

UMass Chan Retirement **BENEFITS GUIDE**

Achieving excellence through people



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Planning Ahead For Retirement

Mandatory Retirement Plan Options

As a new hire, all Benefitted employees are enrolled in MSERS as a default mandatory retirement plan.

Employees hired at Professional level positions are also offered the option to enroll in the Optional Retirement Plan (ORP) in lieu of MSERS. Contribution rates are set and the same for each plan. The decision to opt into ORP must be made within 180 days of hire and is irrevocable.

	MSERS	ORP
Plan Type	Defined Benefit	Defined Contribution
Employee Contribution Rate	9% of all salary plus 2% of salary above \$30,000	9% of all salary plus 2% of salary above \$30,000
Ability to Purchase Years of Service	Yes, military service, "other service" and possibly state contract work	Not Applicable
Vesting	After 10 years of creditable service	Immediate 100%
Contribution from Commonwealth	Commonwealth ensures full funding for promised benefits	5% Employer Contribution*
In-service Withdrawals & Loans	Not Available	Not Available
Plan Investments	Commonwealth manages all Investments	Participants select and manage their own investments
Retiree Health Care	Eligible after 10 years of service at age 60, or 20 years at any age	Eligible after 10 years of service at age 60, or 20 years at any age

* Please note, the 5% "Contribution from Commonwealth" for the ORP includes administrative fee.

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MSERS

The Massachusetts State Employee Retirement Plan

- All participants must contribute 9% of salary and 2% of salary above \$30,000, up to State or Federal Limit. (This limit is dependent on your membership date with the State Board of Retirement and carries with you to future employment with all State Agencies).
- All contributions are made on a pre-tax basis.
- Contributions are made in lieu of Social Security.
- Your funds are invested by the Commonwealth of Massachusetts State Treasurer.
- Your pension is a guaranteed, predicable income, based on your age at the time of retirement, your total years of service with the State of MA, and average salary (average of three or five consecutive years of salary, dependent on membership date).
- You are vested in MSERS after ten full-time equivalent (10 FTE) years of creditable service.
- If you are not vested with ten years of service and leave state service, the funds may be rolled over, withdrawn, or remain in this account to maintain service years.
- Participants are eligible for GIC Retiree Health insurance after ten years of full-time service.

ORP

The Optional Retirement Program

- Offered to professional level employees only.
- Participants contribute 9% of salary and 2% of salary above \$30,000, up to State or Federal Limit (This limit is dependent on your membership date).
- Additional Employer contribution of 4.3% made outside of payroll by Department of Higher Education.
- All contributions are pre-tax.
- Contributions are made in lieu of Social Security.
- The participant elects their own investments.
- Membership includes Life Insurance (Multiple of Salary based on age) and Long-Term Disability benefits.
- Your retirement income is the total of accumulated funds at end of employment.
- If you leave employment prior to vesting (ten years of service) the funds may be rolled over, withdrawn, or can remain in your account.
- Participants are eligible for GIC Retiree Health insurance after ten years of full-time service.

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Voluntary Retirement Plans for Additional Savings

As UMass employee, you also have options to put additional money away towards retirement. Employees are eligible to contribute to two voluntary retirement plans:

- **The UMass Elective Deferral 403(b) Savings plan**
- **The Massachusetts Deferred Compensation 457(b) SMART Plan**

Contributions to both plans are processed through a payroll deduction and can be made on a pre-tax or after-tax (Roth) basis. You can contribute to each plan up to your applicable IRS limit each year.

CONTRIBUTION LIMITS FOR 2022		
	403(b)	457(b)
Under Age 50	\$20,500	\$20,500
Age 50 and older	\$27,000	\$27,000



PRE-TAX VS. ROTH: Which is best for me?

Utilizing the Pre-Tax Option

Traditional 403(b)/457(b) contributions are deducted from your gross income before tax, meaning your contributions allow you to reduce your federal and state income taxes. For example, a pre-tax contribution of \$10 per biweekly paycheck translates to only an \$8 deduction from your net pay (if your combined federal and state tax rate is 20%).

Utilizing the Roth Option

Roth 403(b)/457(b) contributions are also available. With the Roth 403(b) contribution option, your contributions are deducted from your pay after income taxes are taken out, meaning you do not receive an immediate tax break. As with traditional contributions, earnings grow tax deferred. Since you already paid tax on Roth contributions, you will not owe tax when you withdraw them. If your withdrawals of earnings are qualified (typically if it has been five years since your first Roth contribution and you are over the age of 59½), those distributions are completely tax-free also.

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Enrolling in the voluntary plans:

The UMass Elective Deferral 403(b) Savings plan

This plan is administered by Fidelity Investments and allows you to choose investments from a wide range of fund companies and investment types.

You can enroll in this plan by visiting www.netbenefits.com/umass and following the step-by-step instructions provided.

You will choose your investments, provider, contribution amount, deferral type (Pre-tax or Roth) and assign beneficiaries. Deductions generally begin in the next pay period and can be changed at any time. Our payroll system will not allow you to contribute over your limit.

The Massachusetts Deferred Compensation 457(b) SMART Plan

This plan is administered by Empower Retirement.

You can enroll in this plan by visiting:

www.mass-smart.com

Plan # **98966-01**

Please reach out to the Benefits group for the Plan Enrollment code, as it changes quarterly.

You will choose your investments, contribution amount, deferral type (Pre-tax or Roth), and assign beneficiaries. Deduction changes are only transmitted to UMass on the first business day of each month, so will be effective in the first paycheck processed in the next month, and can be changed at any time. Our payroll system will not allow you to contribute over your limit.

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Approaching Retirement with MSERS

Your Retirement Income as a MSERS Member

- MSERS is a Defined Benefit (Pension) program that provides lifelong, monthly payments.
- You may elect to take a lesser pension (Option A, B, or C) to leave a benefit to your beneficiary.
- Please see section titled **"What are my MSERS pension options?"** for more information regarding Option A, B, and C.
- The complete MSERS Retirement Benefit Guide can be found online at [mass.gov](https://www.mass.gov).

How does the Retirement Board calculate my pension?

MSERS pensions are calculated by a formula utilizing:

Your Age: When you begin drawing your pension	<ul style="list-style-type: none">• Group Classification may add years to your age factor.• For more information regarding Group Classification, click here to access the Group Classification FAQ's (MSRB).
Creditable Service: FTE years, months and days	<ul style="list-style-type: none">• Includes service "purchased" and service under other MA public pension systems
Salary:** Average salary is calculated differently depending on hire date	<ul style="list-style-type: none">• Prior to April 2, 2012 – Average of highest three (3) consecutive years salary• Post April 2, 2012 – Average of highest five (5) consecutive years salary

*** For highly compensated individuals, State and Federal compensation limits will limit your total salary value for this calculation.*

Per IRS code §§ 401(a)(17), the amount of annual compensation from which individuals can contribute to a 401(a) plan in 2022 is \$305,000.

The Massachusetts State Limit is equal to 64% of the Federal Limit, or \$195,200.

If you are a highly-compensated employee and have questions regarding these compensation limits, please contact:

Karen Wilson, Benefits Manager

Phone: **508-856-1897**

Email: Karen.Wilson@umassmed.edu

The State Board of Retirement offers both Benefit Charts, as well as an online calculator to help estimate your pension benefit.

Pension Calculator:

<https://www.mass.gov/service-details/retirement-pension-estimator>

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Retirement Benefit Charts

Massachusetts Group 1 Retirement Percentage Charts

Hired **BEFORE** April 2, 2012

		AGE AT RETIREMENT																YEARS IN SERVICE
		50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65+	
10							15	16	17	18	19	20	21	22	23	24	25	
11							16.5	17.6	18.7	19.8	20.9	22	23.1	24.2	25.3	26.4	27.5	
12							18	19.2	20.4	21.6	22.8	24	25.2	26.4	27.6	28.8	30	
13							19.5	20.8	22.1	23.4	24.7	26	27.3	28.6	29.9	31.2	32.5	
14							21	22.4	23.8	25.2	26.6	28	29.4	30.8	32.2	33.6	35	
15							22.5	24	25.5	27	28.5	30	31.5	33	34.5	36	37.5	
16							24	25.6	27.2	28.8	30.4	32	33.6	35.2	36.8	38.4	40	
17							25.5	27.2	28.9	30.6	32.3	34	35.7	37.4	39.1	40.8	42.5	
18							27	28.8	30.6	32.4	34.2	36	37.8	39.6	41.4	43.2	45	
19							28.5	30.4	32.3	34.2	36.1	38	39.9	41.8	43.7	45.6	47.5	
20	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50		
21	21	23.1	25.2	27.3	29.4	31.5	33.6	35.7	37.8	39.9	42	44.1	46.2	48.3	50.4	52.5		
22	22	24.2	26.4	28.6	30.8	33.0	35.2	37.4	39.6	41.8	44	46.2	48.4	50.6	52.8	55		
23	23	25.3	27.6	29.9	32.2	34.5	36.8	39.1	41.4	43.7	46	48.3	50.6	52.9	55.2	57.5		
24	24	26.4	28.8	31.2	33.6	36	38.4	40.8	43.2	45.6	48	50.4	52.8	55.2	57.6	60		
25	25	27.5	30.0	32.5	35.0	37.5	40	42.5	45	47.5	50	52.5	55	57.5	60	62.5		
26	26	28.6	31.2	33.8	36.4	39.0	41.6	44.2	46.8	49.4	52	54.8	57.2	59.8	62.4	65		
27	27	29.7	32.4	35.1	37.8	40.5	43.2	45.9	48.6	51.3	54	56.7	59.4	62.1	64.8	67.5		
28	28	30.8	33.6	36.4	39.2	42	44.8	47.6	50.4	53.2	56	58.8	61.6	64.4	67.2	70		
29	29	31.9	34.8	37.7	40.6	43.5	46.4	49.3	52.2	55.1	58	60.9	63.8	66.7	69.6	72.5		
30	30	33	36	39	42	45	48	51	54	57	60	63	66	69	72	75		
31	31	34.1	37.2	40.3	43.4	46.5	49.6	52.7	55.8	58.9	62	65.1	68.2	71.3	74.4	77.5		
32	32	35.2	38.4	41.6	44.8	48	51.2	54.4	57.6	60.8	64	67.2	70.4	73.6	76.8	80		
33	33	36.3	39.6	42.9	46.2	49.5	52.8	56.1	59.4	62.7	66	69.3	72.6	75.9	79.2	80		
34	34	37.4	40.8	44.2	47.6	51	54.4	57.8	61.2	64.6	68	71.4	74.8	78.2	80	80		
35	35	38.5	42	45.5	49.0	52.5	56	59.5	63	66.5	70	73.5	77	80	80	80		
36							54	57.6	61.2	64.8	68.4	72	75.6	79.2	80	80	80	
37							55.5	59.2	62.9	66.6	70.3	74	77.7	80	80	80	80	
38							57.0	60.8	64.6	68.4	72.2	76	79.8	80	80	80	80	
39							58.5	62.4	66.3	70.2	74.1	78	80	80	80	80	80	
40							60	64	68	72	76	80	80	80	80	80	80	

Multiply the indicated percentage by the average of your highest consecutive three-year annual rate of regular compensation
For members of Group 2: add 5 years to your age when finding your pension percentage
For members of Group 4: add 10 years to your age when finding your pension percentage
For estimating purposes only.

