted
puesto de t	rabajo an	your job title and nce you have located nd select <b>Next</b> . or additional information	select <b>Search</b> to locate the most accurate description of your occupation. the most accurate description of your occupation, select the button associated with the Job Title, on related to a Job Title, select the hyperlink associated with the job title.
		Job T	Title: Bus Driver
			Search Reset
	Searc	h Results	We change and the second state of the second s
	Select	Job Title	Description
	0	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.
	0	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.
	0	Taxi Drivers and Chauffeurs	Drive automobiles, vans, or limousines to transport passengers Includes hearse drivers. Excludes "Ambulance Drivers and Technicians" (53-3011) and "Bus Drivers" (53-3020).

#### Número de años trabajados



#### **Opciones para la retención de impuestos**



## Elija tarjeta de débito o depósito directo





### Actualización de empleo

Friday, March 17, 2017 Commonwealth Print Preview of Massachusetts Change Password Logoff My Home Page Unemployment Initial Claim Submit Process ➢ COMPLETE Employment Initial Review, Edit Claim Genera Questions Information Information and Submit Submitted 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 1. En la 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 mayoría de los "Next " casos los If the list does not include all the employment that you have had in the past year, select the type of employment and the datos del "Add" button below. If you worked for the same employer in multiple states, please list your employment in each state as a separate. empleador se employer. auto 2. Haga completan **Employer Business Name Employer Legal Name** Status clic en pero hay que ssachusetts Employment "Update" actualizarlos Update {UnKnown} INCOMPLETE **Provide Additional Employers** 3. Si su A complete list of employment from 1/1/2016 to 3/17/2017 is needed to determine your eligibility empleador no add additional Employment. aparece Employment Type: Select one Add V automáticamente utilice la lista Previous Next desplegable para agregarlo 25

## Ingresar nombre de empleador y buscar





#### Elija y seleccione a su empleador





### **Conteste preguntas sobre el empleador**



Massachusetts Employer Doing Business As (DBA) Name	FIRST STUDENT MANAGEMENT LLC
Employer Legal Address:	Employer Physical Location Address:
600 Vine St	68 Industrial Blvd Ste 6
Suite 1400	
Cincinnati	Hanson
45202-2400	02341-1547
Most Recent Work Address	
Enter the physical location where you performed work for this en Address Line 1:	nployer, if different than the address listed above.
Address Line 2:	
City:	
State:	Massachusetts
ZIP Code:	
Phone:	ext:
*Did you work full time for this employer?	
Enter your total period of employment with this employer:	01030110
Employment Start Date:	(mm/dd/vvvv) En la mayoría de
Employment End Date:	(mm/dd/vvvv) los casos esta
★ Have you been separated from this employer more than once since 1/1/2016?	OYes ONo respuesta será
*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

