



TO: Participants of the Moving Forward Plan (MFP) Program  
FROM: Fiscal Intermediary Department  
RE: Timesheets and Instructions

Tempus Unlimited, Inc. welcomes you as your Fiscal Intermediary. The following are instructions and comments for the completion of the timesheets that you should send to us for each biweekly payroll period that you use DCWs. You may want to provide a copy of this memo to your DCWs so that they might better understand the timesheets and the payroll process.

**Biweekly Payroll:** As you can see on the timesheet, we use a biweekly payroll period (every two weeks). Participants and DCWs **do not** have the option of billing every week. All Participants must send in timesheets every two weeks. The payroll period is explained on the back of the timesheet and below under Payment Schedule.

**Payment Schedule:** The Payment Schedule shows the payroll period beginning and ending dates, as well as the dates we must receive the timesheets and the dates the timesheets will be paid. Keep in mind that we require that the timesheets be in our office by 4:00 PM on the Monday after the end of each payroll period in order to process them in a timely manner. This is true even if Monday is a holiday.

**Payroll Dates:** In order to process timesheets with more accuracy, in a timely manner, and as per our funding source contracts we can only process timesheets that have the correct pay period dates that are assigned to you based on your DCW Payment Schedule. **If any other dates are printed in the Payroll Period boxes, the timesheet will NOT be paid.**

**Effective March 9, 2024:** At the end of the applicable payroll period, for PCAs who submit an error-free EVV or ETimesheet by 4PM on Monday, Tempus will issue payment on the following Thursday. For PCAs who submit an error-free paper timesheet by 4PM on Monday, Tempus will make best efforts to issue payment on the following Thursday but no later than Friday. All remaining timesheets will be paid on a rolling basis. Although a consumer can authorize a PCA to pick up the payroll package, a consumer **cannot** authorize a PCA to pick up just that PCA's stub. The entire package must be picked up or mailed.

**One DCW Per Timesheet:** The hours of each DCW must be recorded on different timesheets. Under no circumstances will a timesheet be processed if it contains information for more than one DCW.

**Delivery of Timesheets:** Timesheets can be faxed to us at the toll-free fax number listed on the front of the timesheet. In addition, you can drop off timesheets to our Stoughton office at the address listed below. **If you fax your timesheet, please do not mail the original to us.** Timesheets dropped at the Stoughton office by 4:00 PM on Mondays will be considered to be on time. Any mailed timesheets received with a postmark before the end of the payroll period will be returned to the Participant, unless there are no hours on the timesheet after the postmark. For instance, if there are no hours on the timesheet for the second Saturday of the payroll period then the timesheet can be mailed, faxed or delivered on Saturday. Likewise, if there are no hours on the timesheet for the second Friday and timesheet can be mailed, faxed or delivered on Friday or Saturday. However, if you mail, fax or deliver a timesheet on Friday that has hours on Friday or Saturday, it will be returned to you without being processed. **There will never be any exceptions to this policy.**

**Signatures:** The DCW and the Participant/Surrogate must sign the timesheet at the bottom of the timesheet and the signatures must be originals. Although it is acceptable to make copies of timesheets if the DCWs work a set schedule, it is not acceptable to make copies of timesheets with signatures already on the document. Any timesheets received **without original signatures** will be returned to the Participant without being processed.

**Participant Information:** The Participant is required to complete the Participant name, Participant # and telephone number information. The Participant # is assigned by our office. The telephone number should be the number you would like us to call if there is a problem with the timesheet.

**DCW Information:** The DCW is required to complete the name, last four digits of the social security number and telephone number section.

**Direct Deposits and Debit Cards:** You are required to have direct deposit for your DCWs.

**\*If you already use direct deposit to be paid for DCW services, you do not have to do anything.\***

You may apply for another payment method from the options below:

**Apply for Direct Deposit**

- A **direct-deposit application** form is attached to this notice. Complete the application and return it to the address on the application.

***Note: Direct-deposit accounts must be in the name of the DCW only. The bank account cannot be a joint account that you share with the Participant or the surrogate.***

**If You Cannot Get Direct Deposit, You Must Apply for a Payroll Debit Card**

- If you don't have a bank account that accepts direct deposit, you must apply for a **payroll debit card**. Ask your fiscal intermediary (FI) or the union for a payroll debit card application.