Hired **ON OR AFTER** April 2, 2012

		AGE AT RETIREMENT										YEARS IN SERVICE
		60	61	62	63	64	65	66	67+			
10		14.5	16.0	17.5	19.0	20.5	22.0	23.5	25.0			
11		16.0	17.6	19.3	20.9	22.6	24.2	25.9	27.5			
12		17.4	19.2	21.0	22.8	24.6	26.4	28.2	30.0			
13		18.9	20.8	22.8	24.7	26.7	28.6	30.6	32.5			
14		20.3	22.4	24.5	26.6	28.7	30.8	32.9	35.0			
15		21.8	24.0	26.3	28.5	30.8	33.0	35.3	37.5			
16		23.2	25.6	28.0	30.4	32.8	35.2	37.6	40.0			
17		24.7	27.2	29.8	32.3	34.9	37.4	40.0	42.5			
18		26.1	28.8	31.5	34.2	36.9	39.6	42.3	45.0			
19		27.6	30.4	33.3	36.1	39.0	41.8	44.7	47.5			
20	29.0	32.0	35.0	38.0	41.0	44.0	47.0	50.0				
21	30.5	33.6	36.8	39.9	43.1	46.2	49.4	52.5				
22	31.9	35.2	38.5	41.8	45.1	48.4	51.7	55.0				
23	33.4	36.8	40.3	43.7	47.2	50.6	54.1	57.5				
24	34.8	38.4	42.0	45.6	49.2	52.8	56.4	60.0				
25	36.3	40.0	43.8	47.5	51.3	55.0	58.8	62.5				
26	37.7	41.6	45.5	49.4	53.3	57.2	61.1	65.0				
27	39.2	43.2	47.3	51.3	55.4	59.4	63.5	67.5				
28	40.6	44.8	49.0	53.2	57.4	61.6	65.8	70.0				
29	42.1	46.4	50.8	55.1	59.5	63.8	68.2	72.5				
30	48.8	52.5	56.3	60.0	63.8	67.5	71.3	75.0				
31	50.4	54.3	58.1	62.0	65.9	69.8	73.6	77.5				
32	52.0	56.0	60.0	64.0	68.0	72.0	76.0	80.0				
33	53.6	57.8	61.9	66.0	70.1	74.3	78.4	80.0				
34	55.3	59.5	63.8	68.0	72.3	76.5	80.0	80.0				
35	56.9	61.3	65.6	70.0	74.4	78.8	80.0	80.0				
36	58.5	63.0	67.5	72.0	76.5	80.0	80.0	80.0				
37	60.1	64.8	69.4	74.0	78.6	80.0	80.0	80.0				
38	61.8	66.5	71.3	76.0	80.0	80.0	80.0	80.0				
39	63.4	68.3	73.1	78.0	80.0	80.0	80.0	80.0				
40	65.0	70.0	75.0	80.0	80.0	80.0	80.0	80.0				

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Creditable Service

Full-time equivalent is pro-rated for most part-time service:

- Full-time for 1 year = 12 months of service
- Half-time for 1 year = 6 months of service
- Part-time service prior to January 28, 1993 is counted as full time

What counts as Creditable Service:

- Contributions to any MA public retirement system (town, county)
- Military service, such as the National Guard deployment, amidst active MSERS membership

Time off payroll (such as an Unpaid Leave of Absence or Unpaid Furlough) is NOT included in service time. Exception: if participant is fully disabled under workers' compensation.

The SRB will include up to a month of unpaid Furlough time in service years, if the employee returns to paid status for at least 12 months after the unpaid furlough period ends.

What service time qualifies for a Buy Back?

- Prior MSERS Service
- Refunded prior service
- Service to another Massachusetts public retirement system
- Out of State Public Teaching service
- U.S. Military Service – up to four (4) years of service
- Contract Service: Non-benefitted work performed for the University
 - » Maximum purchase of up to four (4) years of service
 - » Must have immediately preceded MSERS membership (<6-month break in service)
 - » Contract service job duties must be substantially similar to initial duties under MSERS

How to initiate a buyback request:

Submit a buyback application to the Retirement Board with supporting documentation.

Forms can be found at:

[Service Purchases / Buybacks \(MSRB\)](#) | [mass.gov](#)

The State Retirement Board will respond with payment options including:

- Pre-tax rollover from a voluntary 403(b) or 457/SMART plan account
- After-tax payroll deduction over up-to five (5) years (with additional interest)
- Lump sum payment via check or money order

More information regarding buyback options can be found on the State Board website at:

<https://www.mass.gov/service-details/payment-options-for-approved-creditable-service-purchases-msrb>



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What are my MSERS pension options?

There are three options to consider when drawing your pension:

Option A

- You receive the maximum benefit.
- Income benefits cease upon retiree's death.

Option B

- Your pension is *typically* 1-5% less than Option A.
- The specified beneficiary will receive the remaining balance of member contributions upon retiree's death.
- You may name anyone as a beneficiary(s) and can change them at any time.

Option C

- Your pension is a percentage of Option A (A larger age difference is associated with smaller Option C percentage).
- The beneficiary receives 2/3 of retiree's pension.
- Retiree "pops-up" to Option A if beneficiary dies.
- Beneficiary can be retiree's parent, child, sibling, spouse, unmarried former spouse.

Important to consider when selecting a retirement date

- **Your age** impacts your annual pension until you reach the maximum age factor (or maximum Option A pension percentage).
- **Pension payments do not keep up with the cost of living.** Cost of Living increases apply to only the first \$13,000 of annual pension.
 - » Cost of Living Adjustment applies only after you have been retired for at least one full fiscal year (July 1 – June 30).
 - » This is dependent on state legislature vote.
- **It can take three-to-five full calendar months from your retirement date for the SRB to process your first pension payment.**
 - » The first payment is retroactive to your retirement date.
 - » It is important to have an income source in the interim.
 - » GIC will invoice you directly by mail for Health and Life insurance premiums during this period.

Deferred Retirement with MSERS

- If you leave state employment after vesting, you can defer your retirement and begin to draw your pension at a later date.
- Your pension will be calculated based on your age when you begin drawing the pension.
- GIC health insurance available during the deferral period at 100% of premium cost.
- There is no retirement payout of 20% of unused sick leave with deferred retirement.

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MSERS Pension Estimates

An MSERS pension estimate will reflect:

- Your estimated number of years/months of creditable service.
- Your estimated average salary.
- An estimate of your gross annual pension under Options A, B, or C.
- For Option C, beneficiary's date of birth.

To request an estimate, please contact the State Retirement Board at 617-367-7770.

When requesting a pension projection, please provide the MA State Retirement Board:

- Your name and 8-digit UMass Employee ID (or SSN, *if requesting via phone*)
- Your mailing address
- Your union (if applicable)
- Your U.S. veteran's status
- The retirement date for which you'd like a projection
- Indicate if you would like an Option C projection (yes or no) and if yes, provide your Option C beneficiary's date of birth

Tel: **617-367-7770 / 800-392-6014**

Email: **srb@tre.state.ma.us**

Pension and Social Security Benefits

As an employee of the Commonwealth of MA, you do not contribute to or earn credits towards Social Security during your employment.

If you qualify for both a Social Security benefit (from prior employment or a spouse), as well as a MSERS pension at retirement, your Social Security benefit may be reduced.

<https://www.ssa.gov/benefits/retirement/planner/gpo-wep.html>

The Windfall Elimination Provision (WEP) – This provision applies to employees who are eligible for both their own governmental pension and Social Security benefit. The SSA fact sheet and calculator will help you understand and calculate the impact the WEP may have on your Social Security payment.

- Windfall Elimination Provision Fact Sheet: **<https://www.ssa.gov/pubs/EN-05-10045.pdf>**
- Windfall Elimination Provision Calculator: **<https://www.ssa.gov/benefits/retirement/planner/anyPiaWepjs04.html>**

Government Pension Offset (GPO) – If you are eligible for Social Security benefits on your spouse's record, and are eligible for MSERS pension or GPO, it may reduce your spousal Social Security benefits. The SSA fact sheet and calculator below will help you understand and calculate the impact the GPO may have on your Social Security payment.

- Government Pension Offset Fact Sheet: **<https://www.ssa.gov/pubs/EN-05-10007.pdf>**
- Government Pension Offset Calculator: **<https://www.ssa.gov/benefits/retirement/planner/gpo-calc.html>**

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Applying for Retirement with MSERS

MSERS Pension Application Process

When you are ready to begin the retirement process, please reach out to HR Benefits communicating your intent to retire, as well as estimated retirement date.

