Applying for Unemployment Benefits

The second webinar in the "Unemployment in the Time of COVID-19" program series, a partnership between The Job Connector at MIT and the City of Cambridge Department of Human Service Programs (DHSP).

Presented by DHSP's Community Learning Center (CLC) & Office of Workforce Development (OWD)

Presenters: Felipe Vaquerano (CLC) Yan Zheng (CLC) Abra Berkowitz (CLC) Lori Segall (CLC) Michael Merullo (OWD)





Department of Human Service Programs





Community Learning Center



Our Mission:

The CLC empowers a diverse community of adult learners to transform their lives and realize their potential through education, skills development, and community participation.



CLC Programs and Offerings

- Learn English
- Preparation for HiSET and GED tests
- Preparation for College
- Certified Nursing Assistant (CNA) course
- Information Technology Career Training
- U.S. Citizenship Classes
- Education and Career Advising
- Volunteer Opportunities





Office of Workforce Development

Our Mission:

OWD expands employment and training opportunities for Cambridge residents by developing partnerships with employers, community-based organizations, Cambridge schools, and post-secondary institutions. OWD offers a variety of programs, including:

Cambridge Employment Program (CEP) provides Cambridge residents with career counseling including job search, resume/cover letter help and interviewing skills and preparation.

Cambridge Works is a transitional jobs program providing Cambridge residents ages 18-35 with a paid internship, professional development training and case management.







- Part 1 How to File for Unemployment Benefits & Request Weekly Benefits
- Part 2 How to File for Pandemic Unemployment Assistance (PUA)
- Part 3 Common Pitfalls
- Part 4 Q & A



Part 1 – How to Apply for Unemployment Benefits

Step-by-Step Instructions from the Department of Unemployment Assistance (DUA)

<u>https://www.mass.gov/doc/filing-a-new-unemployment-</u> <u>claim-covid-19/download</u>





Who is Eligible for Standard Unemployment Benefits?

To be eligible, you must:

- Have earned at least:
 - \$5,100 during the last 4 completed calendar quarters, and
 - 30 times the <u>weekly benefit amount</u> you would be eligible to collect
- Be legally authorized to work in the U.S.
- Be unemployed, or working significantly reduced hours, through no fault of your own
- Be able and willing to begin suitable work without delay when offered



Unemployment Insurance Online Information Guide

A Step-By-Step Guide to Filing an Unemployment Claim Online





Before you begin

Collect the documents and information you will need while

you file your claim:

- 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



Before you begin

- Your employment history for the last 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

| Getting StartedBegin YourPersonalEmploymeTax and PaymentEmploymeClaimInformationtInformationnnOverviewInformationn | ation Reviewand Reviewand Complete |
|--|------------------------------------|
|--|------------------------------------|

Optional:

- If you want to use direct deposit, your bank account number & routing number
- Your email address

If these apply to you:

- 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, information from your DD-214 Member 4 (not mandatory to apply)
- If you were a Federal Employee, you will need information from your SF8 (not mandatory to apply)

Employme nt Overview

Eligibility

How to file a new unemployment daim

- 1. Turn on your computer and access the Internet
- 2. On the address bar, type <u>www.mass.gov/dua</u>
- 3. Recommended web browsers:
 - Microsoft[®] Internet Explorer
 - Mozilla Firefox

Begin Your

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Google[®] Chrome

Getting Started

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Eligibility

Reviewand Complete

Click on Apply for unemployment benefits



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Click on Apply for unemployment benefits



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Read the Warning Statement



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Reviewand Complete

Start the Unemployment Benefits Application

| Initial General Employment Review, Edit Claim Questions Information Information and Submit Submitted | |
|---|------------------------------------|
| Getting Started with the Massachusetts Unemployment Benefits Online Application | Helpful tip: This page has several |
| When should I file for unemployment benefits? | helpful links for further reading |
| 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 1 | — Click to Start the Application |
| Start the Unemployment Benefits Application | |

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Detailed Employme nt Information

Eligibility

Reviewand Complete

Review application checklist



Getting Started

BeainYour Claim

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Overview

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Read the Data Privacy Authorization statement

Personal

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Begin Your Claim

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Determine unemployment claim begin date

| | Unemployment Initial Claim Submit Process |
|--|--|
| | $\begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 $ |
| Vhen will my claim begin? | |
| our claim begin date will be: | |
| nday, March 12, 2017 | |
| ou may be eliger for an earlier Yes O No* | begin date if you worked part-time last week. Did you work part-time |
| | Dravious Next |
| | 2 |

sonly if you worked fewer ur regular scheduled hours if you worked your regular edhours

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Employment Overview Tax and Payment Information Detailed Employment Information

Eligibility

Reviewand Complete

Enter your hours worked this week

| Unemployment Initial Claim Submit Process | |
|--|---|
| 1 2 1 2 2 2 3 2 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 | Helpful tip: Select the Sunday of the week you are filing the claim |
| t benefits if: mployment. | |
| ced and you will work less than your regular schedule of working hours. | Enter the number of hoursyou |
| arch 12, 2017 through Saturday, March 18, 2017 how many hours did you or will you work? | |
| 2 | Enter the number of hoursyou |
| ally work during the week? | workin a regular workweek |
| Previous Next 3 | Click Next |

Begin Your Claim

Employme nt Overview

Eligibility

Answer initial questions

| 😜 Coronavirus Disease 2019 (COVID-19) Emergency Guidance | |
|---|--|
| Being impacted by COVID-19 may include but is not limited to the following: Employer closed Employer closed Hours reduced You or someone in your household is quarantimed You or someone you are caring for is 'high rulk" (older jiduits and/or persons with serious chronic medical conditions) Cack of childcare | Helpful tip: Most applicants will have worked in MA and will select |
| Are you out of work because you have been impacted by the COVID-19? | this box. Select the box below only if you have worked outside of MA. |
| Initial Questions | |
| Tell us about your employment. | |
| 1. Indicate all type(s) of employment you had since (1/1/2019) * | Select all types of employment since |
| I have not worked since last year (1/1/2019) | 1/1/2016. Checkasmany boxes as |
| Employed in Massachusetts (excluding military and federal civilian employment) | needed |
| Employed in Non-Massachusetts (excluding military and federal civilian employment) | |
| Employed by the Military in Active Duty | |
| Employed as a Federal Civilian | |
| 2. Since 3/17/2019 have you applied for unemployment benefits from a state other than Massachusetts? OYes ONe* | |
| 3. Enter your residential address: Address Line 1: Address Line 2: | Enter residential address |
| City: State: State: ZIP Code Country: US - United States Of Americ: | |
| 4. Are you presently in Massachusetts? | 3 - Confirm if you are currently in MA |