***Note: If you apply for a payroll debit card, be sure to read all of the terms and conditions, which will tell you when any fees may apply.***

**If You Cannot Get Paid by Direct Deposit or Payroll Debit Card, You Must Apply for an Exemption**

- You may apply for an exemption *only* if you cannot enroll in direct deposit or get a payroll debit card due to a severe hardship. Examples of hardship may include: you cannot access a bank or financial institution during off-hours; there's no ATM within a reasonable distance of your work or home; or the DCW is a minor. If you do get an exemption, you will be paid by a paper check for DCW services. The PCA Workforce Council, together with your Fiscal Intermediary (FI) and the union, will review your request and make a decision.

***Note: Preferring to be paid by check is not a hardship.***

The form referenced above is available through our Consumer Relations Department at 1-877-479-7577.

All timesheets received on time will be processed so that direct deposit/debit card stubs can be mailed to the Participant on Wednesday. The debit card/direct deposits will be dated for that Friday. Timesheets received after Monday at 4:00 PM may be processed with check dates in the following week. Although a Participant can authorize a DCW to pick up the payroll package, a Participant **cannot** authorize a DCW to pick up just that DCW's stub. The entire payroll package must be picked up or mailed.

**Payroll Packages:** Each payroll period, the Participant will receive a payroll package, which includes payroll reports for all the timesheets processed for the Participant's records. A Participant may allow someone else to pick up his or her payroll package each payroll period. That authorization must be in writing and will remain in force until canceled in writing.

Participant-employers and DCWs will be able to access DCW pay advice information electronically on your Fiscal Intermediary's website. Payment voucher information will default to electronic access; however, DCWs who wish to opt out of this option may receive payment voucher information via standard mail. Follow these steps to access a payment voucher request:

1. Go to our website – <https://tempusunlimited.org/>
2. Select **Fiscal Intermediary Program – (CDC, MFP, PCA or VDC)**
3. Select **MFP Direct Care Worker (DCW) Information Forms** at the top of the page
4. Select **Tempus DCW/Worker Payment Voucher Request**

**Time Worked - Hours:** All hours worked between 12:00 AM and 11:59 PM are considered hours worked. The DCW should complete the timesheet by writing the actual "Time In" and "Time Out" in the spaces provided including filling in the appropriate AM and PM circles using the sample on the back of the timesheet as a guide. You must use the AM and PM designations with all hours or the timesheet will not be processed. Also, remember that the timesheet should reflect actual hours worked. The Total Hours should be calculated daily using hours and minutes (i.e. A DCW who works from 1 PM to 2:30 PM would record the time for that day as 1 hour and 30 minutes, not 1 and 1/2 hours and not 1.5 hours).

**Overtime:** Any hours worked by one DCW for one employer (Participant) in excess of 40 in one week are required to be paid at time and a half according to Department of Labor regulations. Under the guidelines of this program, it is assumed that overtime usage will not be routine. Each Participant should hire and schedule his or her DCWs to ensure that no one DCW is asked to work more than 40 hours in one week. You cannot avoid overtime by having a DCW work 45 hours in the first week of the payroll period and then work 35 hours in the second week of the payroll period so that the average is 40. Each week is calculated on its own for overtime purposes. Actual time worked is the basis for overtime.

**Fill-In Version of the Timesheet:** There is a version of the Fiscal Intermediary timesheet available on our website that may be a more efficient way for Participants and DCWs to report payroll to us. Follow these steps to access this form:

1. Go to our website- <http://tempusunlimited.org/>
2. Select **Fiscal Intermediary Program – (CDC, MFP, PCA or VDC)**
3. Scroll down to **Timesheets**
4. Select **MFP Timesheet**

The only software you will need to use this timesheet is Foxit Reader, which can be downloaded free on the internet at <https://www.foxit.com/downloads/>. The timesheet can be downloaded from our website and saved on the user's computer. It can then be completed on the computer, printed out, signed and faxed to us for processing. The completed timesheet can also be saved and then revised for future payroll periods. The Participant and DCW would only have to change the payroll period dates, make any revisions to the in and out times for that payroll period, print, sign and fax the timesheet for processing.