We will provide you with any information and forms needed to complete the process.

The Superannuation Retirement Application – The State Board of Retirement requests that this application be submitted 2-3 months prior to chosen retirement date but submitting this far in advance is not required.

The Benefits team is happy to review your application prior to mailing for completion.

Please click here to access form.



SUPERANNUATION RETIREMENT APPLICATION

APPLICATION PROCESS

If you are actively employed or on a leave of absence you may file your application to retire within 120 days before the date you plan to retire. If we receive your application more than 60 days after your last day on the payroll, your effective retirement date will be 15 days from the date we receive your application.

Please note, your eligibility to receive any actual retirement benefit and the amount of a benefit will be finally determined as your application is reviewed, and after information including, but not limited to, the following has been verified where applicable:

- Your membership status;
- The amount of creditable service you have accrued;
- What amounts paid to you qualify as “regular compensation” to be included in your benefit calculation;
- Your group classification;
- Whether any salary increases are within statutory (anti-spiking) limits.

You should contact the State Retirement Board if:

1. in the five years of creditable service immediately preceding retirement your annual rate of salary doubled between any two 2 consecutive years; or,
2. in determining the 3-year or 5-year salary average your regular compensation in any year exceeds the average of the regular compensation of the previous two years by more than 10%.

Also, any requests to withdraw your application, change your retirement date, or change your benefit option must be made in writing and received by the State Retirement Board prior to the effective date of retirement listed on your original application.

The State Retirement Board strongly recommends that you contact the Board to review your account and service history ahead of your retirement, and **file your retirement application at least 30 to 60 days in advance** of leaving your position. **Once your effective date of retirement has passed you may not change your retirement option nor may you change your date of retirement.**

COUNSELING

Additional information on the retirement process is available on our website, www.mass.gov/retirement.

If you are interested in individual counseling, please contact one of our offices:

Boston One Winter Street, 8th Floor, Boston, MA 02108 Phone: 617-367-7770 or 1-800-392-6014 (Mass only)	Springfield 436 Dwight Street, Room 109A, Springfield, MA 01103 Phone: 413-730-6135
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Please see page 2 for further information and Application Process Checklist.

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Applying for Retirement with MSERS [cont.]

MSERS Pension Application Process [cont.]

With your completed application, you should include:

- Proof of your Date of Birth: Birth certificate or unexpired passport.
- If choosing Option B: Include the name, address, social security number and date of birth of each beneficiary.
- If choosing Option C: Include proof of your beneficiary's date of birth and proof of relationship to your beneficiary.
- Your marriage certificate, if the Option C beneficiary is your spouse.
- If you are divorced, include a copy of your divorce decree or Domestic Relations Order.
- Your spouse's signature (if applicable).
- A voided check to verify direct deposit information.
- Mail application and supporting documentation to:

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

Please click here to access form.



SUPERANNUATION RETIREMENT APPLICATION

APPLICATION PROCESS

If you are actively employed or on a leave of absence you may file your application to retire within 120 days before the date you plan to retire. If we receive your application more than 60 days after your last day on the payroll, your effective retirement date will be 15 days from the date we receive your application.

Please note, your eligibility to receive any actual retirement benefit and the amount of a benefit will be finally determined as your application is reviewed, and after information including, but not limited to, the following has been verified where applicable:

- Your membership status;
- The amount of creditable service you have accrued;
- What amounts paid to you qualify as "regular compensation" to be included in your benefit calculation;
- Your group classification;
- Whether any salary increases are within statutory (anti-spiking) limits.

You should contact the State Retirement Board if:

1. in the five years of creditable service immediately preceding retirement your annual rate of salary doubled between any two 2 consecutive years; or,
2. in determining the 3-year or 5-year salary average your regular compensation in any year exceeds the average of the regular compensation of the previous two years by more than 10%.

Also, any requests to withdraw your application, change your retirement date, or change your benefit option must be made in writing and received by the State Retirement Board prior to the effective date of retirement listed on your original application.

The State Retirement Board strongly recommends that you contact the Board to review your account and service history ahead of your retirement, and **file your retirement application at least 30 to 60 days in advance** of leaving your position. **Once your effective date of retirement has passed you may not change your retirement option nor may you change your date of retirement.**

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Applying for Retirement with MSERS [cont.]

Tips for completing the application

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- “Wet” signatures are required on the Retirement Application.
- Enter Retirement Date.
- The SRB can provide you an estimate of your Years/Months of service by calling **617-367-7770**.
- Retirement Groups 2, 3, or 4 require additional form. Most UMass Chan employees are Group 1.
- Attest, Sign, Date

Please click here to access form.



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

**SUPERANNUATION
RETIREMENT APPLICATION**
*Please complete all required sections.
Incomplete applications will delay processing.*

1. MEMBER INFORMATION (required)

I respectfully request superannuation under the provisions of Section 1 to 28 inclusive of Massachusetts General Laws Chapter 32.

Name: _____ SS#: _____

I wish to retire on: (MM/DD/YYYY) _____ with _____ years and _____ months of service

All Former Names: _____

Date of Birth: (Proof of Birth Required) _____ Are You a Veteran? ☐ No ☐ Yes (include copy of DD-214)

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Gender: ☐ M ☐ F

If divorced, are you a party to a Domestic Relations Order? ☐ No¹ ☐ Yes² ☐ Don't Know

¹ If No, please include a copy of your Divorce Absolute & Separation Agreement; ² If Yes, please include a copy of your Domestic Relations Order.

Current or Last Place of State Employment: _____

Position/Title: _____

Retirement Group* (If Known): ☐ 1 ☐ 2 ☐ 3 (State Police only) ☐ 4

*Note: You must submit a separate Application for Group Classification for each Group 2, or Group 4 classification request.

2. CONTACT INFORMATION (required)

Personal Email Address: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Address after Retirement (If Different): _____

City: _____ State: _____ Zip: _____ Effective Date: _____

3. SPOUSE INFORMATION (If Applicable)

Spouse's Name: _____

Spouse's Address (If Different): _____

City: _____ State: _____ Zip: _____

Is Spouse a Retiree of a Massachusetts State, City, Town or County Government? ☐ No ☐ Yes

4. MEMBER SIGNATURE (required - application will NOT be processed without signature)

☐ All statements on this application are true statements made under the penalties of perjury.

☐ I understand that **no changes can be made to my retirement** or to my option selection after my retirement date.

☐ I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not choose an option by completing the Option Selection Form on page 7, I will be automatically retired under OPTION B.

Sign Here: **X**

Member Signature

Date

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Applying for Retirement with MSERS [cont.]

Tips for completing the application

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- List all State Service with your best estimates.
 - » Department – UMass Chan Medical School
- Section 10 – If Yes, requires additional form (prepared by HR) and documentation.
- Refund – Have you ever taken one?

Please click here to access form.

Member Name:

SS#:

5. LIST ALL SERVICE WITH STATE, CITY OR COUNTY GOVERNMENT (required*)

Department or Subdivision:	Start Date:	Date Service Ended:

*use additional sheet if necessary

6. MEMBER QUESTIONNAIRE (required)

a. Are you applying for a termination retirement under Section 10(2)(a) of Chapter 32? ☐ No ☐ Yes
If YES, please attach a Termination Retirement Allowance Employer Certification Form with this application.
See additional information on termination retirement in the instructions on page 4.

b. Have you ever been convicted of an offense involving the funds or property of your place of employment? ☐ No ☐ Yes

c. Have you ever been convicted of an offense involving your position while in state service? ☐ No ☐ Yes

If yes to either of the above, please describe the offense(s):

d. Have you ever taken a refund? ☐ No ☐ Yes If YES, do you wish to buy back time? ☐ No ☐ Yes

Have you completed a buyback? ☐ No ☐ Yes

Do you have a buyback in progress? ☐ No ☐ Yes

e. Have you ever been on an industrial accident leave? ☐ No ☐ Yes If yes, what years?

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Applying for Retirement with MSERS [cont.]

Tips for completing the application

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- Choosing an Option – Both check the Option box *and* write the letter in Section 2.
- Dates next to the signatures must be the same.
- If you are married, your witness *must* be your spouse.
- Your witness can not be your beneficiary unless it is your spouse.
- Sign and date.

Please click here to access form.



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

RETIREMENT OPTION SELECTION FORM

MEMBER NAME: SS#:

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and then CHECK BOX A, B, OR C.



Option A - NO SURVIVOR RETIREMENT BENEFITS

I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32.
If choosing A, please complete sections 2 and 3 on this page. Do not complete section 4.



Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32.
If choosing B, please complete sections 2, 3, and 4 (beneficiary information on following page).



Option C - JOINT SURVIVOR ALLOWANCE

I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32.
If choosing C, please complete beneficiary information below and sections 2 and 3. Do not complete section 4.

OPTION C BENEFICIARY INFORMATION (required only if choosing option C):
Please do not complete this section if selecting Option B. A copy of the beneficiary's birth certificate and if spouse, a copy of your marriage license is required if Option C is selected and must be included with this application.

Option C Beneficiary: SSN:

(Please print)

Gender: ☐ M ☐ F Date of Birth: Relationship to Member:

Address/City/State/Zip:

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option selected above.
(enter option selection: A, B, or C)

Member Signature: X Date:

3. WITNESS SIGNATURE (required)

If married, the witness must be your spouse. Witness CANNOT be a beneficiary unless the witness is your spouse.

Witness Signature: X Date:

Print Name:

Address:

Please complete section 4 on following page only if selecting Option B.

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Applying for Retirement with MSERS [cont.]

Tips for completing the application

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- Complete this page ONLY if choosing Option B.
- Primary beneficiary(s) must total 100%.
- Contingent beneficiary(s) must total 100%.

Please click here to access form.

Member Name: SS#:

▶ Complete this section ONLY if selecting Option B:

4. BENEFICIARY(IES) INFORMATION (required if Option B is selected, PLEASE PRINT)

i.	Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>QR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, <u>QR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
ii.	Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>QR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, <u>QR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
iii.	Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>QR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, <u>QR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
iv.	Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>QR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, <u>QR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
v.	Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>QR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, <u>QR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:

* The totals of all proportions for your primary and contingent beneficiary(ies) must equal 100% each.