Confirm your address



Enter personal information



Getting Started

Personal Informati on

Begin Your

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Eligibility

Create your password and security questions



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Confirm mailing address

| Initial General Employment Guestions Information Information | Review, Edit Claim and Submit Submitted |
|--|--|
| Contact Information | No. and A. |
| First Name: Middle Initial | Charles |
| Last Name: Suffix | Smith |
| Residential Address | Carl House I and |
| Address Line 1: Address Line 2: | 19 Staniford St |
| City: | Boston |
| State: | MA |
| Zip: | 021142502 |
| Country: | US |
| Mailing Address | |
| Check this box if Mailing Address is same as Residentia Address | <u>'</u> |
| In care of (c/o): | |
| Address Line 1: | |
| Address Line 2: | |
| City: | |
| State: | MA - Massachusetts |
| ZIP Code: | |
| Country: | US - United States Of Americ: V |

If the place you live is the same as your mailing address, Check the box. If you live in a different place than where you receive your mail, fill it in. Scroll down **Getting Started**

Begin Your Informati on

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Personal

Employme nt Overview

Tax and Payment Information

Detailed Employme nt Information

Eligibility

Reviewand Complete

Enter telephone number, contact method, and language

| | Address Line 2. | | |
|--|--|--|-------------------|
| | City: | | |
| | State: | MA - Massachusetts | Y |
| | ZIP Code: | | |
| | Country: | US - United States Of An | neric: 🗸 |
| Telephone Number | | | |
| | Home: | | |
| | Cell: | | 1 |
| | Other: | | |
| | International: | | |
| | Enter email address: | | |
| | | | |
| | Re-enter email address: | | |
| Correspondence Preference | Re-enter email address: | | 2 |
| Correspondence Preference Choosing electronic corresponde How would you like to receive yo Note: If you select electronic corr | Re-enter email address: ence will ensure that benefits are our correspondence? respondence you must provide a | e processed and paid t O Electronic O US M an email address. | faster. 3 |
| Correspondence Preference Choosing electronic corresponde How would you like to receive yo Note: If you select electronic corr Primary Language | Re-enter email address: ence will ensure that benefits are our correspondence? respondence you must provide a | e processed and paid t O Electronic O US M an email address. | faster. 3 ail* |
| Correspondence Preference Choosing electronic corresponde How would you like to receive yo Note: If you select electronic corr Primary Language DUA will make best efforts to pro | Re-enter email address: ence will ensure that benefits are our correspondence? respondence you must provide a pivide you with services in your p | e processed and paid t O Electronic O US M an email address. rimary language. | faster. 3 ail* |

lelpful tip: "other" and international" are optional fields

nter your home and cell telephone umbers. If you do not have a home lephone, enter your cell in both.

nter your email address, then onfirm it below

elect if you prefer to be contacted vemail or USMail

lelpful tip: Select Electronic for ster claim processing

elect if English is your primary language

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Detailed Employme nt Information

Eligibility

Enter additional personal information

| | Friday, March 1 Print F | 7, 2017 Preview | |
|---|-------------------------------|--------------------|------------------------------------|
| | * Indicates Required | Field | |
| Unemployment Initial Claim Submit Proce | ess | | dependent children vou will need |
| Initial General Employment Review, Edit Chain Questions Information Information and Submit Submit | COMPLETE | | to provide additional information |
| Personal Information | 1 | | Complete all fields with asterisks |
| 1. Are you a Military Veteran ? | O Yes O No* | | |
| 2. Race : 3. Are you of Hispanic heritage? | Ves No I choose not to answer | | |
| 4 Select your highest level of education completed: | Select one | ~ | |
| 5 Do you have a Disability? | * | | |
| 6. Are you a U.S. citizen? | O Yes O No* | | |
| 7. Are you required by a court order or other government agency to pay child support? | | | |
| A. In Massachusetts? | ○ Yes ○ No* | | |
| B. In a state other than Massachusetts? | ○ Yes ○ No* | | |
| 8. 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? | ○ Yes ○ No* | | |
| Devidence 2 | | | - Click Next |
| Previous Next | | | |
| | | | |
| | | | |

Enter work information



Identify your job title



Select job description

| | | | Helpful tip: Clickon a differe |
|----------------------------|---|---|---|
| • En • Or an • Fo | nter your job title and s nce you have located id select Next . or additional informatic | select Search to locate the most accurate description of your occupation. the most accurate description of your occupation, select the button associated with the Job Tit on related to a Job Title, select the hyperlink associated with the job title. | page for additional job title descriptions |
| | Job T | tle: Bus Driver | |
| | | Search Reset | |
| Searc | h Results Job Title | Search Reset Description | - When you find the job and |
| Searci Select | h Results Job Title Bus Drivers, School or Special Client | Search Reset Description | When you find the job and description that most closely matches yours, Select that jo |
| Searc Select | h Results Job Title Bus Drivers, School or Special Client Bus Drivers, Transit and Intercity | Search Reset Description 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. Drive bus or motor coach, including regular route operations, charters, and private carriage. M assist passengers with baggage. May collect fares or tickets. | When you find the job and description that most closely matches yours, Select that jo |

Begin Your Claim Personal Information

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Overview

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Eligibility

Reviewand Complete

Enter number of years you worked this job



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Eligibility

Reviewand Complete

Choose tax withholding option



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Eligibility

Reviewand Complete

Select how you prefer to receive your benefit

| Unemployment Initial Claim Submit Process | |
|--|--|
| Initial General Employment Raview, Edit Claim Questions Information Employment Submit Submit | Helpful tip: Direct deposit claims will be processed faster |
| 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 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. | |
| | - Select whether you prefer to receive |
| Your payments will be made to an unemployment debit card unless you select direct deposit and complete the information beld if there is a problem with your direct deposit information | your payment via mail or direct |
| | CIEPOSIC |
| 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 | |

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Eligibility

Reviewand Complete

Enter employment history

| Initial Question | Seneral Information Review, Ec | dit Claim Submitted | | |
|---|--|---|-------------------|-------------------|
| Additional and Complete Employme | nt 2016 to 2/17/2017 is possible to do | termine your eligibility | and henefit amou | unt |
| information. If the list of employers has a status "Next." If the list does not include all the er | of "Complete" and reflects all the | employment that you he past year select the | have had in the p | bast year, select |
| "Add" button below. If you worked for the same employer. | oyer in multiple states, please li | ist your employment | in each state as | a separate |
| "Add" button below. • If you worked for the same employer. Employer Business Name | oyer in multiple states, please li Employer Legal Name | ist your employment | in each state as | a separate |
| "Add" button below. • If you worked for the same employer. Employer Business Name Massachusetts Employment | oyer in multiple states, please li Employer Legal Name | ist your employment Status | in each state as | a separate |
| "Add" button below. • If you worked for the same employer employer. Employer Business Name Massachusetts Employment | oyer in multiple states, please li Employer Legal Name {UnKnown} | Status INCOMPLETE | in each state as | a separate |

Helpful tip: Yourfull employment history from 1/1/2016 to the current date is required to determine your eligibility and benefitamount

In most cases the "Employer" will auto populate once hitting Update

Click Update

If your Employer does not auto populate, or to add additional employment, <mark>Click</mark> the Employment Type dropdown menu

