University of Massachusetts Medical School

Leaving the University Guide
For Benefited Staff Employees
INTRODUCTION

This Guide provides helpful information concerning benefits and other subjects important to an employee who is terminating employment at UMMS for reasons other than retirement.

All employees leaving employment at the Medical School should read this guide. Employees who are eligible to retire or require additional information about retirement should contact Benefits in the HR Service Center at 508-856-5260, option 1.

CONTENTS

<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. CHECKLIST</td>
<td>3</td>
</tr>
<tr>
<td>II. BENEFITS</td>
<td>4</td>
</tr>
<tr>
<td>A. Accumulated Time Off</td>
<td>4</td>
</tr>
<tr>
<td>B. Insurance (Health, Life, Dental, Vision, Long Term Disability)</td>
<td>4</td>
</tr>
<tr>
<td>C. Tuition</td>
<td>5</td>
</tr>
<tr>
<td>D. Childcare Assistance</td>
<td>5</td>
</tr>
<tr>
<td>E. FLEXIBLE SPENDING ACCOUNTS</td>
<td>5</td>
</tr>
<tr>
<td>F. RETIREMENT</td>
<td>6</td>
</tr>
<tr>
<td>III. OTHER IMPORTANT INFORMATION</td>
<td>8-10</td>
</tr>
<tr>
<td>IV. FORMS</td>
<td>10</td>
</tr>
<tr>
<td>A. State Board of Retirement/Refund/Rollover Form</td>
<td></td>
</tr>
<tr>
<td>B. GIC Enrollment Change/Form-1A</td>
<td></td>
</tr>
<tr>
<td>C. COBRA APPLICATION</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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ADDRESS CHANGE FORM
# Checklist for Employees Leaving the University

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<th>Name:</th>
<th>Termination date:</th>
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- I would like to schedule an exit interview and have contacted my department’s Employee Relations Consultant: [ ] Yes [ ] No
- I have received and reviewed the Leaving the University Guide: [ ] Yes [ ] No
- I have updated my address in HR Direct (if applicable): [ ] Yes [ ] No
- I have contacted Immigration Services at ISSOUMMS@umassmed.edu for assistance with visa related questions: [ ] Yes [ ] No
- I have returned the following University property to department administrator or manager:
  - Badge/ID -- Parking, Kronos
  - Keys – office, file cabinets, etc.
  - Computer equipment
  - Pager
  - Cell phone
  - Procard/credit card(s)
  - Uniforms
  - Other ____________
    [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No

If you have any questions, please contact your HR Employee Relations Consultant.
II. BENEFITS

A. ACCUMULATED LEAVE

**Vacation/Earned Time:** For voluntary termination, accrued vacation time will be paid out on the paycheck date following your last regular paycheck.

**Personal:** Any remaining personal time will not be paid out.

**Sick:** Accrued sick time will not be paid out, unless an employee is retiring (within 60 days of resignation), in which case the employee will be paid 20% of accrued sick time. An employee who is transferring to another state agency may be able to transfer sick time depending on their policy. Please contact the HR Service Center at 508-856-5260, option 1 if you are directly transferring to another state agency.

**Compensatory:** Accrued holiday compensatory time is paid out.

B. INSURANCE

**Health Insurance:** Your current group health insurance will remain in effect through the end of the month following your termination date.

*If your two monthly deductions for health insurance are not taken during the month you leave employment, the Group Insurance Commission will bill you for the missed premium deductions. You must pay this bill in order to be eligible for COBRA.*

You will be provided an option to continue in your current health insurance group plan for up to eighteen (18) months under the Consolidated Omnibus Budget Reconciliation Act (COBRA). You will be responsible for the total premium charges.

If you wish to continue group coverage, you must complete the COBRA Application. The application will be mailed to you at your home address directly by the Group Insurance Commission. In order to continue your coverage, the application must be completed and mailed to the Group Insurance Commission within sixty (60) days from the date on the notice, or sixty (60) days from the date your group coverage is due to expire, whichever is later.

If you are a Massachusetts resident, there is an option to elect coverage through the MA Health Connector. The Connector coverage may be a better fit for your needs and budget. Please see the enclosed document entitled “Health Insurance Alternative” for details or log onto www.mahealthconnector.org.