OPTION PROVISIONS

Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. I understand my estate will receive only a prorated amount of my monthly allowance for the number of days I live in the month of my death. **There are no survivor benefits.**

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, I will receive a reduced monthly retirement allowance for life. I also understand that upon my death, if there is a remaining balance in my account - deposits and interest - it will be refunded to my beneficiary(ies) or estate in a lump sum. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board. I understand that the annuity portion of my allowance is reduced each month. **If my annuity savings account is depleted at the time of my death, I understand that there will be no survivor benefits.**

Option C - JOINT SURVIVOR ALLOWANCE

As provided in Section 12, subsection 2 of Chapter 32, **by selecting this option, I will receive a reduced retirement allowance for life.** I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. An eligible beneficiary may be a spouse, unmarried former spouse (at date of retirement), child, father, mother, brother, or sister. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board.

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Tips for completing the application

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- You must select option 1, 2, or 3.
- You can change your federal tax withholding at any time.
- If selecting option 2, you *must* indicate number of exemptions.
- Sign and date.

Please click here to access form.



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

RETIREE'S WITHHOLDING PREFERENCE
CERTIFICATE: W-4P TAX FORM

If a W-4P federal income tax withholding statement is not filed, federal income tax withholding will be calculated as if you are married with three (3) exemptions.

MEMBER INFORMATION (required)

Print Name

Social Security Number

Address/City/Town/State/Zip

PLEASE CHECK EITHER BOX 1, 2, OR 3 AND COMPLETE CORRESPONDING INFORMATION: (required)

1

I do not wish to have federal tax withheld from my benefit. I realize that I am liable for payment of federal income tax on the taxable portion of my pension and that I may be subject to pay penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

2

The following exemptions are being claimed and I wish to have the Plan Administrator determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and exemptions claimed below.

A) Marital Status: (Please choose only ONE Marital Status option.)

☐ Single, OR

☐ Married, OR

☐ Married, but withhold at higher single rate _____

B) Total exemption you wish to claim: _____

C) In addition to the above amount withhold an additional \$ _____ per month.

3

I wish to have a flat rate of \$ _____ per month withheld.

SIGNATURE: (required)

X

Member Signature

Date

W-4P TAX FORM

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Applying for Retirement with MSERS [cont.]

Tips for completing the application

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- Complete Name and SSN.
- Sign and date.

Please click here to access form.



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board

**WORKING IN RETIREMENT (§91)
ACKNOWLEDGEMENT**

MEMBER NAME: _____

SS#: _____

As you transition into retirement, the State Retirement Board wants to be sure you are aware of the various annual earnings limitations if you choose to work in the Massachusetts public sector while receiving your monthly retirement payment. These limitations apply to any public employment, regardless of whether or not it occurs in the same governmental unit or employer from which you retired.

MSERS members who are retired under the various types of superannuation retirement may not earn in a calendar year any amount greater than the difference between the salary currently being paid for the position from which they retired and their pension. Then, after you are retired for one full calendar year (January-December), that dollar amount limit may be increased by an additional \$15,000. Additionally, you also have an annual hourly limit and may not work beyond 960 hours in a calendar year.

For example, if the salary for your former position is \$40,000 annually, and your pension is \$20,000 per year, and you have been retired for more than one full calendar year, you may earn up to \$35,000 per calendar year or work up to 960 hours, whichever comes first. ($\$40,000 - \$20,000 = \$20,000 + \$15,000 = \$35,000$). Any excess earnings received must be returned.

IMPORTANT NOTE: Your employment must cease when either limitation is reached, or you may waive the receipt of your retirement allowance. A retiree may not waive the receipt of a retirement allowance to avoid the application of the annual earnings limits. For more information related to the waiver of retirement benefits please contact the State Retirement Board.

In addition to complying with the above limitations, all disability retirees, including those receiving either an accidental or ordinary disability benefit, are required by law (M.G.L. c. 32, §91A) to submit an annual statement of any earnings to the Public Employee Retirement Administration Commission ("PERAC").

For more information related to earnings limits for public retirees working in retirement, please visit PERAC's website: <https://www.mass.gov/guides/working-receiving-a-public-retirement-benefit>.

I (print name), _____ have read the above **Working in Retirement (§91) Acknowledgement** and understand the earnings limitations which would apply if I choose to work in a Massachusetts public sector position while receiving your monthly retirement payment.

X

MSERS Member Signature*

Date

***A computer generated or other non-original signature is not acceptable.**

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Applying for Retirement with MSERS [cont.]

Tips for completing the application

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Direct Deposit

- Must provide one account (and only one account).
- You can change direct deposit at any time.
- Voided check is required if depositing into a checking account.
- If depositing to a savings account, please include a letter from the receiving bank, verifying account information.
- UMass Chan direct deposit does *not* carry over automatically to MSERS.
- Sign and date.

MA PayInfo system is Commonwealth's equivalent of HR Direct.

Please click here to access form.



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT

SECTION A (required)

Name:		
Address:		
City:	State:	Zip:
Phone:	Personal Email:	
SS#	Member ID (if known):	


SECTION B (required)

Name of Financial Institution:											
All Names on Account:											
Routing #:											
Depositor Account #:											
Please Check Appropriate Box: <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account, voided check attached											
Are you receiving direct deposit in this account as an active employee of the Commonwealth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A											
PLEASE INCLUDE A VOIDED CHECK IF BEING DEPOSITED INTO A CHECKING ACCOUNT											
<input type="checkbox"/>	Check box if any of the above direct deposit will go directly to a foreign bank or if the entire amount is forwarded from a domestic bank to a foreign bank.										

PLEASE SIGN BELOW (required)

"I, _____ hereby authorize the State Treasurer to deposit my retirement benefit into my account at the financial institution named above. The State Treasurer is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account. This authorization will remain in effect until revoked by me with thirty (30) days written notice to the Treasurer and Receiver General, One Winter Street, 8th Floor, Boston, MA 02108, or by the State Treasurer.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."

 _____ Signature _____ Date _____

Direct Deposit is mandatory for all members retiring after January 1, 2010.
Statements can be viewed online at mass.gov/payinfo
If sending a voided check, please do not staple to this form.

AUTHORIZATION FOR DIRECT DEPOSIT

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Applying for Retirement with MSERS [cont.]

Tips for completing the application

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- Provides yourself permission to change certain things online in the PayInfo system in the future.
- You are authorizing to change these elections in the future, using their online system.
- Sign and date.

Please click here to access form.



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

**AUTHORIZATION FOR FILING
INFORMATION ELECTRONICALLY**

The MSRB requires this authorization for retirees of the Massachusetts State Employees' Retirement System (MSERS) who wish to submit or change account information electronically (by email; facsimile).

MEMBER INFORMATION (required)

Legal Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Personal Email:	
SS# or MSRB ID#		

PLEASE CHECK THE BOX(ES) NEXT TO THE INFORMATION YOU WILL FILE ELECTRONICALLY (required)

- ☐ Change of Address
- ☐ Change of Direct Deposit Account
- ☐ Retiree / Survivor Tax Withholding: Form W-4P
- ☐ Change of Beneficiary Designation (*Option B only*)

PLEASE SIGN BELOW (required)

I am authorized to sign the document as a member of the MSERS or on behalf of the member. Under penalties of perjury, I declare that I have examined this document including any accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Name Date

X _____
Signature*

***A computer generated or other non-original signature is not acceptable.**

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Important Contact Information

Applying for Retirement with MSERS [cont.]

What is withheld from a monthly MSERS pension payment?

1. U.S. Federal Tax – No Massachusetts state income tax is due on your MSERS pension if you continue to reside in state during retirement.*
2. Any Court-ordered deductions.
3. GIC premiums – These deductions typically start from the second pension payment.

** The current MSERS guide indicates the following states may offer income tax exemption for a Massachusetts pension: Alabama, Alaska, Florida, Hawaii, Illinois, Michigan, Mississippi, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington and Wyoming.*

Post-Retirement Work and Limits with MSERS

There are strict calendar year limits on post-retirement work performed for the Commonwealth (including towns, counties and agencies.)

- You must remain off payroll for at least one full pay period after retirement, prior to returning as a Post-Retiree.
- A limit of 960 hours of work per calendar year.
- The total of post-retirement (state) earnings plus your calendar year pension combined must be less than what you would have earned had you not retired.
- In your second full calendar year of retirement your earnings limit increases by \$15,000 per year.

These limits apply to work performed for any employer if you are drawing a disability retirement.

<https://www.mass.gov/guides/working-receiving-a-public-retirement-benefit>



Approaching Retirement with ORP

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Retirement Income with ORP

- Participants are eligible to draw benefits from the ORP any time after termination of employment with the Commonwealth.
- Retirement Income with ORP is based on total accumulated balance.
- Plan offers variety of payment methods including:
 - » Full or partial lump sum
 - » Lifetime annuity income for yourself/another person
 - » Systematic payments
 - » Payments over a fixed period
 - » Interest-only payments
 - » Any combination of the above

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Applying for Retirement with ORP

ORP Benefit Application Process

When you are ready to retire and begin distributions from the ORP, you should:

- Contact your provider (Fidelity or TIAA) at least three months prior to anticipated retirement date to review the payment methods available to you. Your provider can help you select the method(s) that best suits your personal financial needs.
- Obtain the appropriate application for your distribution from the provider.
- Complete and sign the provider forms.
- Send all original, completed forms (including tax withholding and direct deposit forms) to the ORP plan administrator, noted to the right.
- The ORP Plan Administrator will review your application to determine your eligibility for the distribution.
- Once approved, the Plan Administrator will sign your benefit application and then send it directly to your provider.
- The administrator will send a copy of the authorized forms to you for your personal records.