**Electronic Timesheet User Agreement:** The Electronic Timesheet (E-Timesheet) Module is a web-based interface through which Participants, Surrogates, DCWs/Workers, and Fiscal Intermediary staff can respectively can record, view, and submit relevant timesheet information. In order to use the E-Timesheets submission interface, a Participant, their surrogate (if applicable) and each DCW must sign an E-Timesheets Agreement which states that they both have a valid, separate e-mail addresses, and agree to use the E-Timesheet submission interface as a method of submitting time. **E-Timesheet Users enrolled in Direct Deposit can receive their payment as early as Wednesday by submitting timesheets by midnight Sunday.** Follow these steps to access the E-Timesheet Agreement:

1. Go to our website – <http://tempusunlimited.org/>
2. Select **Fiscal Intermediary Program – (CDC, MFP, PCA or VDC)**
3. Scroll down to **Timesheets**
4. Select **Etimesheet**

**Earned Sick Time Notice to Employees:** As an employer in Massachusetts, you are required to post this Notice where your DCWs can see it.

**DUA:** Also enclosed please find copies of the form from the Division of Unemployment Assistance (DUA) that you are required to give to each employee who leaves employment with you. Complete the front of each form with your name. Leave the DUA number and Federal Employer ID Number lines blank. When we receive notification of your DUA number, we will send it along to you.

**The Department of Industrial Accidents (DIA) Notice:** The Tempus Unlimited, Inc. FI Program provides each consumer with the Department of Industrial Accidents (DIA) Notice. Any Worker who is providing services for a consumer must be notified that they are eligible for Workers Compensation should they be injured while working for a consumer. The Workers' Compensation carrier information can be found on the Department of Industrial Accidents (DIA) Notice enclosed in your employment package.

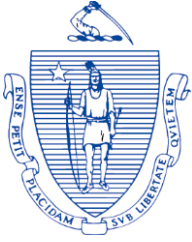
**Emergency Notification System (EverBridge):** We will use the system to notify you of office closings, important updates and other information that we need to provide quickly. Communications will be sent from: <noreply@everbridge.net> either by text, phone or email.

**DCW New Hire Forms:** There are additional W-4, I-9, DCW Signature Forms, CORI Form, Direct Deposit and Debit Card Applications for your use. As you hire new DCWs, have them **complete all of the forms** and send them to Tempus Unlimited, Inc., as soon as possible. **Please keep in mind that you are obligated to inform your DCWs that they must receive their net pay by direct deposit or debit card.**

**Paperworkr:** An online Module that allows the Consumer and PCA to complete and sign the PCA's New Hire Paperwork (NHP) electronically. If the NHP is not electronically signed, it should be faxed, or mailed to Tempus Unlimited. You can access Paperworkr at <https://paperwork.tempusunlimited.org/>

To request a CORI check for your Direct Care Worker (DCW), you can either create an online account at [Request an Online CORI check](#) (you must have a valid Massachusetts Driver's License or ID), or complete the CORI Request Form on the Tempus website and submit to the address at the top of the form ATTN: CORI Unit.

If you have any questions, please contact Tempus Unlimited, Inc. toll free at 1-877-479-7577 Monday through Friday between the hours of 7:30AM and 4:30PM. One of our Consumer Relations Specialists will be happy to assist you.



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Office of Long Term Services and Supports  
One Ashburton Place, 5<sup>th</sup> Floor  
Boston, Massachusetts 02108



CHARLES D. BAKER  
Governor

KARYN E. POLITO

AMANDA CASSEL KRAFT  
Acting  
Assistant Secretary for  
MassHealth

## **NOTICE: COVID-19 Vaccine Requirement for DCWs**

October 4, 2021

Dear HCBS Waiver Participant,

On September 1, 2021, the Baker-Polito Administration announced a vaccine requirement for all staff at rest homes, assisted living residences (ALRs), hospice programs, and home care agency workers providing in-home, direct care services under a state contract or state program as part of a continued effort to protect older adults and more vulnerable populations against COVID-19. On September 8, 2021, the Massachusetts Department of Public Health (DPH) promulgated 105 CMR 159.000: *COVID-19 Vaccinations for Certain Staff Providing Home Care Services in Massachusetts*, which requires certain home care workers, including Direct Care Workers (DCWs) working in the MassHealth Home and Community-based Services (HCBS) Moving Forward Plan (MFP) Waivers Self-Directed Program, to receive the COVID-19 vaccine.