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Tax and Payment Information

Detailed Employment Information

Eligibility

Reviewand Complete

Search for employer name

| Massachusetts Employer Search | 1 | Select if you have |
|---|--|---|
| You previously said you worked for a Massachusetts employer. Is this cor | rect? OYes ONo* | Massachusetts er |
| If Yes, complete the following information: If No, select the Next button. This will remove this Massachusetts en You indicated you had Massachusetts employment since 1/1/2016 To search for your Massachusetts employer enter at least 2 charact To perform a 'Contains' search you must enter at least 5 characters Select the Search button to begin your employer search. | mployment from your employment list. ters of your employer's name in the Employer N and select the 'Contains' checkbox. | Helpful tip: It is v you enter the ent as it appears on or your claim ma |
| Employer Name: | Contains 2 | Type your employ as it appears on y |
| Federal Employer Identification Number (FEIN): | | the employer's ci |

workedfora nployer

ery important that ployer name exactly our paystubor W-2, *bedelayed*

er's name exactly our W-2 as well as 1

Tax and Payment Information Detailed Employment Information

Eligibility

Reviewand Complete

Confirm your employer

| Massachusetts Employer Search | | | 7 |
|--|---|--|--|
| You previously said you worked for a Massachusetts employer. Is this correct? | | | |
| If Yes, complete the following information: If No, select the Next button. This will remove | | | |
| You indicated you had Massachusetts employment since 1/1/2016 | | | |
| To search for your Massachusetts employer field. To perform a 'Contains' search you mu Select the Search button to begin your emp | | ur employer's name in the Employer Name d select the 'Contains' checkbox. | |
| View Search Tips | | | |
| Er Federal Employer Identification N | nployer Name: First Student Employer City: Hanson umber (FEIN): | □ Contains | |
| Review the following list of employers. After choos | Search Reset | ext button. | |
| Select Employer Doing Business As (DBA) Na | me Legal Name | Employer Address | *Example for illustrative numoses only |
| 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 re | sults? | | |
| | Previous Next 2 | | Click Next |
Tax and Payment Information Detailed Employment Information

Eligibility

Reviewand Complete

Provide employment details

| You selected you worked for: Massachusetts Employer Legal Name Massachusetts Employer Doing Business As (DBA) Name | FIRST STUDENT MANAGEMENT LLC 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 en Address Line 1: | ployer, if different than the address listed above. | Fill our physical workaddress |
| Address Line 2: | | if different than the MA address |
| City: | | listed above |
| State: | Massachusetts | |
| ZIP Code: | | |
| Phone: | ext | |
| *Did you work full time for this employer? Enter your total period of employment with this employer: | ○Yes ○No 2 | Complete all fields with asterisks |
| Employment Start Date: | (mm/dd/yyyy) | |
| Employment End Date: | (mm/dd/yyyy) | |
| 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 | |

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Employment Overview Tax and Payment Information Detailed Employment Information

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Select the job description that applies to you

| on a second s | |
|---|--|
| | |
| nd select Search to locate the most accurate description of your occupation. led the most accurate description of your occupation, select the button associated with the Job Title, nation related to a Job Title, select the hyperlink associated with the job title. | |
| b Title: Bus Driver | |
| Search Reset | |
| | Select and click job descriptio |
| | |
| Description | |
| 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. | |
| sit Drive bus or motor coach, including regular route operations, charters, and private carriage. May | |
| assist passengers with baggage. May collect fares or tickets. | |
| al m Jo hc | ated the most accurate description of your occupation, select the button associated with the Job Title, mation related to a Job Title, select the hyperlink associated with the job title. Job Title: Bus Driver Bus Driver Search Reset Description hool 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. ansit Drive bus or motor coach, including regular route operations, charters, and private carriage. May |

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Employment Overview Tax and Payment Information Detailed Employment Information

Eligibility

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Select reason for no longer working that job

Occupational Information

BeginYour

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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

O Still Working: You are working "part-time" or "on-call".

O Layoff: Your employment ended due to: lack of work; temporary layoff; your position being eliminated; emplo closed.

O Quit: You decided to leave your employment for reasons including: another job; moved; to avoid being fired; personal, or medical reasons.

O Discharged: Your employer ended your employment for a reason other than a layoff.

O Leave of Absence: You and your employer have an agreement that you will take some time off work and you will return to work with this employer in the future.

O 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.
- O Strike: You are not working due to a strike.
- O Lockout: You are not working as a result of a lockout.

O Conviction: You were discharged by your employer or quit your job due to a conviction of a felony or misden



Click Next

Select your reason for separating from this employer

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Helpful tip: If your unemployment is a result of the COVID-19 emergency, the Reason for Separation is "Layoff"

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Employment Overview Tax and Payment Information Detailed Employment Information

Eligibility

Reviewand Complete

Confirm all details and status for employment history

| | Jnemployment Initial Claim Submit Process | COMPLETE | |
|--|--|--|-------------------|
| Additional and Complete Employment Complete list of employment from 1/1/201 | 6 to 3/31/2017 is needed to determine your e | ligibility and benefit amo | ount. |
| If the list of employers has a status of "Next." If the list does not include all the employer "Add" button below. If you worked for the same employer | "Complete" and reflects all the employment t oyment that you have had in the past year, s | that you have had in the elect the type of employ | past year, select |
| employer. | Employer Legal Name | Status 1 | is a separate |
| Employer Business Name Massachusetts Employment | Employer Legal Name | Status 1 | |
| employer. Employer Business Name Massachusetts Employment | Employer Legal Name | Status 1 | |

Review all employer details and confirm status for each is marked Complete **Beain**Your

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Detailed Employment Information

Eligibility

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Answer eligibility questions



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Employment Overview Tax and Payment Information Detailed Employment Information

Eligibility

Reviewand Complete

Acknowledge unemployment information

| Unemployment Initial Claim Submit Process | \sim |
|---|---|
| Initial Questions General General Difformation Information Construction Construction Construction Construction Complete Complete Complete Complete Claim Complete Submitted Claim | ₩ Helpful tip: If your claim filing is a |
| Important Information about Your Unemployment Benefits | result of the COVID-19 emergency |
| Please read and certify: | the only requirement is that you |
| a. You must make at least 3 attempts to look for work on 3 different days of each week that you are unemployed and you must keep a record of your Work Search Activity Log in case you are asked by DUA to send it to us for review and verification of those attempts. | nouny us ir your address oneiephone number changes |
| b. You must be able to work, available to work, and actively seeking work in order to be eligible for unemployment benefits. You must respond to all DUA requests for information in a timely manner or a decision will be made without your statement that may affect your right to collect unemployment benefits. | |
| c. If you move and change your address or your telephone number you must update your contact information in the UI Online system immediately. | |
| d. You must register with a Massachusetts One-Stop Career Center and attend a Career Center Seminar to receive your unemployment benefits. For a listing of career centers, please follow the web address: <u>http://www.mass.gov/careercenters/</u> . | |
| Massachusetts Law provides penalties and/or imprisonment for false statements used to obtain unemployment benefits. DUA wil actively pursue fraudulently collected benefits to the fullest extent of the law. | |
| □ I have read and understand the information above. I understand that DUA will verify the information that I provide.* | Review all information and click to certify |
| Previous Next 2 | - Click Next |