# Seleccione y haga clic sobre la descripción del puesto



## Elija y haga clic en la razón de despido o terminación





## **Empleo adicional y completo**



ange Password   Logot				
Home Page		Unemployment Initial Claim Submit Process		
	Initial Questions	Ceneral Information Information A Claim Submitted	COMPLETE	
	Additional and Complete Employment			
	A complete list of employment from 1/1/201	6 to 3/31/2017 is needed to determine your e	ligibility and benefit amou	nt.
1. Haga clic en next" después de que haya	<ul> <li>If the list of employers has a status of "Next."</li> <li>If the list does not include all the employed "Add" button below.</li> <li>If you worked for the same employed employer.</li> </ul>	"Complete" and reflects all the employment t loyment that you have had in the past year, so er in multiple states, please list your emplo	hat you have had in the p elect the type of employm oyment in each state as	ast year, sele ent and the a separate
l. Haga clic en next" después de que haya agregado a	<ul> <li>If the list of employers has a status of "Next."</li> <li>If the list does not include all the employed "Add" button below.</li> <li>If you worked for the same employed employer.</li> </ul>	"Complete" and reflects all the employment t loyment that you have had in the past year, so er in multiple states, please list your employ Employer Legal Name	hat you have had in the p elect the type of employm oyment in each state as Status	ast year, sele ent and the <b>a separate</b>
. Haga clic en next" después de que haya agregado a todos los	<ul> <li>If the list of employers has a status of "Next."</li> <li>If the list does not include all the employed "Add" button below.</li> <li>If you worked for the same employed employer.</li> <li>Employer Business Name Massachusetts Employment</li> </ul>	"Complete" and reflects all the employment t loyment that you have had in the past year, so er in multiple states, please list your emplo Employer Legal Name	hat you have had in the p elect the type of employm oyment in each state as Status	ast year, sele ent and the a separate
. Haga clic en next" después de que haya agregado a todos los mpleadores, y	<ul> <li>If the list of employers has a status of "Next."</li> <li>If the list does not include all the employed "Add" button below.</li> <li>If you worked for the same employed employer.</li> <li>Employer Business Name Massachusetts Employment</li> <li>FIRST STUDENT MANAGEMENT LLC</li> </ul>	"Complete" and reflects all the employment to loyment that you have had in the past year, so er in multiple states, please list your employed Employer Legal Name FIRST STUDENT MANAGEMENT LLC	hat you have had in the p elect the type of employm oyment in each state as Status COMPLETE * Upda	ast year, sele ent and the a separate Ite Delete
. Haga clic en next" después de que haya agregado a todos los mpleadores, y cuando el estatus dice	If the list of employers has a status of "Next."     If the list does not include all the employed "Add" button below.     If you worked for the same employed employer.     Employer Business Name Massachusetts Employment FIRST STUDENT MANAGEMENT LLC Provide Additional Employers	"Complete" and reflects all the employment to loyment that you have had in the past year, so er in multiple states, please list your employed Employer Legal Name FIRST STUDENT MANAGEMENT LLC	hat you have had in the p elect the type of employm oyment in each state as Status COMPLETE * Upda	ast year, sele ent and the a separate nte Delete
. Haga clic en next" después de que haya agregado a todos los mpleadores, y cuando el estatus dice "complete"	<ul> <li>If the list of employers has a status of "Next."</li> <li>If the list does not include all the employed "Add" button below.</li> <li>If you worked for the same employed employer.</li> <li>Employer Business Name Massachusetts Employment</li> <li>FIRST STUDENT MANAGEMENT LLC</li> <li>Provide Additional Employers</li> <li>A complete list of employment from 1/1/201 add additional Employment.</li> </ul>	Complete" and reflects all the employment to loyment that you have had in the past year, so er in multiple states, please list your employ Employer Legal Name FIRST STUDENT MANAGEMENT LLC 6 to 3/31/2017 is needed to determine your e	hat you have had in the p elect the type of employm oyment in each state as Status COMPLETE * Upda	ast year, sele ent and the a separate te Delete

## Preguntas de elegibilidad

1. En la mayoría de los casos, la respuesta a todas estas preguntas será

Change Password Logoff	todas as	tae
My Home Page	Unemployment Initial Claim Submit Process pregunta	as será
	$1 \longrightarrow 2 \longrightarrow 3 \longrightarrow 4 \longrightarrow 5 \longrightarrow \text{complete} $	
	Initial General Employment Review, Edit Claim Questions Information Information and Submit Submitted	_ (
	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*
	<ol> <li>Payments from a pension fund, annuity fund, or retirement account contributed to by an employer? (Including 401K and lump sum or periodic payments.)</li> </ol>	○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 f	ollowing:
	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?	
	<ul> <li>Severance or other new may include any types of newment such as severance new new in lieu of dismissal</li> </ul>	
	notice, continuation pay (not performing services but still being paid), a retention or "stay" bonus or any other	⊖Yes ⊖No*
	payment based on years or length of service.	
	<ul> <li>Does NOT include regular earnings for work performed.</li> </ul>	
	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 Cabaal is described as a source as training assessment assuiding a minimum of at least 20 hours of	01-01-
	<ul> <li>Full time school is described as a course of training program providing a minimum of at least 20 hours of supervised classroom training per week or 12 credits each semester or the equivalent</li> </ul>	O Yes O No*
	2. Haga clic	
	Previous Next en Next	10
		.57

# Registro de actividad de búsqueda de trabajo





### Revisar, editar y enviar solicitud





#### Repasar y editar el contenido



eview and Edit Contents		
review each section of your claim click on the section header links below or scroll dow	n the scr	
<ul> <li>Initial Questions</li> <li>General Information</li> <li>Employment Information</li> <li>Eligibility Questions</li> </ul>		1. Repase Initial Questions/Preguntas iniciales. Haga modificaciones SOLO si hay algún error.
e following is a summary of your entries during this Unemployment Benefit Application	process:	
Initial Questions		
Benefit Claim Effective Date:	Sunday	r, 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	0	
Saturday, April 1, 2017:	U	
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	No	
WidsSdcTuSetts.		