**Life Insurance – GIC:** Your GIC Life Insurance will end on the last day of the month following your termination date. You may apply for term life coverage similar to the group term life insurance. This coverage provides more favorable rates than conversion coverage. Alternately, you may convert your coverage to a non-group policy. If you have
any questions about portability and conversion, please contact The Hartford at 1-877-320-0484.

**Dental Insurance:** Your dental insurance will end on the last day of the pay period in which you terminate. You may continue your dental coverage for up to eighteen (18) months. You will be responsible for 102% of the total premium charges under the terms of COBRA and you will be notified by the COBRA administrators, Crosby Benefits Systems/Wage Works. You can elect to continue this coverage within sixty (60) days of separation or of notification of your rights, whichever is later. Rates will be provided by Crosby and are also available by contacting Benefits in the HR Service Center.

**Vision Insurance:** Your vision insurance will terminate on the last day of the pay period in which you terminate. There is no COBRA option for vision insurance.

**Long-Term Disability:** Your Long-Term Disability Insurance will end on the last day of the month following your termination date.

**C. TUITION**

If you separate from employment with UMMS while you, your spouse, or dependent child are enrolled in a course or program of study, eligibility for university tuition waivers and system-wide tuition remission will continue until the end of the current semester. At the end of the semester, eligibility for tuition benefits ceases. If you separate from employment with UMMS while enrolled in a private school in or outside of Massachusetts, you will not be reimbursed for tuition assistance.

**D. CHILD CARE ASSISTANCE**

If you are currently enrolled in the Child Care Assistance program, your enrollment and eligibility will terminate on your last day of employment.

**E. FLEXIBLE SPENDING ACCOUNTS**

Your participation in HCSA and DCAP will terminate on the last day of your employment. You will only be able to submit claims for eligible health care expenses that were incurred on or before your last day of employment. In order to use your HCSA account after you terminate, you may do the following:

1) You may elect to continue to contribute to the HCSA account under COBRA by making direct payments on an after-tax basis. Your eligibility for COBRA will be determined by ASIFlex. The HCSA COBRA application is available on the GIC’s website at [www.mass.gov/gic](http://www.mass.gov/gic). The amount billed to you will include a 2% administrative fee. You must notify the HR Service Center within 60 days of your termination date in order to take COBRA.

DCAP: You may file claims for eligible dependent care expenses against your account balance for expenses you incur until your DCAP account is exhausted. Claims can be filed with dates of service through the end of the plan year. Claims must be filed by October 15.
F. RETIREMENT

An employee leaving employment at UMMS who is not eligible to retire under the State Employee Retirement System (SERS) may either refund or rollover state retirement contributions. If you wish to receive a refund or rollover of state retirement contributions, you must complete the State Retirement Board “Application to Withdraw Accumulated Pension Deductions (Refund/Rollover Request Form)” and submit the original form to the HR Service Center.

Deferred Retiree Health Insurance: An employee who has worked for the State for the equivalent of ten (10) full-time creditable years may be eligible to retire, if age 55 years or older (or age 60 or older if entered into state service on/after 4/2/12). If not at least 55 years of age an employee may defer retirement to a later date. In order to be eligible for state retiree health insurance upon retirement, an employee must sign the enclosed FORM-1A and maintain coverage for Basic Life Insurance. This form must be returned to the HR Service Center.

University of Massachusetts Medical School
333 South Street
Shrewsbury, MA 01545
ATTN: Benefits/HR Service Center

a) State Employee Retirement System (SERS)
An employee who entered service after January 1, 1984, is eligible for a refund of the interest credited to the account according to the following schedule:

- An employee with less than ten (10) years of creditable service and VOLUNTARILY terminated service will be credited with 3% interest on the total deductions.

- An employee with more than ten (10) years of creditable service or who involuntarily withdraws from state service will be credited with regular interest. Also, an employee has more than ten (10) years of creditable service should contact the State Retirement Board as he/she may be vested and eligible for retirement at age 55.

- No interest will accrue to an account after two years from the date of separation of employment.

