

# Benefits Information

*Sandra Escalera*

Benefits Coordinator

Office of Human Resources

Foster Building Room 202

508-999-8045

[Benefits@umassd.edu](mailto:Benefits@umassd.edu)

## WHEN DOES COVERAGE BEGIN?

For new employees coverage begins on the first day of the month following 60 calendar days from the date of employment, or two calendar months, whichever comes first.

### EFFECTIVE COVERAGE DATES FOR NEW EMPLOYEES

If the date of employment is from .....	Coverage begins on:
January 2 to February 1 .....	April 1
February 2 to March 2 .....	May 1
March 3 to April 2 .....	June 1
April 3 to May 2 .....	July 1
May 3 to June 2 .....	August 1
June 3 to July 3 .....	September 1
July 4 to August 2 .....	October 1
August 3 to September 2 .....	November 1
September 3 to October 2 .....	December 1
October 3 to November 2 .....	January 1
November 3 to December 3 .....	February 1
December 4 to January 1 .....	March 1

***Employees who did not enroll in a health insurance plan when first eligible, may enroll during Annual Enrollment. Coverage will begin July 1 following Annual Enrollment.***

-----For Human Resources use only-----

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>○ Form I-9 – ID’s provided</li> <li>○ GIC Enrollment/Change Form (FORM-1)</li> <li>○ Life Insurance Beneficiary Designation Form</li> <li>○ Enrollment Effective Date Acknowledgment</li> <li>○ Coverage Acknowledgement Form</li> <li>○ Retirement – New Member Enrollment</li> </ul> | <ul style="list-style-type: none"> <li>○ Statement Concerning Social Security.</li> <li>○ State Ethics Online Training Acknowledgment Cert.</li> <li>○ Receipt of Summary of Conflict of Interest Law</li> <li>○ CITS Logon Application</li> <li>○ ORP – 180 Day Notice</li> <li>○ ASI FLEX SPENDING</li> </ul> |
|---|---|

I \_\_\_\_\_ UNDERSTAND THAT THE FORMS LISTED ON THIS SHEET MUST BE RETURNED TO THE HUMAN RESOURCES OFFICE NO LATER THAN \_\_\_\_\_ WHICH IS 10 CALENDAR DAYS FROM MY HIRE DATE.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note. Once you are hired into the payroll system you will be able to enter your information. Please ensure that you have returned all required documentation so that we may assist in expediting this process.



# Health Insurance

## Group Insurance Commission

<http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/oversight-agencies/gic/>

19 Staniford Street

Boston, MA 02114

617-727-2310

*GIC now accepts electronic forms for health insurance, life insurance, and long-term disability insurance through MyGICLink! Please be mindful of future emails containing these forms. If you do not receive them within 24 hours of your orientation date, please contact us at 508-999-8045 or via email at [Benefits@umassd.edu](mailto:Benefits@umassd.edu).*

## ENROLLMENT/CHANGE FORM (FORM-1) INSTRUCTIONS

For an overview of your GIC benefit options, see your **GIC Benefit Decision Guide** [mass.gov/lists/gic-benefits-decision-guides](https://mass.gov/lists/gic-benefits-decision-guides).

### Deadlines and Required Documentation

- **Required Documentation:** To add a spouse or dependent to coverage, documentation is required. Refer to dependent information section below for details.
- **New Hire:** Completed forms and required documentation must be received by your GIC Coordinator no later than your 10th calendar day of regular, benefit eligible employment. If you miss the deadline, you must wait until the next Annual Enrollment period to enroll in GIC basic life and health insurance benefits.
- **Annual Enrollment:** Completed forms and required documentation must be received by your GIC Coordinator (active employees) or the GIC (retirees and survivors) by the end of the Annual Enrollment period.
- **Qualifying Family Status Change for Optional Life:** State employees actively at work who have the following qualifying family status changes during the year may enroll in or increase their optional life insurance coverage without any medical review in an amount not to exceed four times their salary: marriage, birth/adoption, divorce and death of a spouse. Proof of the qualifying event and the completed form must be received by the GIC within 31 days of the qualifying event. You must already have basic life insurance for this option. Forms received after 31 days are subject to proof of good health.
- **Qualifying Status Change for Health Insurance:** State employees and retirees who have a qualified status change during the year can enroll in GIC health insurance or change from individual to family coverage or family to individual with proof of the family status change. Documentation of the event and the completed form must be received at the GIC within 60 days of the qualifying event. Forms and documentation received after 60 days are returned and you may re-apply during Annual Enrollment.
- **Return from FMLA or Military Leave:** If you voluntarily canceled GIC health insurance coverage at the beginning of your FMLA or military leave of absence, you can re-enroll in GIC basic life and health insurance coverage upon your return from leave. Optional Life and Long Term Disability are subject to evidence of insurability unless you are returning from a military leave. The enrollment form must be received at the GIC within 60 days of the return to work. Forms received after 60 days are returned and you may re-apply during Annual Enrollment.

### Work Hours and Eligibility

Active state employees must work at least 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek and must contribute to your Employer's public sector retirement system. For GIC purposes, OBRA is not such a retirement system. For additional eligibility details, refer to the GIC's regulations: [mass.gov/law-library/gic-regulations](https://mass.gov/law-library/gic-regulations).

### Long Term Disability

New state employees can enroll within 10 days of hire in Long Term Disability without providing evidence of good health. Current active state employees can apply at any time, but are subject to proof of good health.