Modify

### **Repasar información**



General Information			
		First Name:	Charles
	1. Repase toda la	MI:	-
	información v	Last Name:	Smith
Residential Address	haga		
	madificaciones	Address Line 1:	19 Staniford St
	mounicaciones	Address Line 2:	
	solo si hay	City:	Boston
	errores.	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	e		
	How would you like to receiv	ve your correspondence:	Electronic
	If Electronically, e	nter your email address:	csmith@detma.org
		Re-enter email address:	csmith@detma.org
In order to properly staff our c	ustomer service center, indicate y usi	your preferred language, ing this dropdown menu:	English
If your preferred language is r	not in the list above, select one fro	om this dropdown menu:	

#### **Repasar información**



	Personal Information	e tu t
$\frown$	Are you a military veteran:	No
	Ethnic Heritage:	Not Hispanic or Latino
1 Ponaso	Race:	White
todo lo	Select your highest level of education completed:	Master's Degree
loua la	Do you have a disability:	No
Información	Are you a U.S. citizen?	Yes
y haga modificacion	Are you required by a court or other enforcement agency to pay child support in Massachusetts:	No
es solo si 🕤	In a state other than Massachusetts:	No
hav errores.	Do you have qualified dependents:	No
	Work Information	
$\smile$	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	

#### **Repasar información laboral**



	Massachusetts Employment Information		
	MA Employer Leg	al Name:	FIRST STUDENT MANAGEMENT
	MA Employer Doing Business As (DB	A) Name:	FIRST STUDENT MANAGEMENT
1. Ro inform modifie h	epase toda la mación y haga caciones solo si ay errores. Employer Legal	Address:	600 Vine St Suite 1400 Cincinnati Ohio 45202-2400 8002076926 115
	Employer Physical	Address:	68 Industrial Blvd Ste 6 Hanson Massachusetts 023411547 7814474445
	Physical location Where Work Was Po Employment S Employment F	erformed: tart Date: -nd Date:	Saturday, January 2, 2010 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 E Did you work full time for this E Are you a member of a corporation or a shareholder of this i	Employer: Employer:	No Yes
	Are you a sole-proprietor, a partner in a partnership, or do you work for a family who owns/operates a sole-proprietorship and/or partnership at this	member company:	No
	Are you a school e 1. Are you paid by the cit 2 Are you paid by a private	mployee: y or town: employer:	No
	Reason for separation from this E	Employer:	Layoff: Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.
	Most Recent Employment Be Most Recent Employment B Occupation with this e	egin Date: End Date: employer:	Monday, February 27, 2017 Friday, March 24, 2017 Bus Drivers, School or Special

#### Revisar información y verificar identidad





#### Su solicitud ha sido enviada para ser procesada



Print this page for your records. Print Page



## Mi página de inicio



Commonwealth of Massachusetts	Haga clic en Logoff ( retire del UI Online S sistema digital UI)	cuando se System (el	Print Preview
Change Password Logoff			
My Home Page	Welcome, Smith, Charles Show Profi	ile Details	Need Help? ▼
	Benefits Overview ⑦		Claimant ID: 10572984
My Inbox View and Maintain Account Information Estimate Future Benefits View And Request 1099G View UI Records Request TOP Application	<ul> <li>Your application for unemploymen information. You will receive a deteresponsibility to come back each will responsibility to come back each will learn more about the UI Claims P</li> <li>You may submit your next benefit</li> </ul> Claim Information When do I request payment for Benefits? View Weeks Claimed	t benefits has been received and your employer(s) are being co emination in the mail or a notification by email when your applie veek and request benefits. Il only be paid for weeks that you have requested and for w rocess and review important information about requesting week request beginning Sunday 04/02/2017 through Saturday 04/08/ Benefit Year: 3/26/2017 - 3/24/2018 Last Requested Week: None	which you are found eligible. kly unemployment benefits. /2017.
	Payments Overview ⑦		You have no recent payments
	Recent Payments	There were no payments made in the last 90 days.	
	Payment Preferences Manage Payment and Tax Options	Federal Tax Withholding: 10.00% State Tax Withholding: 5.10% Payment Method: Debit card	