As a result, **all DCWs working in the MassHealth HCBS MFP Waivers Self-Directed Program are required to complete the full regimen of COVID-19 vaccine by October 31, 2021**, except for those DCWs who qualify for an exemption because:

1. The vaccine is medically contraindicated, meaning that administration of a COVID-19 vaccine to that individual would likely be detrimental to the individual's health, and the individual can provide documentation demonstrating their need for this exemption, and the individual is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on you, their employer; or
2. The individual objects to vaccination on the basis of a sincerely held religious belief and the individual can provide documentation demonstrating their sincerely held religious belief and the individual is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on you, their employer.

Please continue reading to learn more information about the vaccine requirement and what this means for you as an employer of DCWs under the MassHealth HCBS MFP Waivers Self-Directed Program.

*Please continue reading on reverse side →*



## **When is the deadline for my DCW to get a COVID-19 vaccine?**

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All DCWs are required to receive the full required regimen of vaccine doses, or document that they qualify for an exemption, by October 31, 2021. The full required regimen of COVID-19 vaccine doses means:

- Two doses of the Pfizer-BioNTech COVID-19 vaccine; or
- Two doses of the Moderna COVID-19 vaccine; or
- One dose of the Johnson & Johnson COVID-19 vaccine.

## **Does the vaccine requirement change my rights and responsibilities as a Waiver Participant Consumer-employer?**

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No, this vaccine requirement does not change your rights and responsibilities as the employer of your DCW(s).

**As a Waiver Participant Consumer-employer, it is your choice whether to hire, terminate, or decline services from a DCW based on their individual vaccination status.**

Please speak with your Waiver Case Manager for more information about your responsibilities as a Waiver Participant Consumer-employer.

## **Can I ask my DCW about their vaccination status?**

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Yes. In order to make the best decisions about your safety and personal care, you may ask your DCW(s) to verify if they have been vaccinated and/or whether they qualify for an exemption. As the employer, you are entitled to ask your DCW(s) to complete the attached COVID-19 Vaccine Attestation Form, which has important information about the COVID-19 vaccine and your DCW(s)' vaccination status. For information regarding the vaccine requirement, please go to: <https://www.mass.gov/info-details/massachusetts-law-about-vaccination-immunization>.

## **Should I ask my DCW for a copy of their vaccine card or medical information?**

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You may ask to *look at* your DCW(s)' vaccine card or an applicable doctor's letter explaining why they cannot receive a vaccine. It is strongly recommended that Waiver Participant Consumer-employers NOT keep copies of this information on file, but if a Consumer-employer chooses to do so, the Consumer-employer should ensure that any such documents are maintained in compliance with any applicable laws.

If you wish to keep a record of your DCW(s)' vaccination status, you may have them complete the attached COVID-19 Vaccine Attestation Form after viewing their verification documents.

## **What should I do if my DCW refuses to get a vaccine?**

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COVID-19 vaccination is the most effective method for preventing infection and serious illness from the virus. As the employer of your DCW(s), it is your decision whether to hire, schedule, or terminate someone who has not received a vaccine. You do not have to employ anyone who is not vaccinated unless they qualify for an exemption and can perform their essential job functions without undue burden on you, their employer.

The Massachusetts Executive Office of Health and Human Services (EOHHS) does not plan to monitor DCWs' vaccination statuses. Consumer-employers are responsible for monitoring their own employees' vaccination statuses.