### Optional Life Insurance

New state employees can enroll within 10 days of hire in Optional Life Insurance for a coverage amount of up to eight times your salary without the need for any medical review. Current active state employees can apply at any time, but must have basic life insurance and are subject to proof of good health. If you select an amount of Optional Life Insurance that is a multiple of your salary of two to eight times, up to \$1.5 million maximum, you will be enrolled in the Automatic Increase; your Optional Life Insurance coverage will increase automatically after an increase in your salary. If you elect to change from a fixed amount (where your coverage does not increase as your salary increases) to Automatic Increase, you will be subject to proof of good health.

### Dependent Information and Required Documentation

In order to enroll your eligible spouse, former spouse and/or dependents in GIC health insurance, you must enter their information in the spouse/dependent box and provide a copy of a marriage certificate, birth certificate or hospital announcement letter (newborns only), separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you list as a dependent. If covering a former spouse, also complete the former spouse information section. Failure to provide required documentation with this enrollment/change form will result in your spouse/dependent not being covered. If you are removing a spouse or dependent under age 19, you must do so during Annual Enrollment or within 60 days of a qualifying event. Under federal health care reform, Social Security Numbers must be provided for each spouse/dependent to be covered under the health plan. For a newborn only, the Social Security Number can be provided at a later date. Please indicate the exact date of birth for each dependent. To cover a dependent age 19 to 26, you must also provide a completed Dependent Age 19 to 26 Enrollment and Change Form.

### Form and Documentation Submission

Incomplete forms and insufficient required documentation may result in no coverage or a delayed effective date.

**Active employees:** Return completed form and documentation to your GIC Coordinator.

**Retirees:** Return completed form to the GIC, P.O. Box 8747, Boston, MA 02114



### **Required Documents for GIC Coverage**

#### **If you are planning to cover yourself only:**

- There is no documentation needed unless you are a retiree or survivor who is (and/or whose spouse is) age 65 or over (*see Additional Documents for Retirees and Survivors section below*)

#### **If you are planning to cover a current and/or former spouse, you will need the following:**

- If you are married – Copy of Certified Marriage Certificate

If you are divorced or legally separated, the following sections of the Separation Agreement are required. Note that that if you were divorced prior to March 27, 1985, your former spouse is not eligible for GIC coverage:

- Divorce Absolute Date
- Signature Page
- Health Insurance Provisions
- Your Former Spouse's Last Known Address

#### **If you are planning to cover dependent children, you will need the following:**

- Dependent Child Coverage – Copy of Certified Birth Certificate (*must have parent/child relationship listed*)
- Dependent Age 19-26 – Complete a Dependent Age 19-26 Application for coverage (*form available on the GIC's website*)
- Handicapped Dependent – complete Handicapped Dependent form (*form available on the GIC's website*)
- Adoption – Copy of Adoption Placement Letter
  - Letter must be on Adoption Agency Letterhead and include the following:
    - Name of Adoptive Parents
    - Name of Adopted Child
    - Date Child Placed in the Home
- Grandchild – Copy of Court Guardianship Appointment
  - However, if grandchild is a dependent of a dependent under age 19, copy of grandchild's certified (*Long Form*) birth certificate

Documents such as marriage certificates and birth certificates can be obtained by contacting the Clerk's Office of the town in which the event occurred.

Adoption verification and Grandchild verification information can be obtained by contacting the adoption agency used or the Clerk of Court's office in the town in which the event occurred.

We encourage you to contact the appropriate offices as soon as possible. There may be a waiting period to obtain information.

### ***Additional Required Documents for Retirees and Survivors***

#### **If you and/or your spouse are on Medicare, you will need the following documentation:**

- See above for spousal and dependent coverage
- Photocopy of Medicare Card (include a copy of spouse's card if applicable)
- Photocopy of your latest 1099 or Benefit Verification Letter printed off Social Security's website stating how your monthly Part B premium is paid (e.g., you are being directly billed by Social Security or it is being deducted from your Social Security check). Include this same documentation for your spouse, if applicable.

#### **If you and/or your spouse are over age 65 and Medicare eligible, but not enrolled in Medicare, you will need the following:**

- See above for spouse and dependent coverage
- Between January 1 and March 31, you must enroll in Medicare Part A and Part B and send to the GIC the document listed above (third bullet) for retirees in Medicare
- During the GIC spring open enrollment you must enroll in a GIC Medicare plan

#### **If you and/or your spouse are over age 65 and *not eligible* for Medicare you will need the following documentation:**

- See above for spousal and dependent coverage
- Social Security Denial Letter stating that you or your spouse is not eligible for Medicare Part A for free. 9/3/14

# GIC LIFE INSURANCE BENEFICIARY FORM-319 INSTRUCTIONS

**PLEASE READ ALL INSTRUCTIONS AND EXAMPLES CAREFULLY BEFORE COMPLETING THIS FORM.**

1. Please print all beneficiary information clearly in capital letters on the lines provided, indicating your beneficiary's name, relationship, Social Security number, date of birth, address and the percentage of proceeds to be paid to each beneficiary. Incomplete forms will be returned. Refer to the samples illustrated to the right to assist you in the completion of your form.
2. If you do not provide a percentage of proceeds for your beneficiaries, the proceeds will be divided equally among all listed beneficiaries. If you provide a percentage for some but not all of the listed beneficiaries, your form will be returned to you to complete. **DO NOT PUT A DOLLAR AMOUNT IN THE "% of Proceeds" BOX.**
3. Use this form to designate up to three beneficiaries. If you wish to list more than three beneficiaries, an estate or trust, **DO NOT** use this form. Instead, you must obtain a GIC Life Insurance Beneficiary Form G-500 from your GIC Coordinator and use that form to list all your beneficiaries. If you are a retiree and need a G-500, please call 617.727.2310.
4. If you list beneficiaries who have the same last name as you, **DO NOT** write their last name. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who has the same last name as yours.
5. If you list beneficiaries who live at the same address as you, **DO NOT** write in their address. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who lives at your address.
6. Please sign and date the form clearly, in ink, where indicated. Keep a copy of the completed form with your important papers.
7. Please return this completed form to the Group Insurance Commission, P.O. Box 8747, Boston, MA 02114.
8. The effective date of an enrollee's life insurance beneficiary designation is the date that the GIC receives the completed beneficiary form.