ORP Contacts

PLAN ADMINISTRATOR	
Massachusetts Department of Higher Education	Email: orp@bhe.mass.edu Phone: 617-994-6960 Address: ORP Plan Administrator Massachusetts Department of Higher Education One Ashubrton Place, Room 1401 Boston, MA 02108
PROVIDER CONTACTS	
Fidelity Investments	Web: www.fidelity.com Phone: 800-343-0860
TIAA	Web: www.tiaa-cref.org Phone: 800-842-2776

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Applying for Retirement with ORP [cont.]

What is withheld from my ORP payments?

- Payments from your ORP account to you as a Massachusetts resident are exempt from state income tax. You should check on other states' exemptions when taking refunds from the plan.
- Federal taxes – All payments are subject to federal income taxes.
- Minimum Amount of payment: Your total monthly Retiree Insurance premiums must not be greater than 70% of your gross monthly Retiree Income from the ORP.
- Please note that GIC premiums can no longer be withheld from ORP payments. The GIC will direct bill you monthly for all premium payments. Failure to pay GIC invoices will result in termination of coverage.



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GIC Retiree Health Insurance Benefits

Health Insurance Transition at Retirement

- Your current GIC employee insurance coverage will remain in effect through the last day of the following month after your retirement date. On the first of the following month, your retiree health insurance becomes effective with no gap in coverage. This is contingent on timely submission of GIC enrollment forms.
- The GIC will direct bill you for any required premiums due after your final regular paycheck, prior to deductions being taken from your pension payment. This deduction usually begins in 2nd or 3rd pension payment.
- If you do not have the GIC health insurance coverage as an active employee, or are retiring at a later date you may enroll in GIC Retiree health insurance, using GIC form RS. Form RS can be found on the Benefits website or can be completed electronically using MyGICLink at: [GIC \(force.com\)](https://www.force.com).

GIC Retiree Health Insurance Benefits

- Both MSERS and ORP retirees may continue to purchase health insurance through the MA Group Insurance Commission (GIC).
- Retirees currently pay 20% of premium (this includes basic life insurance).
- If you are under age 65 at retirement, you can maintain the same GIC health insurance plan that you carried as an active employee or you may elect to choose another health insurance plan at retirement.
- If you plan to relocate to another state after retirement, you will probably need to change your health insurance plan. Review the GIC Retiree Benefit Guide for your options.
- The GIC will direct bill you for the premium for at least 3 months until your pension payments or ORP distributions begin.

For Employees and Dependents Aged 65+

- You must contact the Social Security Administration (SSA) regarding Medicare if you are over age 65 at retirement.
- At 65, you must enroll in Medicare Part A to avoid penalty. At retirement, you and/or your spouse must enroll in Medicare Part B in order to maintain your GIC insurance as a supplemental plan.
- At retirement, Medicare B becomes your primary coverage and your GIC plan becomes your supplemental plan.
 - » In 2022, the standard premium for Medicare Part B is \$170.10/month.
 - » If you have a higher income, Income Related Monthly Adjustment Amount (IRMAA) is an extra charge added to your premium and is based on your reported Adjusted Gross Income in Tax Returns filed two years prior. For more information and IRMAA rates, see the Medicare website at [Part B costs](#) | [Medicare](#)
 - » Visit [Medicare.gov/eligibilitypremiumcalc](https://www.medicare.gov/eligibilitypremiumcalc) to get an estimate of your Part B premium.

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GIC Retiree
Health Insurance
Benefits [cont.]



Medicare Basics

Part A	Free coverage for in-patient care in hospital, nursing facility, hospice care.
Part B	Medically necessary and preventive services, ambulance services, mental health treatment and durable medical equipment.
Part C	Private health insurance purchased to supplement Medicare.
Part D	Prescription drug coverage.*

** **Do not** enroll in Medicare Part D directly with the Social Security Administration if you wish to continue health insurance through the GIC (the GIC will cancel your health insurance). While Medicare Part D will be part of your CVS/Silverscript coverage, you will not initiate that enrollment.*

How to Enroll in Medicare Part B

- If already enrolled in Medicare Part A, you will complete two forms:
 - » To enroll in Medicare online, please go to the Social Security website: <https://ssa.gov/medicareonly/>
 - » You may also retrieve the following forms to print at the Social Security website:
 - Application for Enrollment in Medicare Part B (Medical Insurance)** – This form is completed by you, the applicant.
 - Request for Employment Information** – This form is completed for you by the Benefits department, as we verify that you have had insurance coverage through UMass Chan Medical School. Please reach out to us and we will complete this form for you.
- You submit both forms to the Social Security Administration together.

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GIC Retiree Health Insurance Benefits [cont.]

Enrolling in Medicare Part B

Application for Enrollment in Medicare Part B:

- You only need a witness signature if you sign the form with an “x”.
- Enter the date you would like Medicare Part B effective in the “Remarks” field on the application. The Benefits team can help you determine that date.
- One enrollment for each Medicare-eligible individual covered on your GIC health insurance plan.

Request for Employment Information

We will complete and email you the completed Request for Employment Information form (without your full SSN) for you and/or your dependent.

- One form is needed for each Medicare-eligible individual on your GIC health insurance plan.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1230
Expires: 02/21

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)?

☐ YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip Code

6. Phone Number (including area code)

() -

7. Written Signature (DO NOT PRINT)

SIGN HERE

8. Date Signed

/ /

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness

10. Date Signed

/ /

11. Address of Witness

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name

2. Date

/ /

3. Employer's Address

City

State

Zip Code

4. Applicant's Name

5. Applicant's Social Security Number

- -

6. Employee's Name

7. Employee's Social Security Number

- -

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan?

☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)

/ /

3. Has the coverage ended?

☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)

/ /

5. When did the employee work for your company?

From: (mm/yyyy)

To: (mm/yyyy)

Still Employed: (mm/yyyy)

/ /

/ /

/ /

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.

From: (mm/yyyy)

To: (mm/yyyy)

/ /

/ /

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement?

☐ Yes ☐ No

2. If yes, does the applicant have hours remaining in reserve?

☐ Yes ☐ No

3. Date reserve hours ended or will be used? (mm/yyyy)

/ /

All Employers:

Signature of Company Official

Date Signed

/ /

Title of Company Official

Phone Number

() -

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and reviewing and revising the information.

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GIC Retiree
Health Insurance
Benefits [cont.]

GIC Retiree Plan Options and Examples of Health Insurance Cost Calculations

Review the Commonwealth of Massachusetts Guide for GIC Benefits of Retirees and Survivors for premium cost and plan options.

Please click here to access the guide.






Commonwealth of Massachusetts
Group Insurance Commission

2021–2022
OVERVIEW

KNOW YOUR GIC BENEFITS

COMMONWEALTH
OF MASSACHUSETTS
**RETIREES &
SURVIVORS**



**ANNUAL ENROLLMENT:
APRIL 7 – MAY 5, 2021**

Benefits and rates effective **July 1, 2021**

mass.gov/gic




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GIC Retiree Health Insurance Benefits [cont.]

GIC Retiree Plan Options and Examples of Health Insurance Cost Calculations

Retiree Health Insurance Example 1:

You and your spouse are currently covered under a GIC HNE family plan (\$301.11/month).

You retire – your spouse is Medicare eligible, but you are not yet.

You remain on an individual non-Medicare GIC Health plan; your spouse will enroll in Medicare Parts A & B, as well as choose a GIC Medicare eligible supplemental plan.

Monthly:

Individual non-Medicare plan \$126.90

GIC Medicare supplement \$83.82

GIC monthly premium: \$210.72

Medicare Part B premium (SSA) \$170.10

Total monthly premium (GIC & SSA): \$380.82

Non-Medicare Health Insurance Rates

		Monthly GIC Product Rates Effective July 1, 2021					
		NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ¹		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009	
		10%		15%		20%	
		RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY		RETIREE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage		\$0.64		\$0.95		\$1.27	
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic with CIC ² (Comprehensive)	National Network	\$174.99	\$390.86	\$232.28	\$517.53	\$289.58	\$644.22
UniCare State Indemnity Plan/Basic without CIC		\$114.60	\$253.37	\$171.89	\$380.04	\$229.19	\$506.73
UniCare State Indemnity Plan/PLUS		\$78.57	\$186.66	\$117.84	\$279.98	\$157.12	\$373.31
Tufts Health Plan Navigator	Broad Network	\$84.01	\$204.52	\$126.01	\$306.77	\$168.02	\$409.03
Fallon Health Select Care		\$86.64	\$209.97	\$129.95	\$314.94	\$173.27	\$419.92
Harvard Pilgrim Independence Plan		\$96.73	\$235.43	\$145.09	\$353.14	\$193.45	\$470.85
Health New England	Regional Network	\$63.45	\$150.56	\$95.17	\$225.83	\$126.90	\$301.11
AllWays Health Partners Complete HMO		\$77.17	\$200.51	\$115.74	\$300.75	\$154.33	\$401.01
UniCare State Indemnity Plan/Community Choice		\$59.82	\$147.71	\$89.71	\$221.55	\$119.62	\$295.41
Tufts Health Plan Spirit	Limited Network	\$64.29	\$154.29	\$96.42	\$231.43	\$128.57	\$308.58
Fallon Health Direct Care		\$64.17	\$161.25	\$96.25	\$241.86	\$128.33	\$322.49
Harvard Pilgrim Primary Choice		\$70.19	\$178.21	\$105.28	\$267.31	\$140.37	\$356.42

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.
2 CIC is an enrollee-pay-all benefit.

Medicare Health Insurance Rates

			RETIREE/SURVIVOR PAYS MONTHLY	RETIREE PAYS MONTHLY	RETIREE PAYS MONTHLY
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage			\$0.64	\$0.95	\$1.27
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	PRODUCT TYPE	PER PERSON	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$33.79	\$50.68	\$67.58
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$39.76	\$59.63	\$79.51
Harvard Pilgrim Medicare Enhance			\$41.84	\$62.75	\$83.67
Health New England Medicare Supplement Plus			\$41.91	\$62.86	\$83.82
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ² (Comprehensive)			\$51.89	\$71.99	\$92.10
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)			\$40.21	\$60.31	\$80.42

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.
2 CIC is an enrollee-pay-all benefit.