# COVID-19 Vaccine Attestation Form

## MassHealth Home and Community-based Services MFP Waivers Self-Directed Program

This form will help your Waiver Participant Consumer-employer verify your vaccine status and make decisions about their safety and personal care. **Any Direct Care Worker who refuses to complete this form and/or comply with regulations promulgated, or regulations issued, by the Department of Public Health (DPH) pertaining to COVID-19 vaccination requirements may be subject to termination, as determined by their Waiver Participant Consumer-employer.**

By signing below, I acknowledge the following:

- I understand that Direct Care Workers (DCWs) working in the MassHealth Home and Community-based Services MFP Waivers Self-Directed Program are required to complete the full regimen of COVID-19 vaccine doses by October 31, 2021, per the Massachusetts Department of Public Health regulation 105 CMR 159.000: *COVID-19 Vaccinations for Certain Staff Providing Home Care Services in Massachusetts*;
- I have received information regarding the risks and benefits of receiving a COVID-19 vaccine, which includes information available at <https://www.mass.gov/info-details/massachusetts-law-about-vaccination-immunization>;
- I understand that under state and federal employment law, my Waiver Participant Consumer-employer has a legal right to require that I receive a COVID-19 vaccine as a condition of employment. **My Waiver Participant Consumer-employer can make hiring, termination, and scheduling decisions based on this requirement;**
- I can produce proof of my vaccination status or proof supporting a qualified exemption;
- I understand that if I qualify for an exemption or if I otherwise do not get the vaccine, I may be at greater risk of contracting COVID-19 and/or spreading it to others; and
- I understand that my Waiver Participant Consumer-employer may choose to terminate employment even if I qualify for an exemption if I cannot perform my essential job functions through a reasonable accommodation without creating an undue burden on my Waiver Participant Consumer-employer.

### DCW Vaccine Status

By signing below, I attest to the following under the pains and penalties of perjury (please check one):

- ☐ I have completed the full regimen of COVID-19 vaccine doses. Specifically, I have received two doses of the Pfizer-BioNTech vaccine, or two doses of the Moderna vaccine, or one dose of the Johnson & Johnson vaccine.
- ☐ I am requesting a COVID-19 vaccine exemption based on one of the following (please check one):
  - ☐ A licensed independent practitioner who has a practitioner/patient relationship with me has determined that administration of the COVID-19 vaccine is medically contraindicated, meaning the COVID-19 vaccine would likely be detrimental to my health, and I have documentation from said licensed independent practitioner demonstrating this determination; or
  - ☐ I object to receiving a COVID-19 vaccine based on a sincerely held religious belief and I have documentation demonstrating this sincerely held religious belief.
- ☐ I am not currently vaccinated against COVID-19 and am not requesting (or do not qualify for) an exemption.

DCW Name

DCW Signature

Date Signed

Waiver Participant Consumer Name

Waiver Participant Consumer, Surrogate, or Legal  
Guardian Signature

Date Signed

# What is Unemployment Insurance?

Unemployment Insurance (UI) is a temporary income assistance program for Massachusetts workers who have lost their jobs through no fault of their own, and are:

- Able to work
- Available for work, and
- Actively looking for work

Funding for UI benefits comes from quarterly contributions paid by the state's employers to the Department of Unemployment Assistance (DUA). Employees do not contribute to unemployment insurance.

## When should you apply for UI benefits?

If you have been separated from work, or your hours have been reduced, you should file a claim for UI benefits **during your first week** of total or partial unemployment. Your claim will begin on the Sunday of the calendar week in which your claim is filed. This date is known as the effective claim date.

You will not be paid benefits for any week of unemployment preceding the effective date of your claim.

### Important note:

You may request benefits only if you are in the United States, its territories, or Canada. You should not request benefits for any week you are outside the United States, its territories, or Canada.

This pamphlet includes important information on how to apply for Unemployment Insurance benefits.

Este folleto contiene información importante sobre cómo solicitar los beneficios del Seguro de Desempleo.

Este panfleto contém informações importantes sobre como registrar-se para receber benefícios de subsídio de desemprego.

Данный проспект содержит важную информацию о процессе подачи заявления на получение Страхового пособия по безработице.

Livré sa gen enfômasyon enpòtan sou fason pou aplike pou Benefits Asirans Chomaj yo.

Il presente opuscolo contiene importanti informazioni riguardanti la modalità di richiesta per l'indennità di disoccupazione.