BENEFICIARY #1				RELATIONSHIP
First Name J O H N		M.I. Q	Last Name <input type="checkbox"/> Same as Insured	
Street Address <input type="checkbox"/> Same as Insured 1 0 0   Y O U R S I T R E E   R D				
City Y O U R T O W N		State M A	Zip Code 0 1 2 3 4	Country (if not U.S.A.)
Social Security Number 1 2 3 - 4 5 - 6 7 8 9		Date of Birth 1 0 / 1 0 / 1 9 6 0	Phone Number (Optional) 6 1 7 - 1 2 3 - 4 5 6 7	
				<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
				<b>% OF PROCEEDS</b> (Do Not Put \$ Amount) <b>100%</b>
BENEFICIARY #2				RELATIONSHIP
First Name		M.I.	Last Name <input type="checkbox"/> Same as Insured	
Street Address <input type="checkbox"/> Same as Insured				
City		State	Zip Code	Country (if not U.S.A.)
Social Security Number		Date of Birth	Phone Number (Optional)	
				<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
				<b>% OF PROCEEDS</b> (Do Not Put \$ Amount)
BENEFICIARY #3				RELATIONSHIP
First Name		M.I.	Last Name <input type="checkbox"/> Same as Insured	
Street Address <input type="checkbox"/> Same as Insured				
City		State	Zip Code	Country (if not U.S.A.)
Social Security Number		Date of Birth	Phone Number (Optional)	
				<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
				<b>% OF PROCEEDS</b> (Do Not Put \$ Amount)

BENEFICIARY #1				RELATIONSHIP
First Name B E I T H		M.I.	Last Name <input type="checkbox"/> Same as Insured	
Street Address <input type="checkbox"/> Same as Insured 1 0 0   Y O U R S I T R E E   R D				
City Y O U R T O W N		State M A	Zip Code 0 1 2 3 4	Country (if not U.S.A.)
Social Security Number 1 2 3 - 4 5 - 6 7 8 9		Date of Birth 1 2 / 1 2 / 1 9 8 6	Phone Number (Optional) 6 1 7 - 1 2 3 1 - 4 5 6 7	
				<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
				<b>% OF PROCEEDS</b> (Do Not Put \$ Amount) <b>50%</b>
BENEFICIARY #2				RELATIONSHIP
First Name M A T T H E W		M.I. J	Last Name <input checked="" type="checkbox"/> Same as Insured	
Street Address <input type="checkbox"/> Same as Insured 1 0 0   Y O U R S I T R E E   R D				
City Y O U R T O W N		State M A	Zip Code 0 1 2 3 4	Country (if not U.S.A.)
Social Security Number 1 2 3 - 4 5 - 6 7 8 9		Date of Birth 1 1 / 1 1 / 1 9 8 8	Phone Number (Optional) 6 1 7 - 1 2 3 1 - 4 5 6 7	
				<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
				<b>% OF PROCEEDS</b> (Do Not Put \$ Amount) <b>50%</b>

- If you list two or more beneficiaries with a specific percentage designated to each, proceeds will be paid as you designated. If one of the beneficiaries dies before you, proceeds will be paid to the remaining beneficiary/beneficiaries.
- If you list more than one beneficiary and indicate 100% for each one, this means that when you die, the first beneficiary will receive 100% of the proceeds. However, if the first beneficiary dies before you, the second designated beneficiary will receive 100% of the proceeds. If the second beneficiary also dies before you, your third beneficiary will receive 100% of the payment.
- If all designated beneficiaries die before you, payment will be made according to the terms of your life insurance policies in effect at the time of your death.

(See over for Beneficiary Form-319)

# GIC BENEFIT COVERAGE CHANGES



## **FAMILY COVERAGE**

In addition to GIC's Insurance Enrollment and change Form 1 and Insurance Data Form (IDF), GIC requires certified documents; (e.g. a marriage certificate for a spouse and birth certificate for dependent children) or whenever an employee, including new hires, elects family coverage or changes coverage (e.g. life insurance only to life and family health or individual to family)

For example, if an insured wishes to add a newborn child to an existing family membership, in addition to the GIC Insurance Data Form, GIC requires a certified birth certificate or a hospital statement for the newborn child. If the insured wants to add a spouse to an existing family membership, in addition to the GIC Insurance Data Form, GIC requires a certified marriage certificate. If the insured already has a spouse on file from whom he/she is divorced, GIC also requires a copy of the divorce decree. In particular we need the page with the absolute date and the section on health insurance. We also need the former spouse's home address.