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Tax and Payment Information Detailed Employment Information

Eligibility

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Complete final review of all information



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Detailed Employment Information

Eligibility

Review initial questions



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Tax and Payment Information Detailed Employment Information

Eligibility

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Review general information

| General Information | |
|---|---|
| First Name: | Charles |
| MI: | |
| Last Name: | Smith |
| Residential Address | COLUMN AND AND AND AND AND AND AND AND AND AN |
| Address Line 1: Address Line 2: | 19 Staniford St |
| City: | Boston |
| State: | Massachusetts |
| Zip: | 021142502 |
| Country: | United States Of America |
| Mailing Address | second and the second second second |
| In care of (c/o): | |
| Address Line 1: Address Line 2: | 19 Staniford St |
| City: | Boston |
| State: | Massachusetts |
| Zip: | 021142502 |
| Country: | United States Of America |
| Telephone Numbers | and the second se |
| Home: | 6176543210 |
| Cell: | 6177654321 |
| Other: | |
| International: | |
| Correspondence Preference | and the second se |
| How would you like to receive your correspondence: If Electronically, enter your email address: Re-enter email address: | Electronic csmith@detma.org 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: | |

Review all information and only make changes if it is incorrect

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Employment Overview Tax and Payment Information Detailed Employment Information

Eligibility

Reviewand Complete

Review general information (cont.)

| Personal Information | |
|--|---|
| Are you a military veteran: Ethnic Heritage: Race: Select your highest level of education completed: | No Not Hispanic or Latino White Master's Degree |
| Do you have a disability: Are you a U.S. citizen? | No Yes |
| Are you required by a court or other enforcement agency to pay child support in Massachusetts: | No |
| In a state other than Massachusetts: Do you have qualified dependents: | No 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: Do you have a definite recall date: | No No |
| Select your primary occupation: Years of Work: | Bus Drivers, School or Special |
| 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% |
| Luxueld like one hanafte noid but | Debit Card |

 Review all information and only make changes if it is incorrect.

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Employment Overview Tax and Payment Information Detailed Employment Information

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Reviewand Complete

Review employment information

| MA Employer Legal Name: | FIRST STUDENT MANAGEMENT |
|--|--|
| MA Employer Legar Name. | LLC |
| MA Employer Doing Business As (DBA) Name: | FIRST STUDENT MANAGEMENT |
| Employer Legal Address: | 600 Vine St Suite 1400 Cincinnati Ohio 45202-2400 8002076926 115 |
| Employer Physical Address: Physical location Where Work Was Performed: Employment Start Date: | 68 Industrial Bivd Ste 6 Hanson Massachusetts 023411547 7814474445 Saturday, January 2, 2010 Saturday, January 2, 2010 |
| Employment End Date. | Friday, March 24, 2017 |
| 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 |

Review all employment information and only make changes if it is incorrect Employment Overview Tax and Payment Information Detailed Employment Information

Eligibility

Reviewand Complete

Review eligibility

BeginYour Claim

| n | | |
|--|---|--|
| plied for or are you receiving payments from a union pension fund contributed to by one or more employers: | No 1 | |
| or are you receiving payments from a pension fund, annuity fund, or retirement account contributed to by an employer. | No | |
| or are you receiving workers' compensation payments for the loss of wages: | No No | |
| for or are you receiving vacation or Personal Time Off (PTO) pay because of or upon your separation from employment: | | |
| plied for or are you receiving severance or other payments due to separation from employment: | No | |
| ticipate 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 | |
| | | |
| I have answered all questions fully and truthfully. I know the | ere are penalties for giving wrong | |
| information. I know that to receive benefits I must meet the eligi | hility requirements | |
| | bility requirements. | |
| knowledge that, under penalty of perjury, all information provided i | is as complete and accurate to the best | |
| | plied for or are you receiving payments from a union pension fund contributed to by one or more employers: or are you receiving payments from a pension fund, annuity fund, or retirement account contributed to by an employer: or are you receiving workers' compensation payments for the loss of wages: I for or are you receiving vacation or Personal Time Off (PTO) pay because of or upon your separation from employment: oplied for or are you receiving severance or other payments due to separation from employment: rticipate in, or train for professional sporting events at any level as coach, athlete, or referee: Are you currently enrolled in school or a training program: Modify | |

Review all eligibility information and only make changes if it is incorrect

Personal Information

Begin Your

Člaim

Getting Started

Employment Tax and Payment Information

Överview

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Eligibility

Reviewand Complete

Verify identity and submit application

| of wages: Have you applied for or are you receiving vacation or Personal Time Off (PTO) pay because of or upon your separation from employment: Have you applied for or are you receiving severance or other payments due to separation from employment: Were you paid to participate in, or train for professional sporting events at any level as coach, athlete, or referee: Are you currently enrolled in school or a training program: Modify | No No No No | Helpful tip: You must click "Submit for your application to be received and processed. Do not exit this page while next screen is loading |
|--|---|--|
| | | Checkbox to verify that you |
| Identity Verification I have answered all questions fully and truthfully. I know the information. I know that to receive benefits I must meet the eligit By clicking Submit, I acknowledge that, under penalty of perjury, all information provided is of my ability. | re are penalties for giving wrong vility requirements. as complete and accurate to the best | and understand penalties for false submissions |
| Identity Verification I have answered all questions fully and truthfully. I know the information. I know that to receive benefits I must meet the eligit By clicking Submit, I acknowledge that, under penalty of perjury, all information provided is of my ability. Enter Your Social Security Number: 2 | re are penalties for giving wrong vility requirements. as complete and accurate to the best | and understand penalties for false submissions <u>Enter your Social Security Number</u> |

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Employment Overview

Tax and Payment Information

Detailed Employment Information

Eligibility

Reviewand Complete

Receive claim submission confirmation

| Commission Allen | Finding, Agriel 16, 2020 | | |
|------------------|--|---|------------------------------|
| Ct Respectively | | | |
| My Home Page | Enter and the second seco | | |
| | Claimant Information Name Claimant ID | Change Claimant Leave Claimant | |
| 1 at Searches | Linemployment feited Chine | Subasil Dission | |
| | | Summerfocuss | Review information and resou |
| | @ | | |
| | | and there are a second s | onpage |
| | | 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 6:00. | am and 10:00pm (EST) by: | |
| | Visiting <u>www.mass.gov/dua</u> and logging into your UI Online Account or, Caltine DLM Telecost at 617 439 6339 | | |
| | Calling DUA Telecent at 617-626-6338 | | |
| | updale your information. | uge to see important thosologies, check the statute of your claim, and | |
| | Your Responsibility: | | |
| | Learn about TOP - the Training Opportunaties Program that | pays benefits when you attend full-time, approved training. | |
| | Read your <u>Claimant Guida</u> . It explains how to manage your | claim, get help with your job search, and handle problems or questions. | |
| | Sign up with <u>dubQuest</u> . It is a website that connects job see | kers with employers | |
| | B DiverDeposit To sign up for Direct Deposit, log in to your account or call to | 317-626-6800, option 3 from the main menu. | |
| | Other Resources: | | |
| | If you need additional support and information on available services, pli All calls are free and confidential. Interpreter services are available in mult | aase call the 211 holline available 24 hours a day, 7 days a week iple languages. Or visit <u>mass211 org.</u> | |
| | If you need health care coverage you can review information through the | Health Connector or apply online at www.MAHealthConnector.org | |
| | If you need help buying healthy food or other economic assistance, visit | TACommit com in order to apply for SNAP, TAFDC, or EAEDC. | |
| | For more information on DTA programs and services, visit mass gov/dia. | | |