Cette brochure comporte d'importants renseignements sur la façon de demander des prestations d'assurance-chômage.

រង្ស៊ីកៅប្រែប្រួលបាន៖ មានអ្នកងាយយល់និងព័ត៌មានលំអាន អំពី របៀបដាក់ពាក្យសុំប្រាក់ផ្គត់ផ្គង់ប្រយោជន៍ការងារវារៈឯករាជ្យ

ကဏ္ဍများ

Cuốn sách mỏng này bao gồm thông tin quan trọng về cách nộp đơn xin bảo hiểm thất nghiệp

આમાં જોવા મળે છે કે આવી વિગતોના અંગ્રેજી, હિન્દી અને ચીની ભાષામાં જાણવા માટેના પાઠ્યક્રમો.

这本小册子包括如何申请失业保险金的重要信息。

이 팜플렛에는 실업 보험 급여의 신청 방법에 대한 중요한 정보가 들어 있습니다.

يحتوي هذا الكتيب على معلومات مهمة حول كيفية التقديم للحصول على مبالغ تأمين البطالة.

### Equal opportunity employer program

Auxiliary aids and services are available upon request to individuals with disabilities. For hearing-impaired relay services, call 711.

## To Massachusetts Workers: How to File a Claim for Unemployment Insurance Benefits

### To Massachusetts employers:

Under the state's Employment and Training Law, M.G.L. Chapter 151A, you must provide a copy of this pamphlet as soon as practicable, but no more than 30 days, from the last day the employee performed compensable work. You must provide this pamphlet to each of your employees who is separated from work, permanently or temporarily. Please complete the information below:

Employer name  
\_\_\_\_\_  
**C/O Tempus Unlimited, Inc.  
600 Technology Center Drive  
Stoughton, MA 02072**

Phone number  
\_\_\_\_\_

Federal employer ID number  
\_\_\_\_\_





## File Online

To file your new UI claim or reopen an established claim online, visit our website at: [www.mass.gov/dua/uionline](http://www.mass.gov/dua/uionline).

1. Select **Log in to UI Online for Claimants**.
2. Create a UI Online account or log in to an existing account.
3. Complete all the information requested and submit your application.
4. Be sure to include your phone number and email address to make it easier for us to contact you if there are questions about your application.

**UI Online is available 6:00 am to 10:00 pm, 7 days a week.**

### Need Help?

If you have questions about your eligibility, please review the eligibility requirements online at: [www.mass.gov/dua/eligibility](http://www.mass.gov/dua/eligibility).

For assistance creating a UI Online account, visit: [www.mass.gov/dua/fileclaim](http://www.mass.gov/dua/fileclaim).

## Information Needed to File a Claim

To apply for unemployment, you need to provide personal information including your Social Security number, birth date, home address, email address, and phone number.

You also need information about your employment history from the last 15 months, including:

- Names of all employers, plus addresses and phone numbers
- Reasons for leaving those jobs
- Work start and end dates
- Recall date (if you were laid off but have a set date to return to work)

You may need additional information in certain situations:

- If you are not a U.S. citizen — your Alien Registration number or verification that you are legally allowed to work in the United States.
- If you have dependent children — their birth dates and Social Security numbers
- If you're in a union — your union name and local number
- If you were in the military — your DD-214 Member 4 form. If you don't have it, you can request your DD-214 online at [www.dd214.us](http://www.dd214.us).

To receive payments by direct deposit, you'll need your bank name, account number and routing number. Otherwise, DUA will send you a debit card.



## File by Phone

To file your new UI claim or reopen an established claim by phone, you can:

- Schedule a callback from the TeleClaim Center by visiting our website at: [www.mass.gov/dua/schedulecallback](http://www.mass.gov/dua/schedulecallback).
- Call the TeleClaim Center at (617) 626-6800 or toll-free at (877) 626-6800. Please adhere to the call-in schedule below.