## **INDIVIDUAL COVERAGE**

Whenever an employee with family coverage wants to change to individual coverage because of divorce, death of the spouse, or the spouse has his/her own coverage, along with the GIC Insurance Enrollment Change Form 1, GIC requires specific documentation. In the case of divorce, GIC requires a copy of the divorce decree. In particular we need the page with the absolute date and the section on health insurance. We also need the former spouse's home address. In the case of a death, GIC requires a certified copy of the death certificate. In the case where other health insurance coverage is available, GIC needs verification of the other health coverage. If the change is because a dependent child is no longer eligible for coverage, GIC requires only the Form 1.

## **DIVORCE NOTIFICATION**

Whenever an insured with family coverage divorces, GIC must be notified so that we can determine if the former spouse is eligible to remain covered under the employee's family plan. Notification must include a copy of the divorce decree. In particular we need the page with the absolute date and the section on health insurance. We also need the former spouse's home address.

Whenever an insured wants to add a former spouse to his/her coverage, along with a written request for coverage, GIC requires a copy of the divorce decree. In particular we need the page with the absolute date and the section on health insurance. We also need the former spouse's home address.

GIC will determine the effective date of coverage for the former spouse and notify both the insured and former spouse in writing.



# Non-Unit Dental Insurance & Vision Discount Plan



## MetLife Dental Insurance Enrollment/Change Form Non-Unit Higher Education Health and Welfare Fund

The Trustees of the Non-Unit Higher Education Health and Welfare Fund are offering the members an indemnity dental plan. In order to participate in the plan, I will have to make a payroll contribution based on the coverage I select. I may also choose not to participate in this dental plan. By completing and signing this form, I am informing the Trustees of my election.

If you do not wish to participate, you still need to submit this form.

COVERAGE ELECTION			
<input type="checkbox"/> I <b>DO</b> wish to participate in this dental plan. I authorize the appropriate payroll deduction.	<input type="checkbox"/> I <b>DO NOT</b> wish to participate in this dental plan. I understand that I will not have dental insurance through my employer.		
CHECK OFF ALL THAT APPLY			
<input type="checkbox"/> New Hire	<input type="checkbox"/> Change of Name <i>Provide former name:</i> _____		
<input type="checkbox"/> New Address	<input type="checkbox"/> Prior Service/Transfer from another Institution <i>Provide former institution:</i> _____		
<b>Change in Status-Special Handling:</b>		<b>Change in Family Status:</b>	
<input type="checkbox"/> Waive Waiting Period <i>Coverage Start Date:</i> _____	<input type="checkbox"/> Addition of Dependent(s) <i>Effective Date:</i> _____		
<i>Reason:</i> _____	<i>Reason:</i> _____		
<input type="checkbox"/> Removal of Dependent(s) <i>Effective Date:</i> _____		<i>Reason:</i> _____	
<b>Coverage Requested:</b> <input type="checkbox"/> Employee only <input type="checkbox"/> Family			
EMPLOYEE INFORMATION			
<i>Name</i>		<i>Employee ID #</i>	<i>Social Security #</i>
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<i>Phone #</i>	<i>Date of Birth</i>	<i>Date of Hire</i>	
<i>Place of Employment (specify campus):</i>			
DEPENDENTS			
<b>First Name (indicate Last Names only if different)</b>	<b>Date of Birth</b>	<b>Social Security #</b>	<b>M/F</b>
<i>Spouse</i>			
<i>Child</i>			
<i>Child</i>			
<i>Child</i>			
<i>Child</i>			
<input type="checkbox"/> Check here if your spouse is also employed by UMASS, the state university system or the community college system in Massachusetts and is also eligible for coverage through the Non-Unit Higher Education Health and Welfare Fund.			
SIGNATURE			
<b>Employee Signature</b>			<b>Date</b>

For more information about the plan, visit [HealthPlansInc.com/BHE](http://HealthPlansInc.com/BHE)

HR Administrators may send via: Fax: 508-795-1933 | Email: [BHEeligibilityquestions@HealthPlansInc.com](mailto:BHEeligibilityquestions@HealthPlansInc.com) | Mail: Health Plans, Inc. • P.O. Box 5199 • Westborough, MA 01581

# Set your sights on savings and convenience.

**MetLife VisionAccess** is a discount program that helps you save and stay on top of your care. You get great discounts that couldn't be easier to use — just visit one of the thousands of participating private practice ophthalmologists and optometrists.



## What you get is clear:

- Savings on eye exams
- Lower costs for laser vision correction
- Availability of the program to your entire family
- Discounts on glasses and frames
- A broad choice of quality providers
- No enrollment or claim forms

Using your discount is simple. Just provide your program code, **MET2020**, when making an appointment or receiving services or materials. And remember, you'll need to visit a participating private practice to take advantage of the program. Save the attached cards for easy reference.

## Pricing in regional areas should not exceed certain amounts

Refer to schedule of benefits on the back of this flyer

**Region 1** | AK, CA (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano), CT, DC, HI, NJ, NY (Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester), and MA

**Region 2** | California (all except Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano), DE, FL, IL, MD, MI, NH, NV, PA, RI, and WA

**Region 3** | AZ, CO, GA, IA, MN, ME, NM, NY (all except Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester), OH, OR, TX, UT, VT, and VA

**Region 4** | AL, AR, IA, ID, IN, KS, KY, MO, MS, MT, NE, NC, ND, OK, SC, SD, TN, WV, WI, WY, and PR

 Cut along dotted line

## VisionAccess Program

**See Well. Stay Healthy. Save More.**

- 20% off eye exam
- 20% off lenses and lens options
- 25% off frames
- 20% off non-prescription sunglasses
- Discounts on laser vision correction



Program Code:  
**MET2020**



Program provided through  
Vision Service Plan (VSP)

## VisionAccess Program

**See Well. Stay Healthy. Save More.**

- 20% off eye exam
- 20% off lenses and lens options
- 25% off frames
- 20% off non-prescription sunglasses
- Discounts on laser vision correction



Program Code:  
**MET2020**



Program provided through  
Vision Service Plan (VSP)

Get a clearer view on life for less.