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GIC Retiree Health Insurance Benefits [cont.]

GIC Retiree Plan Options and Examples of Health Insurance Cost Calculations

Retiree Health Insurance Example 2:

You, your child(ren), and your spouse are currently covered under a GIC HNE family plan (\$301.11/month).

You retire – only your spouse is Medicare eligible for Medicare Part A at no cost.

You and your children remain on a family non-Medicare GIC health plan.

Your spouse will enroll in Medicare Parts A & B, as well as enroll in a GIC Medicare eligible supplemental plan.

Monthly:

Family non-Medicare plan \$301.11

GIC Medicare supplement \$83.82

GIC monthly premium: \$384.93

Medicare Part B premium (SSA) \$170.10

Total monthly premium (GIC & SSA): \$555.03

Non-Medicare Health Insurance Rates

		Monthly GIC Product Rates Effective July 1, 2021					
		NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS¹		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009	
		10%		15%		20%	
		RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY		RETIREE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage		\$0.64		\$0.95		\$1.27	
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic with CIC² (Comprehensive)	National Network	\$174.99	\$390.86	\$232.28	\$517.53	\$289.58	\$644.22
UniCare State Indemnity Plan/Basic without CIC		\$114.60	\$253.37	\$171.89	\$380.04	\$229.19	\$506.73
UniCare State Indemnity Plan/PLUS	Broad Network	\$78.57	\$186.66	\$117.84	\$279.98	\$157.12	\$373.31
Tufts Health Plan Navigator		\$84.01	\$204.52	\$126.01	\$306.77	\$168.02	\$409.03
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Tufts Health Plan Spirit		\$64.29	\$154.29	\$96.42	\$231.43	\$128.57	\$308.58
Fallon Health Direct Care		\$64.17	\$161.25	\$96.25	\$241.86	\$128.33	\$322.49
Harvard Pilgrim Primary Choice		\$70.19	\$178.21	\$105.28	\$267.31	\$140.37	\$356.42

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.
2 CIC is an enrollee-pay-all benefit.

Medicare Health Insurance Rates

			RETIREE/SURVIVOR PAYS MONTHLY	RETIREE PAYS MONTHLY	RETIREE PAYS MONTHLY
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage			\$0.64	\$0.95	\$1.27
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	PRODUCT TYPE	PER PERSON	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$33.79	\$50.68	\$67.58
Tufts Health Plan Medicare Complement			\$39.76	\$59.63	\$79.51
Harvard Pilgrim Medicare Enhance			\$41.84	\$62.75	\$83.67
Health New England Medicare Supplement Plus			\$41.91	\$62.86	\$83.82
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC² (Comprehensive)	Medicare Supplement	Indemnity	\$51.89	\$71.99	\$92.10
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)			\$40.21	\$60.31	\$80.42

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.
2 CIC is an enrollee-pay-all benefit.

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GIC Retiree Health Insurance Benefits [cont.]

Common Concerns with GIC Medicare Supplemental Plans

- Once the GIC Form 1A is submitted, the GIC will send you a letter requesting that you select a Medicare supplement plan. You will then complete and return to GIC:
 - » Plan Election Form included in the mailing
 - » Your Medicare Card showing parts A&B
- Your GIC non-Medicare plan remains primary until the GIC processes your enrollment in the Medicare supplement plan.
- The GIC Medicare supplement prescription coverage is not through Express Scripts, but through CVS SilverScript.
- The shift to the GIC Medicare Supplement plan and SilverScript occur effective the first day of a month but not always the same month.
- You will get new medical insurance cards for both plans.

GIC Optional Term Life Insurance

- You may continue coverage, reduce, or cancel coverage effective the first day of any future month using GIC Form 1. Once you decrease your GIC life insurance at retirement, you may never increase it.
- Premium generally increases upon retirement
 - » Doubles at age 70
 - » Doubles every 5 years thereafter

Before Retirement cost:
Optional Life Insurance Rates (Including AD&D)

ACTIVE EMPLOYEE AGE	MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2021 <i>Per \$1,000 of Coverage</i>	
	NON-SMOKER RATE	SMOKER RATE
Under Age 35	\$0.04	\$0.10
35 - 44	\$0.05	\$0.12
45 - 49	\$0.06	\$0.19
50 - 54	\$0.13	\$0.31
55 - 59	\$0.20	\$0.49
60 - 64	\$0.29	\$0.73
65 - 69	\$0.67	\$1.37
70 and over	\$1.13	\$2.49

After Retirement cost:

RETIRED STATE EMPLOYEE AGE	MONTHLY GIC PLAN RATES	
	RETIREE NON-SMOKER RATE <i>Per \$1,000 of Coverage</i>	RETIREE SMOKER RATE <i>Per \$1,000 of Coverage</i>
Under Age 70	\$1.29	\$1.62
70-74	\$2.17	\$2.83
75-79	\$5.90	\$7.72
80-84	\$11.16	\$14.63
85-89	\$17.69	\$23.17
90-94	\$26.89	\$32.22
95-99	\$58.72	\$72.57
100 and over	\$112.59	\$139.14

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Benefits [cont.]

Completing GIC Form 1A

The GIC Form 1A is required to let the GIC know you are retiring (informing them why your payroll deductions will not be continuing.)

The Form 1A can be submitted using the GIC’s online system at: **GIC (force.com)** or via hard copy to GIC directly via mail to:

Group Insurance Commission
PO Box 556
Randolph, MA 02368

Include:

- Agency/Division = UMMS/0145
- Your retirement date
- Health insurance election
- Optional Life insurance decision
- GIC Retiree Dental (Also submit additional enrollment Form-RD)

Please click here to access form.

GIC EMPLOYMENT STATUS CHANGE FORM
(FORM-1A)



REQUIRED

INSURED INFORMATION

GIC-ID (usually Soc. Sec. #)	Sex M F	Date of Birth / /	Dept. ID # or Agency/Division # / /
Name – Last	First		MI
Street	City		State Zip
Home or Cell Phone ()	Work Phone ()	Email	Country (if not USA)
Bargaining Unit/Union Name	HR/CMS or UMASS Employee ID #	Number of work hours/week:	Date of Hire / /

LEAVE OF ABSENCE

Effective Date (for GIC use only) / 01 /

Select One: ☐ Leave with pay ☐ Leave without pay

Cancel Coverage: ☐ Long Term Disability (LTD) ☐ Health Insurance ☐ Optional Life Insurance ☐ GIC Dental/Vision

Select Type of Leave:
☐ Personal Illness ☐ Personal Reason ☐ Military ☐ Other
☐ Industrial Accident ☐ Educational ☐ Military Caregiver (26 weeks)
☐ FMLA (12 weeks) ☐ Sabbatical ☐ FMLA Military Exigency (12 weeks)
☐ Maternity ☐ Suspension ☐ PFML

Leave Start Date: / /
Leave End Date: / /
Last Day on Payroll: / /
Return from Leave Date: / /

TRANSFERS AND TERMINATION

Effective Date (for GIC use only) / 01 /

Transfer from Name of Agency/GIC Municipality Last Day of Work: / /

Transfer to Name of Agency/GIC Municipality Hire Date: / /

Termination of Service Coverage (if elected) Termination reason Last Day of Work: / /

☐ 39-week Layoff ☐ Deferred Retiree (Life only) (See reverse) ☐ Deferred Retiree (Life & Health) (See reverse) ☐ COBRA (must complete application) ☐ Conversion (contact carrier for application)

RETIREMENT

Date Retired: / /

Effective Date (for GIC use only) / 01 /

Health Insurance Election (If enrolling in GIC benefits for the first time, also complete Form-RS) ☐ Cancel Health Insurance

Medicare Eligibility – check if applicable:
☐ Insured ☐ Spouse Medicare plan election form will be mailed to eligible members.

Non-Medicare Plan Election for insured or spouse not eligible for Medicare:
☐ Keep current health plan ☐ Change Non-Medicare Plan election to Plan name: _____

Optional Life Insurance Election
☐ Cancel Optional Life ☐ Reduce Optional Life to Fixed Amount: \$ ☐ Keep current Optional Life coverage
☐ Reduce Optional Life multiple of salary to: 1X 2X 3X 4X 5X 6X 7X

GIC Retiree Dental
☐ I wish to enroll in GIC Retiree Dental and have attached the completed GIC Retiree Dental Enrollment and Change Form
☐ I do not wish to enroll in the GIC Retiree Dental at this time

SIGNATURE REQUIRED

AUTHORIZATION

I have read the instructions on the reverse side of this form and authorize my employer, or direct my pension authority, to deduct from my payroll or pension check the amount required for the coverage I have selected. I understand that due to IRS regulations, my health insurance coverage elections are binding for the duration of the plan year and that I may only enroll in health insurance or change my coverage elections during the plan year if I experience a qualifying status change (examples include marriage, adoption/birth of a child, death of a dependent, and involuntary loss of other coverage). I understand that the GIC must receive any required documentation within 60 days of the event. All divorces and remarriages must be reported to the Group Insurance Commission, failure to notify the GIC of a legal separation, divorce, or remarriage can result in financial liability to you.

Signature of Applicant: Date: _____

Signature of Authorized Official: Date: _____

For GIC Use Only Entered Verified Political Subdivision

(See over for Form-1A instructions)

1A - 1/21

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Dental Insurance Options at Retirement

Paid Leave Accruals

Additional Benefits at Retirement

Important Contact Information

Dental Insurance Options at Retirement

Many options exist for dental insurance coverage, including (but not limited to):

- COBRA current employee Dental Plan
- Enroll in GIC Retiree Dental Plan
- Commonwealth Connector (Delta, Altus) www.mahealthconnector.org
- AARP or other such as coverage through a spouse's continuing employment

COBRA Dental

Continuing your employee dental insurance through COBRA

- As an employee, you may have elected the UMass Chan sponsored plan administered by Cigna. At retirement, this coverage will end on the last day of your last regular pay period.
- You have 60 days after your retirement date to elect to continue this coverage through COBRA, paying 102% of the cost of the plan, for up to 18 months.
- A COBRA packet will be mailed to you after termination, informing you of this option, including required forms and related instructions to enroll.