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Employment Overview

Tax and Payment Information

Detailed Employment Information

Eligibility

Reviewand Complete

Return to homepage for benefits overview

| Change Password Logoff | | | |
|--|--|--|-------------------------------|
| My Home Page | Welcome, Smith, Charles Show Profe | le Details | Need Help? |
| | Benefits Overview | | Claimant ID: 105729 |
| dy Inbox | 9 Your application for unemployment | t benefits has been received and your employer(s) are being cont. | acted for wage and separation |
| View and Maintain Account | information. You will receive a deterresponsibility to come back each w | ermination in the mail or a notification by email when your applicat veek and request benefits. | ion is processed. It is your |
| Information | If your claim is approved you will only be paid for weeks that you have requested and for which you are found eligible | | |
| istimate Future Benefits Learn more about the UI Claims Process and review important information about requesting weekly unemployment benefits. | | | unemployment benefits. |
| /iew UI Records Request TOP Application | You may submit your next benefit i | request beginning Sunday 04/02/2017 through Saturday 04/08/20 | 17. |
| | Claim Information | Benefit Year: 3/26/2017 - 3/24/2018 | |
| | When do I request payment for Benefits? View Weeks Claimed | Last Requested Week: None | |
| | Payments Overview | | You have no recent paymen |
| | Recent Payments | There were no payments made in the last 90 days. | |
| | View Payment History | | |
| | Payment Preferences | Federal Tax Withholding: 10.00% | |
| | r aymont r fereneus | a | |

 When finished, Click Logoff to exit the UI Online System

Helpful tip: This page will show the status of your claim, as well as your benefits history and

payment preferences

Questions?



- Must log back on to UI website to request benefits every week:
- The following screenshots were taken with the claimant's permission and walk us through the step by step process of requesting weekly benefits.



Requesting Weekly Benefits: Log-on to MA UI Online Application



Select Week to Request Benefits



Select Request Benefits



Monday, May 18, 2020 Print Preview

| Change Password Logoff | | |
|--|---|--|
| My Home Page | Request Payment Home Page | |
| | Claiming Week Sunday, 05/10/2020 through Saturday, 05/16/2020. | |
| My Inbox | Your current payment method is Direct deposit. | |
| /iew and Maintain Account | To progress through the Request Payment Screens, always use the " Previous " or " Next " buttons provided at the bottom of the page. Do not use the "Back" button top of your Internet browser window. | |
| Information Estimate Future Benefits Request Benefit Payment View And Request 1099G View UI Records Request TOP Application | Once you begin the process, you may return any time prior to Saturday, 05/23/2020 at 9:59 P.M. in order to submit your certification. Your data will be saved until that time For more information click on the links below: When do I request payment for Benefits? What do I need to request payment for benefits? What earnings need to be reported? How do I report earnings? What if I am working on commission? How do I report Holiday Pay? What is Waiting Week? How do I close my Claim? How do I change my payment method (Direct Deposit, Debit Card)? How do I change my Tax Withholding? What is a Compensable Week? | |
| | Claiming Week Sunday, 05/10/2020 through Saturday, 05/16/2020. Why would I want to decline benefits for this week? | |
| | Decline Benefits Request Benefits Click here to start | |

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Verify Contact Info & Click "Update"

| Change Password Logoff | | Indicates Required Fiel |
|---------------------------|--|---|
| My Home Page | Contact Information Verification | the second se |
| | The following information is what we currently have on file. If any of this information is inco | prrect or has changed, please click the Update button below to make the required |
| My Inbox | changes. Otherwise click on the Confirm button to confirm the information is correct. | |
| /iew and Maintain Account | Mailing Address | Residential Address |
| Estimate Future Benefits | Address Line 1: | Address Line 1: Manual Address Line 2: |
| View And Request 1099G | City: | City: |
| View UI Records | State: Massachusetts | State: Massachusetts |
| request for Application | Country: United States Of America | Country: United States Of America |
| | Telephone Numbers | Email Address |
| | Mobile Phone: (Home Phone: Home Phone: Hom | Email Address: |
| | Click here if you need to update your information | លារាិកោ |

Answer Initial Questions

| Commonwealth of Massachusetts | | Monday, May 18, 2020 Print Preview |
|--|---|---|
| Change Password Logoff | | Indicates Required Field |
| My Home Page | Coronavirus Disease 2019 (COVID-19) Emergency Guidance | 35 |
| My Inbox View and Maintain Account Information | During the Coronavirus Disease 2019 (COVID-19) Emergency, you will still need to conduct a weekly work search. Acceptable work search activities include reviewing job postings online and working on your resume. If you are in Approved (Section 30) Training or in a Trade Readjustment Act (TRA) Training and unable to attend, you will need to conduct a weekly work search activities include reviewing job postings online and working on your resume. If you are unable to work due to the COVID-18 emergency. | rch. |
| Estimate Future Benefits Request Benefit Payment | As long you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability require | ments. |
| View And Request 1099G View UI Records | Initial Questions | the same of the |
| | To progress through the Request Payment Screens always use the Previous or Next buttons provided at the bottom of the page. Do not use the "B your web browser window. Please answer the following questions carefully for the week of Sunday , 05/10/2020 through Saturday, 05/16/2020. 1. Did you work or collect earnings during the week listed above? | sack" button at the top of Yes o No* |
| | This includes Full-Time, Part-Time, Temporary Work, Self Employment, Military Employment or Holiday Pay | |
| | 2. During the week listed above: | |
| | Were you offered employment? Did you quit or were you discharged from a job? | Yes No* |
| | During the week listed above, did you receive or apply for income from any other sources that you have not previously reported to us? Please click <u>Here</u> for examples of other income sources. | Yes O No* |
| | 4. During the week listed above: Were you able to work? Were you available to work? (Select "No" if you were in training/school.) Did you look for work? | ● Yes No* ● Yes No* ● Yes No* |
| | Previous Next | |

Work Search Requirements: Check Off Statement

| Commonwealth of Massachusetts | Monday, May 18, 2020 Print Preview | | | | |
|--|---|--|--|--|--|
| Change Password Logoff | * Indicates Required Field | | | | |
| My Home Page | Work Search Requirements | | | | |
| | Please read and certify: | | | | |
| My Inbox | a. If you are unable to work due to the Coronavirus - COVID-19 emergency: | | | | |
| View and Maintain Account Information Estimate Future Benefits Request Benefit Payment View And Request 1099G View UI Records | 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 <i>Coronavirus – COVID-19</i> 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. | | | | |
| | Previous Next | | | | |
| | Downluad Adobe .PDF Reader (Free) Adoessibility Privacy Statement Viewing Tips | | | | |