Vision care service	Member Savings <sup>1</sup>
Exams	20% off of Usual and Customary fee <sup>2</sup> with a maximum copay of: Region 1: \$90 Region 2: \$90 Region 3: \$80 Region 4: \$75
Exam — contact lens	15% off Usual and Customary fee <sup>2</sup> Discounts on contact lens materials are not available. Check with your participating private practice for available offers.
<b>Standard corrective lenses — glass or plastic</b>	
▪ Single vision	20% off of Usual and Customary fee <sup>2</sup> with a maximum copay of: Region 1: \$50 Region 2: \$45 Region 3: \$45 Region 4: \$40
▪ Lined bifocal	20% off of Usual and Customary fee <sup>2</sup> with a maximum copay of: Region 1: \$70 Region 2: \$65 Region 3: \$65 Region 4: \$60
▪ Lined trifocal	20% off of Usual and Customary fee <sup>2</sup> with a maximum copay of: Region 1: \$90 Region 2: \$85 Region 3: \$85 Region 4: \$75
<b>Standard lens options</b>	
▪ Ultraviolet coating	20% off of Usual and Customary fee <sup>2</sup> with a maximum copay of \$15
▪ Tint — solid or gradient	20% off of Usual and Customary fee <sup>2</sup>
▪ Standard scratch-resistant coating (scratch A)	20% off of Usual and Customary fee <sup>2</sup> with a maximum copay of \$15
▪ Standard polycarbonate	20% off of Usual and Customary fee <sup>2</sup> with a maximum copay of \$40
▪ Standard progressive	20% off of Usual and Customary fee <sup>2</sup> add on to bifocal, with a maximum copay of \$55
▪ Basic anti-reflective coating	20% off of Usual and Customary fee <sup>2</sup> with a maximum copay of \$45
▪ Blended invisible bifocal	20% off of Usual and Customary fee <sup>2</sup>
▪ Intermediate vision lenses	20% off of Usual and Customary fee <sup>2</sup>
▪ High index	20% off of Usual and Customary fee <sup>2</sup>
▪ Polarized	20% off of Usual and Customary fee <sup>2</sup>
▪ All other lens options/features	20% off of Usual and Customary fee <sup>2</sup>
<b>Frames</b>	25% off of Usual and Customary fee <sup>2</sup>
<b>Laser vision correction<sup>3</sup></b>	Discounts averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Discounts are only available from MetLife participating facilities.
<b>Non-prescription sunglasses</b>	20% off of Usual and Customary fee <sup>2</sup>

Discounts are only available through participating private practices.

For more information or to find a participating provider

visit our website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-888-GET-MET8.

Discounts are available from any participating private practice. See your program schedule of benefits for more details.

Provide your program code, **MET2020**, when making an appointment or receiving services or materials.

To review benefits or find a participating provider, visit our website or call.

[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
1-888-GET-MET8 (1-888-438-6388)

Say "Vision;" then select option 2  
(MetLife VisionAccess Discount Program)

Discounts are available from any participating private practice. See your program schedule of benefits for more details.

Provide your program code, **MET2020**, when making an appointment or receiving services or materials.

To review benefits or find a participating provider, visit our website or call.

[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
1-888-GET-MET8 (1-888-438-6388)

Say "Vision;" then select option 2  
(MetLife VisionAccess Discount Program)

MetLife VisionAccess is a discount program and not an insured benefit. The program is available at no charge regardless of enrollment in other MetLife benefits as long as the plan sponsor has an active MetLife group product. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

1. See listing of Regional Discount Areas on the front of this flyer.
2. Usual and Customary fee is the vision care provider's retail fee for services and materials.
3. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating facilities.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166  
130000017 (0717) L0717496876(esp0910)(All States) © 2017 METLIFE, INC.





# State Employee Acknowledgement Form *For GIC Eligible Employees*

You are responsible for familiarizing yourself with your benefit options and making your elections within 10 calendar days of the date of hire:

- Basic Life Insurance
- Basic Life & Health Insurance
- Summary of Benefits and Coverage ([www.mass.gov/gic/sbc](http://www.mass.gov/gic/sbc))
- Optional Life Insurance
- Long Term Disability (LTD)
- Dental/Vision (*if eligible*)
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

Your signature is required on this form before your agency can process your benefit elections. Please sign, date and return this form to your GIC Coordinator after you have reviewed the *Benefit Decision Guide*.

I hereby acknowledge that I have reviewed the most recent GIC *Benefit Decision Guide* and understand my benefit options before I made my benefit elections. I understand that if I enroll in GIC basic life or basic life and health insurance, my premiums will be deducted on a pretax basis unless I elect post tax benefits.

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*Employee:* Return this signed form to your GIC Coordinator with your benefit elections.  
*GIC Coordinator:*



## Flexible Spending Accounts (FSA)

A Benefit Strategies Flexible Spending Account (FSA) is a pre-tax account used to pay for out-of-pocket and eligible medical, dental, vision and hearing expenses not covered by the medical plan.