Refunds should be received from the Retirement Board within approximately 8 weeks of submitting the “Application to Withdraw Accumulated Pension Deductions” (Refund/Rollover Request Form) form to the Benefits department. If you don’t receive your refund within this time, contact the State Retirement Board directly at 800-392-6014 (within MA) or 617-367-7770 outside of MA.
Address changes during this 8-week period should be sent in writing to the Board. The letter should include your social security number, your date of termination and the University of Massachusetts Medical School as the agency from which you terminated. The Board’s address is:

**State Board of Retirement**  
**One Winter Street, 8th Floor**  
**Boston, MA 02108**

If an employee withdraws contributions and, in the future, returns to State or municipal service, he/she will be considered a new member of the retirement system and retirement contributions will be based on the current percent rate.

An employee who leaves UMMS to obtain employment with another state, county, city, town or other political subdivision in the Commonwealth will have to transfer retirement contributions on deposit with the State Board of Retirement to that new retirement system.

b) **Optional Retirement Program (ORP)**

ORP participants may receive some plan assets after leaving employment consistent with their chosen provider’s guidelines. When you leave employment, you may begin to take distributions from your account or you may rollover the funds to another employer retirement plan or IRA account.

For more information, please contact your ORP provider.

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<th>Provider Contacts</th>
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| Fidelity Investments  | www.fidelity.com  
|                       | 800-343-0860      
| TIAA                  | www.tiaa.org      
|                       | 800-842-2776      

**Tax Sheltered Annuity/Deferred Compensation Program:** An employee enrolled in the University 403(b) program or in the 457(b)/MA Smart Plan should contact the provider when leaving employment. All funds may remain in these accounts, or you may be able to transfer your account, depending upon your future employment setting.

Retiring employees are now able to defer accumulated sick pay, vacation pay, and back pay into the University 403(b) and 457(b) accounts. In addition, employees who separate from service may elect to defer accumulated vacation pay. Only a person who is retiring can defer accumulated sick pay. The amount may be deferred for any calendar month only if:

1. The amount would have been available for use or would have been paid to the employee if employment had no terminated.
2. The amount is paid within 2 ½ month following separation from service and
3. An agreement providing for the deferral is entered into before the beginning of the month in which the amounts would otherwise be paid or made available.  
   (Requirement #3 applies only to the Commonwealth’s 457(b) plan; there is no such requirement for the University’s 403(b) plan).
In addition, all deferrals are subject to the employee’s maximum 403(b) plan and 457(b) plan deferral limits in the year of the deferral.

If you wish to elect this option, please contact the HR Service Center at 508-856-5260, option 1.

Any 403(b) loan repayments are paid through the employee’s own arrangement with the vendor. These loan repayments are not paid back through payroll deductions. Employees will need to notify the vendor in order to continue these payments.

III. OTHER IMPORTANT INFORMATION

ADDRESS CHANGE

If you are moving from your current address, please update your address in Employee Self Service in PeopleSoft/HR Direct before your termination date. If you have a change of address after termination, please notify the HR Data Group of your new address by completing the form in Section V of this Guide.

UNIVERSITY PROPERTY

All University property and equipment must be returned to your manager prior to your last day of employment. If not returned, the University reserves the right to withhold monies from your last paycheck.

CREDIT UNION

An UMass Five College Federal Credit Union member should advise the credit union staff before leaving UMMS.

RELEASING EMPLOYMENT INFORMATION

When the Human Resources Department is contacted for employment information from other organizations, Human Resources will only verify your dates of employment and the last position held.

T-PASS CANCELLATION

Upon giving termination it is important to cancel your T-Pass so you will not be billed for the next month’s T-Pass. Please fill out the electronic form available on the Benefit Strategies website at www.benstrat.com.

CORESTREAM VOLUNTARY BENEFITS

If you have any voluntary benefits through Corestream, you will need to contact the benefit vendor directly to set up payment through another source.
METLAW-GROUP LEGAL SERVICES PLAN

If you are enrolled in the MetLaw benefit, your enrollment will expire on the last day of the month that you terminate employment.

If you wish to continue your legal plan benefit after retiring or terminating employment with the University of Massachusetts, you must enroll for portable enrollment within 30 days of your last payroll deduction for the legal plan.