Work Search Verification Questionnaire



Work Search Log

| Change Password Logoff | | |
|---|--|---|
| My Home Page | Important Information | and the second se |
| | You must be able to work, available to work, and actively seekin work search log for every week that you claim benefits. Failure | ng work in order to be eligible for unemployment benefits. You must complete a to submit the work search log for any week may result in a denial of benefits fo |
| My Inbox | that week. | |
| | Work Search Log | |
| /iew and Maintain Account | Week Beginning: 5/10/2020 | Week ending: 5/16/2020 |
| stimate Future Benefits | | |
| Request Benefit Payment View And Request 1099G View UI Records Request TOP Application | Click the ADD button to create a new work search log. To edit, select the work search log entry and click EDIT button To delete, select the work search log entry and click REMOVE | button. |
| | Ad | ld Romove Edit |
| | | |

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Work Search Details

| Commonwealth of Massachusetts | | | Monday, May 18, 2020 Print Preview |
|----------------------------------|--|----------------------|---------------------------------------|
| Change Password Logoff | | | |
| My Home Page | Work Search Details | | |
| | Enter work search log details: | | |
| | Date: | 5/11/2020 | |
| My Indox | Туре: | Employer 😳 | |
| | Name Employer/Agency: | Hot Eastern | |
| View and Maintain Account | Person Contacted: | Manager | |
| Information | Contact Method: | Phone Number 👶 | |
| Estimate Future Benefits | Contact Information (e.g.Phone number,Website,Name,Email or Street | 6179880660 | |
| Request Benefit Payment | address): | | |
| View And Request 1099G | Type of Work: | Chef | |
| View UI Records | Results: | Follow-up Requested. | |
| Request TOP Application | Previous | Submit | |

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Work Search Log Continued...

| Change Password Logoff | | | | | | |
|--|---|---------------------|-------------------------------|------------------------|--------------|--|
| ly Home Page | Important Information You must be able to work, available to work, and actively seeking work in order to be eligible for unemployment benefits. You must compl work search log for every week that you claim benefits. Failure to submit the work search log for any week may result in a denial of benef | | | | | |
| ly Inbox | that week. | | | | | |
| /iew and Maintain Account | Week Be | eginning: 5/10/2020 | W | /eek ending: 5/16/2020 | | |
| formation | Select Date | Type | Name | Person Contacted | Contact Type | |
| stimate Future Benefits | 5/11/2020 | Employer | Hot Eastern | Manager | Phone Number | |
| equest Benefit Payment | 5/12/2020 | Employment Agency | Boston Chinatown Neighborhood | Grace Su | Phone Number | |
| View And Request 1099G View UI Records Request TOP Application | 5/13/2020 | Employer | Winsor Dimsum | Manager | Phone Number | |
| | Click the ADD button to create a new work search log. To edit, select the work search log entry and click EDIT button. To delete, select the work search log entry and click REMOVE button. Add Remove Edit | | | | | |

Acknowledgement

| Date | Type | Name | Person Contacted | Contact Type |
|---|--|---|---|---|
| 5/11/2020 | Employer | Hot Eastern | Manager | Phone Number |
| 5/12/2020 | Employment Agency | Boston Chinatown Neighborhood | Grace Su | Phone Number |
| 5/13/2020 | Employer | Winsor Dimsum | Manager | Phone Number |
| | | Modify Answers | | |
| Important l | nformation about Your Unen | ployment Benefits | _ | |
| 1) Claiming | unemployment benefits for so | meone else is against the law. | | |
| 2) Unautho | rized use of someone alse's d | abit card is against the law | | |
| z) Unauno | nzeu use of someone else s u | son card is against the law. | | |
| 3) Accessin | g someone else's unemploym | ent insurance claim is against the law. | | |
| Collectin time stop | g unemployment benefits while claiming your unemployment | e you are working full-time, even if the job is only insurance benefits the first full week of employn | y temporary, is against the law. If you nent. | have returned to work fu |
| 5) Failing to that the v | o report all income to DUA is a work is performed. You may ha | gainst the law. If you obtain a part-time job, you not not to estimate what your earnings will be if you | must report your gross earnings (bef have not been paid yet. | ore taxes) during the we |
| 6) If you are Assistan | e separated from a job while co ce (DUA), even if you only wor | ollecting unemployment benefits, you must repor ked there for one day or if the job is temporary. | rt this separation to the Department o | of Unemployment |
| There are se | rious penalties for fraudulent o | collection of unemployment benefits. If you have | any questions, please contact the D | UA Fraud Hotline at 1-80 |
| 54-9927. | | | | |
| 54-9927. Acknowled | gement | | the second se | |
| Acknowled | gement | and the second contract of the state of the second | akiyatta (ay an idaa anattiaa an | l/as invariant for fail |
| Acknowled | gement rtify that the information I have pents to obtain benefits and th | e provided is true and correct. I know that Massa | achusetts Law provides penalties and enefits. I hereby acknowledge that D | l/or imprisonment for fals UA will verify my |

Confirmation Page

| Commonwealth of Massachusetts | Monday, May 18, 2 Print Prev |)20 jew |
|--|--|------------|
| Change Password Logoff | | |
| My Home Page | Confirmation Page | |
| | Request Receipt | |
| My Inbox | Your request for benefits for the week of Sunday, 5/10/2020 through Saturday, 5/16/2020 has been received on: May 18, 2020 00:00 AM. | |
| View and Maintain Account | Payment Request Status | |
| Estimate Future Benefits View And Request 1099G View UI Records Request TOP Application | Your potential payment is (provided there is no additional activity on your claim). You can expect to receive your payment within 5 business days. You have submitted a Continued Claims Benefit Request. To view this and other requests as well as payment history, select View and Maintain My Account, the Payment Information. | t |
| | Print/Save this confirmation for your records. | |
| | Weekly Benefit Request Status | |
| | The last eligible week for which you may claim benefits is the week ending 3/6/2021. | |
| | You have requested all eligible weeks.Return Sunday of Next week to next week to continue requesting benefits. | |
| | Claim Status | |
| | You can Request Weekly Benefits or select View and Maintain My Account Information from 5:00 A.M. to 10:00 P.M. (Eastern Time) daily. | |
| | Home Page | |

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Visit mass.gov/dua for the most recent information, including:

- Applying for weekly benefits
- Attending virtual town halls for more help
- Contacting the Department of Unemployment Assistance

No internet? You can call DUA to file and claim weekly benefits

Call: (877) 626-6800 Monday - Friday | 8:30am – 4:30pm Saturdays | 8:00am – 12:00pm

Multilingual call agents are available.

Part 2 - Pandemic Unemployment Assistance (PUA)

- The following screenshots are from the state website:
- <u>https://www.mass.gov/how-to/apply-for-pandemic-unemployment-assistance</u>



(I) CARES Act: COVID-19 Are you covered?