The most common FSA plans are the Healthcare Reimbursement Account (“Health FSA”), the Dependent Care Assistance Account (“Dependent Care FSA”) and the Limited Purpose FSA. Each allows employees to set aside pre-tax dollars to be used for designated eligible expenses and is explained below. Employers choose which plan type(s) to offer to employees.

## Dependent Care Assistance Account (Dependent Care FSA)

The Dependent Care FSA is for employee expenses related to the cost of dependent care while the employee is at work (if married, the spouse must be employed or attending school full time). Eligible dependents must be under the age of 13. Tax dependents age 13 and older are also eligible if they are physically or mentally incapable of self-care and reside in the employee’s home at least half the year.

**\*No paper forms- individuals must enroll online at <https://www.benstrat.com/gic-fsa/>**

- \*2019 maximum for HCSA = \$2700
  - (spouse can elect up to an additional \$2700 if they have a separate FSA through their employer)
- \*2019 Maximum for DCAP is \$5,000 (this is the maximum per household)
- Both FSA & DCAP accounts will be on 1 card
- Can register for FSA 101 for additional information at <https://www.benstrat.com/gic-fsa-101/>

# ***For Massachusetts Residents***



The Commonwealth of Massachusetts

## **YOU ARE RECEIVING THIS NOTICE AS REQUIRED BY THE NEW NATIONAL HEALTH REFORM LAW (ALSO KNOWN AS THE AFFORDABLE CARE ACT OR ACA)**

On January 1, 2014, the Affordable Care Act (ACA) will be implemented in Massachusetts and across the nation. The ACA will bring many benefits to Massachusetts and its residents, helping us expand coverage to more Massachusetts residents, making it more affordable for small businesses to offer their employees healthcare, and providing additional tools to help families, individuals and businesses find affordable coverage. This notice is meant to help you understand health insurance Marketplaces, which are required by the ACA to make it easier for consumers to compare health insurance plans and enroll in coverage. In Massachusetts, the state Marketplace is known as the Massachusetts Health Connector. While you may or may not qualify for health insurance through the Health Connector, it may still be helpful for you to read and understand the information included here.

**Overview:** When key parts of the national health reform law take effect in January 2014, there will be an easy way for many individuals and small businesses in Massachusetts to buy health insurance: the Massachusetts Health Connector. This notice provides some basic information about the Health Connector, and how coverage available through the Health Connector relates to any coverage that may be offered by your employer. You can find out more by visiting: [MAhealthconnector.org](http://MAhealthconnector.org), or for non-Massachusetts residents, [Healthcare.gov](http://Healthcare.gov) or (1-800-318-2596; TTY: 1-855-889-4325).

**What is the Massachusetts Health Connector?** The Health Connector is our state's health insurance Marketplace. It is designed to help individuals, families, and small businesses find health insurance that meets their needs and fits their budget. The Health Connector offers "one-stop shopping" to easily find and compare private health insurance options from the state's leading health and dental insurance companies. Some individuals and families may also qualify for a new kind of tax credit that lowers their monthly premium right away, as well as cost sharing reductions that can lower out-of-pocket expenses. This new tax credit is enabled by §26B of the Internal Revenue Service (IRS) Code.

Open enrollment for individuals and families to buy health insurance coverage through the Health Connector begins Oct. 1, 2013, for coverage starting as early as Jan. 1, 2014. (And in future years, open enrollment will begin every Oct. 15.) You can find out more by visiting [MAhealthconnector.org](http://MAhealthconnector.org) or calling **1-877-MA ENROLL** (1-877-623-6765).

## **Can I qualify for federal and state assistance that reduces my health insurance premiums and out-of-pocket expenses through the Health Connector?**

Depending on your income, you may qualify for federal and/or state tax credits and other subsidies that reduce your premiums and lower your out-of-pocket expenses if you shop through the Health Connector. You can find out more about the income criteria for qualifying for these subsidies by visiting [MAhealthconnector.org](http://MAhealthconnector.org) or calling **1-877-MA ENROLL** (1-877-623-6765).

## **Does access to employer-based health coverage affect my eligibility for subsidized health insurance through the Health Connector?**

An offer of health coverage from the Commonwealth of Massachusetts, as the employer, could affect your eligibility for these credits and subsidies through the Health Connector. If your income meets the eligibility criteria, you will qualify for credits and subsidies through the Health Connector if:

- **The Commonwealth of Massachusetts does not offer coverage to you**  
Or
- **The Commonwealth of Massachusetts offers you coverage, but:**



## The Commonwealth of Massachusetts

- o The coverage the Commonwealth of Massachusetts provides you (not including other family members) would require you to spend more than 9.5 percent of your household income for the year; or
- o The coverage the Commonwealth of Massachusetts provides does not meet the "minimum value" standard set by the new national health reform law (which says that the plan offered has to cover at least 60 percent of total allowed costs)

If you purchase a health plan through the Health Connector instead of accepting health coverage offered by the Commonwealth of Massachusetts please note that you will lose the employer contribution (if any) for your health insurance. Also, please note that the amount that you and your employer contribute to your employer-sponsored health insurance is often excluded from federal and state income taxes. Health Connector premiums have different tax treatment.

As part of considering whether the ACA and Marketplaces will affect you as an employee it is important to understand what the Commonwealth of Massachusetts offers you.