**The TeleClaim Center is available 8:30 am to 4:30 pm, Monday through Friday.**

Last digit of your Social Security Number: Assigned day to call the TeleClaim Center:

0, 1	Monday
2, 3	Tuesday
4, 5, 6	Wednesday
7, 8, 9	Thursday
Any last digit	Friday

# Información sobre Empleados Cubiertos por el Seguro de Desempleo

Nombre del empleador

**C/O Tempus Unlimited, Inc. 600 Technology Center Drive, Stoughton, MA 02072**

Número de identidad del empleador asignado por DUA

Dirección

Los empleados de este negocio u organización están cubiertos por el Seguro de Desempleo (UI por sus siglas en inglés), un programa financiado enteramente por empleadores en Massachusetts. No se hacen deducciones de su salario para cubrir el coste de sus beneficios del Seguro de Desempleo.

Si usted pierde su trabajo, puede que tenga derecho a recibir el Seguro de Desempleo. Abajo se encuentra un resumen de la información que necesita para poder solicitar los beneficios del Seguro de Desempleo. Antes de usted presentar su reclamación del Seguro de Desempleo, su empleador le dará una copia del folleto: *Cómo Solicitar los Beneficios del Seguro de Desempleo*, proporcionada por el Departamento de Asistencia al Desempleado de Massachusetts (DUA por sus siglas en inglés).

**Usted tiene que estar en los Estados Unidos, sus territorios, o Canadá cuando presente una reclamación de desempleo o cuando solicite los beneficios semanales del seguro de desempleo.**

## Hay dos maneras de solicitar los Beneficios del Seguro de Desempleo: Solicitar por internet a través de UI Online



UI Online es un sistema seguro de auto-servicio y fácil de usar. Usted puede solicitar los beneficios del Seguro de Desempleo, reactivar una reclamación existente, solicitar los pagos semanales de beneficios del Seguro de Desempleo, verificar el estatus de su reclamación, inscribirse para depósito directo, actualizar su dirección y mismo presentar una apelación por internet. Para solicitar los beneficios del Seguro de Desempleo a través de UI Online, visite [www.mass.gov/dua](http://www.mass.gov/dua), seleccione “*UI Online for Claimants*” y rellene la información exigida para entregar su solicitud.

## Solicitar por teléfono llamando al Centro de TeleReclamaciones



Los servicios del Seguro de Desempleo están disponibles por teléfono. Usted puede solicitar los beneficios del Seguro de Desempleo, reactivar una reclamación existente, obtener información actualizada sobre el estatus de su reclamación y los pagos de beneficios, resolver problemas, e inscribirse para depósito directo — todo por teléfono. Para solicitar los beneficios del Seguro de Desempleo por teléfono, llame al Centro de TeleReclamaciones al 1-877-626-6800 si tiene un prefijo telefónico de 351, 413, 508, 774, o 978; o 1-617-626-6800 si tiene cualquier otro prefijo telefónico. Se le pedirá de dar su Número de Seguro Social y su año de nacimiento. Se le pasará entonces a un agente que tomará la información necesaria para presentar su reclamación del Seguro de Desempleo.

Nota: Durante periodos de alto volumen de llamadas entre lunes y jueves, se puede implementar un horario de llamadas, dando prioridad a las personas que llamen basado en el último dígito de sus Números de Seguro Social. Esto ayuda asegurar que usted y los otros clientes pueden comunicarse con un representante del Centro de TeleReclamaciones puntualmente. Por favor consulte el horario a la derecha antes de llamar.

Si su Número de Seguro Social acaba en:	Su día asignado para llamar al Centro de TeleReclamaciones es:
0, 1	Lunes
2, 3	Martes
4, 5, 6	Miércoles
7, 8, 9	Jueves
Cualquier dígito final	Viernes

**IMPORTANTE:** Leyes Generales de Massachusetts, Capítulo 151A, Sección 62A requiere que este aviso esté colocado visiblemente en cada lugar operado por un empleador, en un sitio evidente, donde puede ser accedido por todos los empleados. El aviso tiene que incluir el nombre y la dirección de correo del empleador y el número de identidad asignado al empleador por el Departamento de Asistencia al Desempleado.

Un patrón/programa que ofrece igualdad de oportunidades de empleo. Dispositivos y servicios auxiliares están disponibles a pedido para personas con discapacidades. Para servicios de retransmisión para personas con discapacidades auditivas, llame al 711.