Pandemic Unemployment Assistance (PUA) provides payment to workers not traditionally eligible for unemployment benefits (self-employed, independent contractors, workers with limited work history, and others) who are unable to work as a direct result of the coronavirus public health emergency.

| COVID-19 Scenarios | Covered | Not Covered |
|---|---------|-------------|
| Diagnosed with COVID-19 or with COVID-19 symptoms and seeking diagnosis | 0 | |
| Member of household has been diagnosed with COVID-19 | 0 | |
| Providing care for family or household member diagnosed with COVID-19 | 0 | |
| Primary caregiver for child unable to attend school or another facility closed due to COVID-19 | 0 | |
| Unable to reach place of employment due to an imposed quarantine or because advised by medical provider to self-quarantine due to COVID-19 | 0 | |
| Scheduled to commence new employment and cannot reach workplace as direct result of COVID-19 | 0 | |
| Became major breadwinner because head of household died from COVID-19 | 0 | |
| Quit job as a direct result of COVID-19 | 0 | |
| Place of employment closed as a direct result of COVID-19 | 0 | |
| Self-employed / Independent Contractors / 1099 filers / Farmers - and affected by COVID-19 | 0 | |
| Seeking part-time employment but affected by COVID-19 | 0 | |
| With insufficient work history and affected by COVID-19 | 0 | |
| Otherwise not qualified for regular or extended UI benefits and affected by COVID-19 | 0 | |
| Individuals that can telework with pay | | 8 |
| Individual receiving paid sick leave or other paid leave benefits (regardless of meeting a category listed above) | | 8 |

Pandemic Unemployment Assistance (PUA)

The Anton State of the sectors



PANDEMIC UNEMPLOYMENT ASSISTANCE



View My Account

Log in

- Email Address
- Password

-

Forgot password?



Get Started

First time filers, get started today by submitting your pandemic unemployment assistance program application.

> Apply for Pandemic Unemployment Assistance



Check Application

Check the status of your pandemic unemployment assistance program application.

Check Application Status



COVID-19 Updates

Take a look at everything you need to know about COVID-19 in Massachusetts.





Pandemic Unemployment Assistance (PUA)

Massachusetts Application For Pandemic Unemployment Assistance

Cancel

| -0 | | 0 | 0 | 0 | 0 |
|----------------------|----------------------------------|--------------------------------------|---------------------------------|---------------------------|-------------|
| What You'll Need | Legal Acknowledgments | Federal Certification | COV(D-19 Qualification | Benefit Eligibility | Wolumtary D |
| ere's what you'll n | eed to apply for Pandem | ic Unemployment Assi | stance Benefits. Please h | ave all your materials | ready |
| efore you begin yo | our application. | | | | |
| Social security num | ber date of birth, driver licen | se or state ID, and, if you're | a not a US citizan, your USCIS | Issued Identification num | Der. |
| Social security have | bei, date er birtil, driver neen | se or state to, and, it you t | e not a ob chatch, your oacio | and action action from | |
| Home address and | your mailing address, if differ | ent than your home addre | 55. | | |
| Cell phone to receiv | e SMS updates and phone ca | lls or home phone number | A | | |
| Email address for a | lastraule communication and | and a second | | | |
| Email address for e | lectronic communication and | account access. | | | |
| | which may include your W2r | 1099s, K-1s related to part | tnerships, Pay Stubs, or Bank S | statements. | |
| 2019 wage records | which may hickude your wes, | a strange was de recenciente a se de | | | |



Learning



COVID-19 Qualifications

In order to file a Pandemic Unemployment Assistance claim, you need to be impacted by one of the COVID-19 related reasons identified in Section 2102(a)(3)(A)(i

Select the ways that COVID-19 has impacted your employment. You may select more than one reason.

- I was diagnosed with Coronavirus Disease 2019 (COVID-19) or was experiencing symptoms of COVID-19.
- A member of my household has been diagnosed with COVID-19.
- I was providing care for a family or household member who was diagnosed with COVID-19.
- A child or other person I care for is unable to attend school or another facility as a result of COVID-19.
- I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.
- I am unable to reach my place of employment because of a quarantine imposed as a result of the COVID-19 public health emergency.
- I am unable to reach my place of employment because I have been advised by a health care provider to self-quarantine.
- I am self employed, an independent contractor, or a gig worker and COVID-19 has severely limited my ability to perform my normal work.
- I don't have a recent history of full-time work and I was scheduled to start a job with a new employer. I cannot start that job or the offer was withdrawn
- My place of employment closed because of COVID-19.
- I had to quit my job, was laid off, or had my hours reduced as a result of COVID-19.
- I had an unemployment claim with DUA UI Online that ended after July 5, 2019 and there are no benefits left.

Do you certify that you were affected by COVID-19 for the reasons selected above?

No




Benefit Eligibility

| Did you work in Massa | achusetts in 2019? | | | | | | | | | | |
|---|--|--|-------------------|-----------------------|---------------------|---------------------------|------------------------|------------|---------------|----------------|-----|
| Yes | No | | | | | | | | | | |
| Did you work for a Mi | litary employer in 20 | ** | | | | | | | | | |
| Yes | No | | | | | | | | | | |
| Did you earn more tha | an \$5,100.00 of emp | loyment income from employe | r(s) who took tax | es out of your paychi | eck in 2019? | | | | | | |
| Yes | No | | | | | | | | | | |
| Are you getting full-tin | me pay from your er | mployer or union while not wor | rking? | | | | | | | | |
| Yes | No | | | | | | | | | | |
| If you are able to work | c from home, have y | ou made a voluntary decision t | lo not work from | home? | | | | | | | |
| Yes | No | | | | | | | | | | |
| Àre you eligible for, or a prior natural disaste | r receiving, benefits r, or WorkShare ben | from other unemployment insu efits? | irance programs | such as regular unem | ployment benefits | , Trade Readjustment | Allowances (TRA), DI | saster Une | employment As | ssistance from | n * |
| Yes | No | | | | | | | | | | |
| Did you work in anoth | er state in addition | to working in Massachusetts in | 2019? * | | | | | | | | |
| Yes | No | | | | | | | | | | |
| Did you file a claim fo | r unemployment ass | sistance in the past 52 weeks ar | nd return to work | or stop collecting be | nefits before you (| laimed all the availab | le benefits on that cl | aim? | | | |
| Yes | No | | | gDevelopment | | | | | | | |
| Cancel | | | | of Workfor | Con | nbridge Imunity Ina | | < | Previous | Next | |
| | | | | Office | | enter | | | | | |

Employment Income

For the calendar year 2019, please enter all employment income from employers, independent sources and self-employment as a lump sum amount.

Employment income only includes income from earnings for the performance of services. It does not include investment income, such as bank interest, lottery winnings, pension income or the like.

For self-employment income, use your income after deductions (net amount). For example, the amount found on Line 31 of Schedule C of IRS Form 1040: Net Profit or Loss - Expenses minus tentative profit.