- i The Commonwealth offers benefited employees health coverage through the Group Insurance Commission. To be eligible for GIC health insurance, a state employee must work a minimum of 18  $\frac{3}{4}$  hours in a 37.5 hour workweek or 20 hours in a 40 hour workweek. The employee must contribute to a participating GIC retirement system, such as the State Board of Retirement, a municipal retirement board, the Teachers Retirement Board, the Optional Retirement Pension System for Higher Education, a Housing, Redevelopment Retirement Plan, or another Massachusetts public sector retirement system (OBRA is not such a public retirement system for this purpose (<http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/>)).
- i Temporary employees, contractors, less-than-half time part time workers, and most seasonal employees are not eligible for GIC health insurance benefits. These employees are offered a Section 125 Plan through the Commonwealth. These plans allow employees the ability to purchase health insurance on a pre-tax basis. This Massachusetts law (956 CMR 4.00, authorized by M.G.L. c. 176Q, §16) requires employers to provide an option for their employees to buy health insurance with pre-tax income, even if those employees do not qualify for a health insurance plan offered by the employer. This is done by setting up a payroll deduction that lets employees make a health insurance premium payment with pre-tax dollars. The Commonwealth's employees can enroll in the Section 125 plan that is administered through Mosaic, Inc. ([www.mosaicix.com](http://www.mosaicix.com)).

If there is any confusion around your employment status and what you are eligible for, please email [healthmarketplacenotice@massmail.state.ma.us](mailto:healthmarketplacenotice@massmail.state.ma.us) or contact your HR department or GIC Coordinator.



The Commonwealth of Massachusetts

## **Affordable Care Act- Health Insurance Marketplaces Question and Answers**

### **1) Why am I receiving this notice about health insurance marketplaces?**

The federal Affordable Care Act (ACA) requires that all employees receive this notice to help you understand health insurance Marketplaces, which were set up to make it easier for consumers to compare health insurance plans and enroll in coverage. In Massachusetts, the state Marketplace is known as the Massachusetts Health Connector. When key parts of the national health reform law take effect in January 2014, the Health Connector will provide an easy way for many individuals and small businesses in Massachusetts to buy health insurance. This notice provides some basic information about the Health Connector, and how coverage available through the Health Connector relates to any coverage that may be offered by your employer. You can find out more by visiting: [MAhealthconnector.org](http://MAhealthconnector.org), for non-Massachusetts residents, [Healthcare.gov](http://Healthcare.gov) or (1-800-318-2596; TTY: 1-855-889-4325).

### **2) What is the ACA provision that requires this notice?**

The Commonwealth of Massachusetts is required by law (§ 1512 of the ACA, which creates 29 U.S.C. 218b) to provide you the information contained in this notice. On January 1, 2014, the Affordable Care Act (ACA) will be implemented in Massachusetts and across the nation. The ACA will bring many benefits to Massachusetts and its residents, helping us expand coverage to more Massachusetts residents, making it more affordable for small businesses to offer their employees' healthcare, and providing additional tools to help families, individuals and businesses find affordable coverage.

### **3) What is the Massachusetts Health Connector?**

The Health Connector is our state's health insurance Marketplace. It is designed to help individuals, families, and small businesses find health insurance that meets their needs and fits their budget. The Health Connector offers "one-stop shopping" to easily find and compare private health insurance options from the state's leading health and dental insurance companies. Some individuals and families may also qualify for a new kind of tax credit that lowers their monthly premium right away, as well as cost sharing reductions that can lower out-of-pocket expenses. This new tax credit is enabled by §26B of the Internal Revenue Service (IRS) Code.

Open enrollment for individuals and families to buy health insurance coverage through the Health Connector begins Oct. 1, 2013, for coverage starting as early as Jan. 1, 2014. (And in future years, open enrollment will begin every Oct. 15.) You can find out more by visiting [MAhealthconnector.org](http://MAhealthconnector.org) or calling 1-877-MAENROLL (1-877-623-6765).

### **4) Am I eligible for shopping in the Marketplace (the Health Connector)?**





## The Commonwealth of Massachusetts

You may or may not qualify for health insurance through the Health Connector. If you are offered coverage by the Commonwealth of Massachusetts that is considered “affordable” and meets a “minimum value” standard according to federal definitions (see below), you most likely will not qualify for the subsidized coverage offered through the Health Connector described in this notice. Most benefitted state employees may not shop for subsidized coverage in the Marketplace; the exception is that some employees who live outside Massachusetts may be eligible. However, it may still be helpful for you to read and understand the information in the notice and Q&As.

### **5) Can I qualify for federal and state assistance that reduces my health insurance premiums and out-of-pocket expenses through the Health Connector?**

Depending on your income, you may qualify for federal and/or state tax credits and other subsidies that reduce your premiums and lower your out-of-pocket expenses if you shop through the Health Connector. You can find out more about the income criteria for qualifying for these subsidies by visiting the [MAhealthconnector.org](http://MAhealthconnector.org) or by calling 1-877-MAENROLL (1-877-623-6765).

### **6) Does access to employer-based health coverage affect my eligibility for subsidized health insurance through the Health Connector?**

An offer of health coverage from the Commonwealth of Massachusetts could affect your eligibility for these credits and subsidies through the Health Connector. If your income meets the eligibility criteria, you will qualify for credits and subsidies through the Health Connector if:

- i You are not eligible for health benefits through the Commonwealth of Massachusetts in its role as your employer, or
- i You are eligible for health benefits through the Commonwealth of Massachusetts in its role as your employer, but:
  - o The individual premium for the least expensive health plan for which you are eligible costs more than 9.5 percent of your household income for the year; or
  - o The coverage the Commonwealth of Massachusetts provides does not meet the "minimum value" standard set by the new national health reform law (which says that the plan offered has to cover at least 60 percent of total allowed costs). Please note that in 2014, all GIC plans meet “minimum value” standards.