To apply for portable enrollment:

- Call Hyatt’s Client Service Center at 1-800-821-6400, Monday–Friday (8am – 8pm ET) to enroll in your portable plan. A Client Service Center Representative will assist you in the enrollment process. You must enroll within 30 days of your last day of employment.
- Enrollment is prepaid via remittance of a lump sum payment equal to the legal plan’s monthly rate times 12 months.
- Upon receipt and approval of payment, Hyatt will send the enrollee verification of the portable enrollment.
- Portable enrollments will remain effective for a 12-month period and refunds will not be issued.
- Under portable enrollment, dependent definitions are the same as those for active Employees.
- The covered services and exclusions are the same as those under your current plan.

Please visit https://members.legalplans.com/Home/ or call 1-800-821-6400 for plan details.

TRANSFER/REHIRE

Transfer/Rehire to another State Agency: Your health, life insurance and LTD benefits through the GIC will not be interrupted if you are directly transferring to another state agency. You will have a 60-day wait for dental benefits as UMMS has a separate dental plan than other state agencies. To ensure continuity of your insurance benefits, you should inform your Department Administrator that you are transferring within State Service. Your vacation, sick, and personal days may be transferable to another state agency. You should request the Human Resources department of the new agency to request a Verification of Prior Service from the UMMS HR Service Center at benefits.UMMS@umassmed.edu or by phone at (508) 856-5260, option 1. The form will be completed and returned to the issuing agency, which will determine the accrued leave benefits to be transferred with you to the new position.

Transfer to City/County/Town: Your state retirement fund may be transferred to a city, county, or town retirement system. Insurance benefits, vacation and sick time are not transferable. For additional information, you should contact the Human Resources department at your new agency.
UNEMPLOYMENT INSURANCE

Unemployment insurance provides temporary benefits to individuals who have become unemployed through no fault of their own and who are looking for full-time employment. The unemployment insurance program is administered by the Commonwealth’s Department of Employment and Training (DET) and all DET decisions are made according to the Employment Security Law.

Upon request of the DET, UMMS provides a breakdown of an individual’s earnings for the 52-week period prior to the date an unemployment claim is filed and to provide a reason for separation. UMMS does not determine whether or not a terminated employee member is eligible to receive unemployment benefits. If you need information please call the TeleClaim Center at 1-877-626-6800 or (617)626-6800 from Monday through Friday, from 8:30 a.m. to 4:30 p.m. or go to DET for additional information. There are two ways to file your claim: You can file it in person in one of the sites, to get the address of the nearest UI Walk-In site please call 617-626-6560; or you can call the TeleClaim Center to the number mentioned above.

WORKER’S COMPENSATION CLAIMS

An employee who has a claim pending or who is actually receiving weekly worker’s compensation benefits is not entitled to a refund of retirement contributions from SERS until the claim is settled and weekly compensation benefits have ceased.

IV. FORMS

A. State Retirement Board Refund/Rollover Request Form
B. GIC Enrollment Change Form/Form-1A
C. COBRA Application

The information contained in this handout has been carefully reviewed and is presented as a source of information. References made to the University of Massachusetts Medical School policies or Commonwealth of Massachusetts regulations are designed to be helpful guidelines.

If, however, there is a conflict between the materials in this handout, the actual policies and practices of the University and the regulations of the Commonwealth, the latter will prevail.
EMPLOYEE
ADDRESS CHANGE FORM

It is the employee’s responsibility to provide Human Resources with change of address information. Updated information is needed for mailing of W-2 forms and retirement and health insurance information. Use this form only if you have already separated employment from the University. Otherwise, please log onto PeopleSoft/HR Direct to update your address online.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

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<td>Social Security or ID#:</td>
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<td>Address Line 1:</td>
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<td>Address Line 2:</td>
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<td>City</td>
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<td>State:</td>
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<td>Zip:</td>
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<tr>
<td>Telephone:</td>
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______________________________________________   __________________
Signature        Date

Please sign and return completed form to:
UMass Medical School
333 South Street
Shrewsbury, MA  01545
ATTN: HR Data Group/HR Service Center
Fax:  508-856-4049
or return via e-mail to:  HR-Datagroup@umassmed.edu