UMASS CHAN CIGNA DENTAL COBRA RATES 7/1/21-6/30/22 Employer Rate Chart		
Plan Option	Employer Rate (100%)	Participant Rate (102%)
Cigna Basic Plan		
Individual	\$28.95	\$29.53
Family	\$67.48	\$68.83
Cigna Plus Plan		
Individual	\$49.37	\$50.36
Family	\$141.89	\$144.73
Cigna Faculty/Executive Plan		
Individual	\$73.45	\$74.92
Family	\$206.39	\$210.52

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Important Contact Information

Dental Insurance Options

at Retirement [cont.]

GIC Retiree Dental and Form-RD

- As a Retiree, you are eligible for the GIC sponsored dental plan administered by Met Life. This coverage will begin 60 days from your retirement date, providing you submit the required forms to the GIC. Please keep this gap in coverage in mind when planning for dental care around your retirement date.
- You can enroll upon retirement, upon involuntary loss of other coverage (end of COBRA period), or during the next GIC Open Enrollment period.
- To enroll, complete and return the GIC Retiree Dental Insurance Form (Form-RD) with your GIC Status Change Form.
- Once enrolled, if you discontinue coverage you cannot re-enroll.

	MONTHLY GIC RETIREE DENTAL PLAN RATES \$1,250 Maximum Annual Benefit per Member
COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	\$28.31
Family	\$68.20

Please click here to access form.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <h2 style="margin: 0;">GIC RETIREE DENTAL ENROLLMENT/CHANGE FORM (FORM-RD)</h2> </div> <div style="text-align: right;"> </div> </div>													
REQUIRED	INSURED INFORMATION												
	Insured Information GIC-ID (usually Soc. Sec. #) Sex Date of Birth Dept. ID # or Agency/Division #												
	Name – Last First MI												
	Address City State Zip												
Contact Information Home Phone Cell Phone Email Country (if not USA)													
REQUIRED	Retirement Information Name of State Agency or Municipality retired from Do you receive a monthly pension from a public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Retirement												
	Survivor Information Name of Deceased Employee or Retiree Deceased Employee's/Retiree's Soc. Sec. # Have you remarried?												
	<input type="checkbox"/> Yes Date of remarriage <input type="checkbox"/> No												
REQUIRED	Select all that apply: <input type="checkbox"/> New Enrollment (New Eligibility) <input type="checkbox"/> Adding Dependents(s) <input type="checkbox"/> Dropping Dependents(s) <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Annual Enrollment												
	Qualifying Status Change <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Divorce/Legal Separation <input type="checkbox"/> Change in Dependent Eligibility Status												
Date of Event: / / _____ <input type="checkbox"/> Gain of Other Coverage <input type="checkbox"/> Involuntary Loss of Other Coverage <input type="checkbox"/> Death of spouse/dependent <input type="checkbox"/> Spouse's Annual Enrollment													
RETIREE DENTAL													
Coverage Election (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Family Cancel <input type="checkbox"/> GIC Retiree Dental Coverage													
• If you do not sign up for coverage within 60 days of retirement, you will not be able to enroll until the next annual enrollment period, unless you involuntarily lose dental coverage during the year or have a qualifying status change and apply within 60 days of the event. • If you sign up for coverage and decide to cancel, you can never rejoin the plan. • If you have family coverage and switch to an individual plan, your spouse and/or your eligible dependents can never rejoin the plan.													
List below all family members, including your spouse, who will be covered under your dental plan. Please provide all Social Security Numbers and exact dates of birth for each dependent. Coverage for children ends at age 19; to continue their coverage, complete and return to the GIC a Dependent Age 19 to 26 Enrollment Form if not already submitted for GIC health insurance. The Group Insurance Commission requires you to provide a copy of a marriage certificate, birth certificate, legal separation, divorce decree, or certificate of appointment as legal guardian for each person you list as a dependent. Do not send original documents because they will not be returned.													
SPOUSE/DEPENDENT INFORMATION													
For Changes Only	LAST NAME	FIRST NAME	MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP						
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	M <input type="checkbox"/> F <input type="checkbox"/>							
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	M <input type="checkbox"/> F <input type="checkbox"/>							
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	M <input type="checkbox"/> F <input type="checkbox"/>							
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	M <input type="checkbox"/> F <input type="checkbox"/>							
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	M <input type="checkbox"/> F <input type="checkbox"/>							
FORMER SPOUSE INFORMATION – If Listed Above													
Are you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of your remarriage: / /		Has your former spouse remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Divorce: / /							
Address: Street		City		State		Zip							
SIGNATURE REQUIRED	AUTHORIZATION – I have read the instructions above and direct my pension authority to deduct from my pension check the amount required for the coverage I have selected. I understand that my coverage elections are binding for the duration of the plan year and that I may only enroll in or change my coverage elections during the plan year if I experience a qualifying status change (examples include marriage, adoption/birth of a child, divorce, death of a dependent, and involuntary loss of other coverage). I understand that the GIC must receive any required documentation within 60 days of the event. All divorces and remarriages must be reported to the Group Insurance Commission, failure to notify the GIC of a legal separation, divorce, or remarriage can result in financial liability to you.												
	Signature of Applicant: _____				Date: _____								
	Signature of Authorized Official: _____				Date: _____								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">For GIC Use Only</td> <td style="width: 33%; padding: 5px;">Entered</td> <td style="width: 33%; padding: 5px;">Verified</td> <td style="width: 33%; padding: 5px;">Political Subdivision</td> </tr> </table>										For GIC Use Only	Entered	Verified	Political Subdivision
For GIC Use Only	Entered	Verified	Political Subdivision										
Form and Document Submission – Incomplete forms and insufficient required documentation may result in no coverage or a delayed effective date. ONLINE: Visit bit.ly/myGIClink to request and submit your enrollment form(s). MAIL: Return completed form and documentation to your municipal benefits office.													

Paid Leave Accruals

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Accruals are paid out in the pay period following the last regular paycheck.

This payment includes:

- Unused Vacation – Balance is paid to you.
- Unused Sick – 20% of balance is paid if you retire within 60 days of your separation date.

Unused Personal Time not paid. State tax and FICA will be withheld from these payments.

Please note that Vacation time accruals are capped at 240 hours each year, in the final pay period of the fiscal year. Any hour accrued over 240 will not be paid out to you, after the cap has been applied, so plan accordingly.

403(b) and 457(b) SMART Plan Deferrals

Some retirees may wish to defer some or all of their sick and vacation accrual payout funds to limit their total taxable income in their retirement year.

Vacation and Sick accrual payments can be tax-deferred into the UMass Voluntary 403(b) or 457(b)SMART plan.

- A one-time deferral form is needed to defer to each plan.
- You can contribute to both plans and each has independent limit. In 2022, the annual limits for an individual aged 50+:
 - » 403(b) – \$27,000
 - » 457(b) – \$27,000

Our Benefits team can provide you with the forms needed and answer any questions you may have about the process. Once completed, submit information to benefits@umassp.edu prior to retirement date.

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Paid Leave Accruals

[cont.]

Completing the 403(b) One-time Deferral Form

These forms are processed centrally by the UMass President’s Office (UMPO) Human Resources department.

1. Please complete: **Name, Email, Phone, Campus, Last 4 of SSN, and Employee ID.**
 - » This information is important so UMPO HR can contact you if they have any questions about your form and deferral intentions.
2. Choose whether you would like this deferral to be processed as **Pre-Tax or Roth** (After-Tax).
 - » To reduce your taxable income for the year, you would want to choose the Pre-Tax option.
3. Total amount of contribution is your choice: Fixed Dollar amount (up to limit) or Percentage.
 - » Outside contributions should be taken into account when considering your IRS contribution limit and choosing your deferral amount.

Please click here to access form.



University of Massachusetts 403(b) One-Time Payout Deferral Form

This agreement is made between the University of Massachusetts and the below referenced employee (the Employee):

Name:	Email	Phone
Campus	SSN last 4	Employee ID

The parties agree as that effective with compensation paid after the date of this agreement, the Employee's salary will be reduced so the part of Compensation which otherwise would be paid to the employee directly will instead, be contributed as an elective deferral under the terms and provisions of Section 403(b) of the United States Internal Revenue Code of 1986, as amended. For this purpose, the University is authorized to reduce the amount of the employee's **Sick/Vacation Payout** by:

☐ Before Tax Contribution ☐ Roth Contribution
\$ _____ or _____ % Friday Check Date _____

Both parties agree that the amount specified in this agreement may not exceed the limits of Internal Revenue Code Sections 403(b), 415 and 402(g). **If applicable, the Employee should check the below items concerning the coordination of contributions to the University's 403(b) plan with plans of other employers in which the Employee may participate (Complete only if Applicable):**

- ☐ I make voluntary contributions to a 403(b) and/or 401(k) plan of **another employer** (an employer other than the University).
- ☐ I own a controlling interest (over 50%) of an outside business and I make contributions to a qualified retirement plan or simplified employee pension plan under the outside business.
- ☐ I am, or have been, employed by another agency or department of the Commonwealth of Massachusetts this year that is not a part of the University of Massachusetts.

This agreement is binding and irrevocable with respect to salary paid while this agreement is in effect. However, this agreement may be canceled at any time with respect to salary not yet paid. The Employee understands that this agreement will be canceled upon termination of employment with the University or upon notice, in writing, to the University Human Resources Office.

Employee Signature: _____ Date: _____

(University System HR Office Use Only)
Date Received: _____ Date Processed: _____ Entered by: _____

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Important Contact Information

Paid Leave Accruals [cont.]

Completing the 403(b) One-time Deferral Form [cont.]