For employment income that are wages from (W-2) employers, please use the gross amount.

Please retain all proof of employment income (e.g. W-2s, 1099s, tax returns, pay stubs, bank receipts, billing notices, etc.) used to calculate the amount entered.

Cancel

Dependent Children

A gualified dependent is a child of whom you are the main support, and the child meets at least one of the follow criteria:

- Is under the age of 18
- Is under the age of 24 and a full-time student at an educational institution
- Is over the age of 18 and incapacitated due to a mental or physical disability

A dependent can only be claimed on one unemployment claim at a time.

How many qualified dependent children do you have that are not already claimed on another unemployment claim?

Availability and Earnings

Other than as impacted by COVID-19, were you able to work and available to work between 29-Mar-2020 and 16-May-2020?



Yes

Yes

In order to be considered eligible for the Pandemic Unemployment Assistance program, you must be able and available to work. As long as you intend to resume work immediately when you are no longer impacted by COVID-19, you satisfy the availability and capability requirements and may answer Yes to the question above.

No

Did you have earnings in excess of \$89.00 in any work week between 29-Mar-2020 and 16-May-2020?

No

Previous

~

Next



https://ui-cares-act.mass.gov/PUA/_/#

| Income & Dependents Pers | sonal Information | Payment Preferences | Create Account | Review | | | | |
|----------------------------------|---|-----------------------------------|----------------------------------|--|--|--|--|--|
| Name First Name * Required | Social Sec Social Security N Required | curity lumber * | Driver's Licen | Driver's License or State ID I do not have a driver's license or state-issued ID. | | | | |
| Viddle Name | Confirm Social S Required | ecurity Number * | Issuing State MASSACHUSETTS | Issuing State MASSACHUSETTS ~ | | | | |
| Last Name * Required | Date of Birth * Required | ē | Driver License Numbe Required | Driver License Number or State ID * <i>Required</i> | | | | |
| | Are you a United | States citizen or American nation | al? * | | | | | |
| | Yes | No | | | | | | |
| | Yes | No | | | | | | |



Be careful, the wording in the application can be tricky

- "If you are able to work from home, have you made a voluntary decision to not work from home?" NO (Maybe you *could* work from home, but your job won't allow it, so you have not *chosen* not to work from home)
- "Did you earn more than \$5,100.00 of employment income from employer(s) who took taxes out of your paycheck in 2019?"
 - NO if you're an independent contractor: Uber/Lyft don't take taxes out. If yes, you will be directed to apply for regular unemployment



- Claiming a dependent on your claim and your partner's? NO.
 Each dependent can be claimed on one unemployment claim only.
- PUA texts or e-mails a code when people sign in. You need to enter the code before you can log in
- Think about this question: Did you earn more than \$5,100.00 of employment income from employer(s) who took taxes out of your paycheck in 2019? If you answer YES, you should apply through the regular UI system.





Part 3 - Common Pitfalls When Filing for Unemployment Benefits

- 1. Before you apply
- 2. While you're applying
- 3. After you've applied
- 4. Requesting weekly benefits



Before You Apply

- Make sure you have the information and documentation that you need to apply
- Have your W2 with you if possible
- Budget at least an hour for the application
- Find the alien registration number on your green card
- Identify someone who can help you with a computer if you don't have one. You can't use a phone to verify your account or change your password for traditional unemployment
- Know the difference between the bank routing number and your account number. Call your bank for their routing number, or find the left number on a check





Green Card Information

Help Content

Where do I find Alien/USCIS Number (A#) and Card Number?

There are a number of Permanent Resident Cards, Form I-551, currently in circulation. The Alien/USCIS Number (A#) and Card Number are shown by arrows or circled in red on the samples below.

Form I-551 - click images to enlarge



What if my Resident Alien Card does not have a Card Number 2)

If your Resident Alien Card does not have a Card Number, enter AAA and 10 zeros (AAA0000000000) into the Card Number field. The Alien/USCIS Number is circled in red on the samples below. Note: Do not input the letter "A" when entering the Alien/USCIS Number.

Form I-551 without Card Number - click images to enlarge



NOTE: THESE ARE SAMPLE IMAGES. YOUR DOCUMENT MAY LOOK DIFFERENT.



While You Are Applying

- Read everything very carefully
- Make sure to click the box to the left of "I have read and understand the information above" on the first page
- DO NOT use the "BACK" button at the top of your web browser window. Only use the "PREVIOUS" or "NEXT" buttons provided at the bottom of the page.
- Save your password and security question answer somewhere safe where you can easily find it
 - People often forget their password
 - People often spell or capitalize their security question answer incorrectly. Take your time typing these.
 - Saves time







- Making mistakes delays your eligibility determination
- You must claim benefits for the past week, every week. You can do this beginning on Sunday.
 - Sunday starts a new week. When calculating your weekly earnings to claim benefits, count the previous Sunday, not the most recent one.
- If someone applies for you and they do not enter your information correctly or tell you what they put down exactly you could have trouble getting on or cause fraud
- Correcting mistakes is very time consuming





After You Have Applied -Continued

- Check mail, email, UI inbox and text messages for updates
- Answer all requests for documentation promptly
- If you mail in a copy of something make sure it is readable
 - You can't upload a picture from a phone to the system. It needs to be a scanned document (PDF) that is clear.
 - If you don't have a scanner, visit Staples or other stores that provide that service.
 - You can also use a PDF scanning app on your phone (Genius Scan, etc.)



Fraud and Scams

- Fraudsters are posing as job recruiters, the IRS, and DUA
- Callers ask for your SSN and other types of information
- Websites present like DUA's but end in .org, .com, or .it
 - They may ask you to upload birth certificates, social security card, etc.
- Fake stimulus checks are mailed. Recipients are called and told there's been a mistake and they must wire money back.
- Emails with links to fake webpages request you share information to apply for your DUA debit card
- Payment is requested online to apply for benefits (applying for benefits is free)





- DUA will not call you about unemployment unless you have requested a call back online
- Only share your resume with known job sites
- Do not enter your credit card number when apply for unemployment or stimulus money (this is a fake site)
- Only apply for government benefits on .gov webpages
 - Only use irs.gov/coronavirus to check your stimulus money
- The IRS won't call about your stimulus check
- There are no processing fees to obtain your stimulus check
- Do not pay to apply for government benefits





Need Help Applying?

- Metro North Career Centers
 - Fill out the contact form on website <u>https://masshiremncareers.com/contact/</u>
- Call one of the centers' phone lines:
 - o Cambridge Career Center: 617-661-7867
 - o Woburn Career Center: 781-932-5500
 - o Chelsea Career Center: 617-884-4333





Join us next Thursday for the final webinar in the "Unemployment in the Time of COVID-19" program series presented by The Job Connector by MIT and the City of Cambridge Department of Human Service Programs.

> Staying Job Ready Presented by The Job Connector by MIT Thursday, May 28th 10:00 – 11:00 am Free Zoom Webinar

Learn more and register: jobconnector.mit.edu/covid-19

Department of

Human Service Programs