- » To maximize deferrals, elect 100% contribution. Payroll will take a deduction amount up to your annual limit (not over) for this calendar year. The remaining funds will be available for 457(b) deferral, if elected, or paid to you as net pay.
- 4. Friday check date will be the Friday pay date following your last regular paycheck. The UMass Chan Benefits team can help you determine that date.
- 5. If you have been making contributions outside of UMass Chan employment to a 403(b) or 401(k), check applicable boxes.
 - » Outside contributions should be taken into account when considering your IRS contribution limit and choosing your deferral amount.
- 6. Sign and Date.
- 7. Email to **benefits@umassp.edu** and confirm receipt prior to final pay period.

Please click here to access form.



University of Massachusetts 403(b) One-Time Payout Deferral Form

This agreement is made between the University of Massachusetts and the below referenced employee (the Employee):

Name:	Email	Phone
Campus	SSN last 4	Employee ID

The parties agree as that effective with compensation paid after the date of this agreement, the Employee's salary will be reduced so the part of Compensation which otherwise would be paid to the employee directly will instead, be contributed as an elective deferral under the terms and provisions of Section 403(b) of the United States Internal Revenue Code of 1986, as amended. For this purpose, the University is authorized to reduce the amount of the employee's **Sick/Vacation Payout** by:

☐ Before Tax Contribution ☐ Roth Contribution

\$ _____ or _____ % Friday Check Date _____

Both parties agree that the amount specified in this agreement may not exceed the limits of Internal Revenue Code Sections 403(b), 415 and 402(g). **If applicable, the Employee should check the below items concerning the coordination of contributions to the University's 403(b) plan with plans of other employers in which the Employee may participate (Complete only if Applicable):**

☐ I make voluntary contributions to a 403(b) and/or 401(k) plan of **another employer** (an employer other than the University).

☐ I own a controlling interest (over 50%) of an outside business and I make contributions to a qualified retirement plan or simplified employee pension plan under the outside business.

☐ I am, or have been, employed by another agency or department of the Commonwealth of Massachusetts this year that is not a part of the University of Massachusetts.

This agreement is binding and irrevocable with respect to salary paid while this agreement is in effect. However, this agreement may be canceled at any time with respect to salary not yet paid. The Employee understands that this agreement will be canceled upon termination of employment with the University or upon notice, in writing, to the University Human Resources Office.

Employee Signature: _____ Date: _____

(University System HR Office Use Only)

Date Received: _____ Date Processed: _____ Entered by: _____

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Important Contact Information


Paid Leave Accruals

[cont.]

Completing the 457(b) SMART Plan One-time Deferral Form

These forms are also processed centrally by the UMass President’s Office Human Resources department.

1. Complete Section A:
 - » **Participant Information. Include: SSN, Name, DOB, Address and Phone Number.**
 - » **Division/Payroll Center** is UMass Chan.
2. Complete Section B: Payroll Election
 - » Choose option for **Sick and Vacation Pay**.
 - » Choose whether you would like this deferral to be processed as **Pre-Tax Contributions or Roth** (After-Tax).
 - » Total amount of contribution is your choice: Fixed Dollar amount (up to limit) or Percentage.
 - Limit is \$27,000 in 2022 for individuals aged 50 years or older. (\$20,500 is the limit for individuals under aged 50 and not eligible for the Over 50 Catch-Up Contribution).
 - To maximize your deferrals, you can elect 100%. Payroll will take a deduction amount up to your annual limit (not over) for this calendar year. The remaining funds will be paid to you as net pay.



Paycheck Contribution Election
Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-877-457-1900.

98966-01 Massachusetts Deferred Compensation SMART Plan

A Participant Information

Social Security Number

Account Extension

Last Name

First Name

M.I.

Street Address

City

State

Zip Code

Email Address

Division/Payroll Center

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Date of Birth
() / () / ()

Personal Phone Number
() () () () () ()

Work Phone Number
() () () () () ()

☐ Married ☐ Unmarried

B Payroll Election(s)

Paycheck Contribution Election (Payroll Deductions)

Select One: ☐ Sick & Vacation Pay ☐ Other (one-time Deferral) Specify reason: _____

I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):

☐ Before-Tax Contributions \$ _____ or _____ % (\$10.00 - \$20,500.00 or 1% - 100%)

☐ Roth Contributions \$ _____ or _____ % (\$10.00 - \$20,500.00 or 1% - 100%)

Payroll Effective Date (mm/dd/yyyy) ____ / ____ / ____ Date of Hire (mm/dd/yyyy) ____ / ____ / ____

The total annual before tax and Roth contributions cannot exceed \$20,500.00 of my eligible compensation in the 2022 tax year.

C Participant Consent

My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- Payroll elections must be entered into prior to the first day of the month that the deferral will be made.
- I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____

Date (Required) _____

D Mailing Instructions

Participant forward to Human Resources/Payroll Department

Securities, when presented, are offered and/or distributed by GWFS Equities, Inc., Member FINRA/SIPC. GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment adviser, Advised Assets Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

STD FSALDF 11/09/21 98966-01 CHG NUPART

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[cont.]

Completing the 457(b) SMART Plan One-time Deferral Form [cont.]

- If you work for another State entity and make 457(b) contributions, please take these contributions into account when deciding on a deferral amount.
- 3. Choose whether you would like this deferral to be processed as **Pre-Tax or Roth** (After-Tax).
- 4. **Payroll Effective Date** will be the Friday pay date following your last regular paycheck. The UMass Chan Benefits team can help you determine that date.
- 5. Sign and Date.
- 6. Email to benefits@umassp.edu and confirm receipt prior to final pay period.
- 7. If you are not currently enrolled in the SMART plan, please complete enrollment at www.mass-smart.com to select investments and record beneficiary information.

Please click here to access form.



Paycheck Contribution Election Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-877-457-1900.

98966-01

Massachusetts Deferred Compensation SMART Plan

A

Participant Information

Social Security Number

Account Extension

Last Name

First Name

M.I.

Street Address

City

State

Zip Code

Email Address

Division/Payroll Center

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Date of Birth

Personal Phone Number

Work Phone Number

☐ Married ☐ Unmarried

B

Payroll Election(s)

Paycheck Contribution Election (Payroll Deductions)

Select One: ☐ Sick & Vacation Pay ☐ Other (one-time Deferral) Specify reason:

I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):

☐ Before-Tax Contributions \$ or % (\$10.00 - \$20,500.00 or 1% - 100%)

☐ Roth Contributions \$ or % (\$10.00 - \$20,500.00 or 1% - 100%)

Payroll Effective Date (mm/dd/yyyy) / / Date of Hire (mm/dd/yyyy) / /

The total annual before tax and Roth contributions cannot exceed \$20,500.00 of my eligible compensation in the 2022 tax year.

C

Participant Consent

My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- Payroll elections must be entered into prior to the first day of the month that the deferral will be made.
- I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature

Date (Required)

D

Mailing Instructions

Participant forward to Human Resources/Payroll Department

Securities, when presented, are offered and/or distributed by GWFS Equities, Inc., Member FINRA/SIPC. GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment adviser, Advised Assets Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

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Additional Benefits at Retirement

Vision Insurance: The GIC Retiree health coverage includes a Vision Discount program with Davis Vision.

Long Term Disability: Coverage will terminate automatically at retirement.

Flexible Spending Accounts:

- Your participation in Health Care Savings Account (HCSA) and Dependent Care Assistance Program (DCAP) will terminate as of midnight the day of termination and your HCSA cards will be inactivated. You will only be able to submit claims for eligible health care expenses that were incurred on or before your last day of active employment. You have until October 15, 2022 to submit all claims.
- 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 Benefit Strategies. The amount billed to you would include a 2% administrative fee. COBRA application is available on the GIC’s website at www.mass.gov/gic.

MetLife Auto/Homeowners: As a retiree, you are still eligible for a portion of the group discount through UMass Chan. You will need to notify MetPay to set up another alternative for paying your premiums. MetPay can be reached at **1-800-438-6385**.

MetLaw Legal Services: 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, 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 (8 a.m. – 7 p.m.).

Tuition Benefits:

- At retirement, if you, your spouse, or dependent child under age 26 is enrolled in a program of study or degree program at a Massachusetts State University or Community College, eligibility will continue until the end of the program provided that enrollment is continuous (student is enrolled each semester until completion).
- If not enrolled at the time of retirement, a retiree, his/her spouse, and each dependent child shall be eligible for tuition credit benefits for one-degree program.

Voluntary Retirement Accounts: If you have balances in the UMass 403(b) or 457(b) SMART plan, you are not required to take a distribution. Funds can remain in these accounts until you are ready for a cash or rollover distribution.

Additional Retirement Forms

- [ORP ‘Retiree Income’ Guide](#)
- [Termination Retirement Allowance for Section 10 Retirement Form](#)
- [Form RS-GIC Retiree & Survivor Enrollment/Change Form](#)

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Important Contact Information

Important Contact Information

Massachusetts State Board of Retirement

www.mass.gov/treasury/retirement/

Phone: Toll Free within MA only
(800) 392-6014

One Winter Street
Boston, MA 02108
617-367-7770

Hours: 7:45 a.m. to 5:00 p.m.

436 Dwight Street, Rm 109A
Springfield, MA 01103
413-730-6135
Hours: 8:45 a.m. to 5:00 p.m.

Mass Department of Higher Education

www.mass.edu/forfacstaff/orp

Phone: **617-994-6960**

ORP Plan Administrator
Massachusetts Department of Higher Education
One Ashburton Place, Room 1401
Boston, MA 02108
orp@bhe.mass.edu

Fidelity Investments

www.fidelity.com

Phone: **800-343-0860**

TIAA

www.tiaa-cref.org

Phone: **800-842-2776**

Massachusetts Group Insurance Commission

www.mass.gov/gic

Phone: **617-727-2310**

Social Security Administration

www.ssa.gov

Phone: **800-772-1213**

Karen Wilson, UMass Chan HR Benefits Manager

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