If you purchase a health plan through the Health Connector instead of accepting health coverage offered by the Commonwealth of Massachusetts, please note that you will lose the employer contribution for your health insurance. Also, please note that the amount that you and your employer contribute to your employer-sponsored health insurance is often excluded from federal and state income taxes.

### **7) Am I eligible for GIC health benefits?**

The Commonwealth offers benefitted employees health coverage through the Group Insurance Commission (GIC). To be eligible for GIC health insurance, a state employee must work a minimum of 18¾ hours in a 37.5 hour workweek or 20 hours in a 40 hour workweek. The employee must contribute to a participating GIC retirement system, such as the State Board of Retirement, a municipal retirement board, the Teachers Retirement Board, the Optional Retirement Pension System for Higher Education, a Housing, Redevelopment Retirement Plan, or another Massachusetts public sector retirement system (OBRA is not such a public retirement system for this purpose (<http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/>)).

### **8) Am I eligible for a Section 125 Plan?**

Temporary employees, contractors, less-than-part time workers, and most seasonal employees are not eligible for GIC health insurance benefits. These employees must be offered a Section 125 Plan through their employer. These plans allow employees the ability to purchase health insurance on a pretax basis. This Massachusetts law (956 CMR 4.00, authorized by M.G.L. c. 176Q, §16) requires employers to provide an option for their employees to buy health insurance with pre-tax income, even if those employees do not qualify for a health insurance plan offered by the employer. This is done by setting up a payroll deduction that lets workers make a health insurance premium payment with pre-tax dollars. The Commonwealth's employees can enroll in the Section 125 plan that is administered through Mosaic, Inc. ([www.mosaicix.com](http://www.mosaicix.com)).

**9) Who should I contact if I have questions about my employment status, eligibility, or any other information?**

If you have questions or need further information, send an email to [healthmarketplacenotice@massmail.state.ma.us](mailto:healthmarketplacenotice@massmail.state.ma.us) or contact your HR department or GIC Coordinator.

**Office of Human Resources (508) 999 - 8083**



The Commonwealth of Massachusetts

Employer ID # 6585000

UMass Employer ID# 658511

# For Rhode Island Residents

## The Affordable Care Act

HealthSource RI was created in 2013 as a part of the implementation of the Affordable Care Act, sometimes referred to as Obamacare. HealthSource RI is one of 12 state-based health insurance marketplaces. That means that Rhode Islanders who want to shop for health insurance and see if they qualify for financial help come to us <https://healthsourceri.com/coverage-through-healthsource-ri/>.

HealthSource RI was created because buying health insurance is complicated. It's our job to cut through the confusion and connect Rhode Islanders with affordable, high quality coverage. We are the state's official marketplace for health insurance coverage. That means we're your only source for getting tax credits to lower the cost of your health insurance. If you don't get affordable health insurance through a job or a family member, you can count on us to connect you with coverage that meets your needs and your budget. We also offer flexible health insurance options for small businesses. Since we opened our doors in 2013, we've cut the uninsured rate by two-third, and today, 96% of RI has health coverage.

## Why HealthSource RI?

- We help you find the best health insurance option for you
- We help you find out if you qualify for tax credits
- You may also qualify for quality, no-cost coverage through Medicaid

All plans offered through Healthsource RI offer the same set of services—including doctor visits, prescription drugs and preventative screenings. You cannot be charged more or denied coverage because of your health status or a pre-existing condition.

## Is Healthsource RI right for you?

If you don't receive affordable insurance through an employer, Healthsource RI is your resource for quality health insurance coverage.

## You might use Healthsource RI if you are:

- Self-Employed
- Unemployed
- Uninsured
- Too old to stay on your parent's health plan
- Retired but not old enough for Medicare
- Receiving unaffordable insurance through your job

## How to begin

Visit [HealthSourceRI.com](https://HealthSourceRI.com) or call 1-855-840-4774. See if you qualify for financial help simply provide your age, family size and income. Use our Savings Calculator to get at [HealthSourceRI.com/calculator](https://HealthSourceRI.com/calculator) to get a quick quote. Choose from dozens of different health insurance plans. We can help you enroll in dental insurance, too.

When to enroll HealthSource RI has an open enrollment period once each year. You can enroll anytime if you have a life changing event and you need health coverage right away.

## You can sign up anytime if you recently:

- Lost insurance through your job
- Moved to Rhode Island
- Married, divorced or added a family member
- Turned 26 and lost parent's insurance
- Changed your immigration status



# Mandated & Supplemental Retirement Plans

**For Pension: Massachusetts State Board of Retirement**  
617-367-7770  
<https://www.mass.gov/orgs/massachusetts-state-retirement-board>

**For Optional Retirement Plan:**  
Department of Higher Education  
617-994-6950  
<http://www.mass.edu/>

## Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

Employer Name COMMONWEALTH OF MASSACHUSETTS

Employer ID# 04-600-2284

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ( $\$500 - \$400 = \$100$ ). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

 PLEASE SIGN  
& DATE

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

## **Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto:oplm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



THE COMMONWEALTH OF MASSACHUSETTS  
**State Board of Retirement**  
 ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

**COMMONWEALTH AGENCY  
 NEW MEMBER  
 ENROLLMENT FORM**

**SECTION A TO BE COMPLETED BY MEMBER - SECTION B TO BE COMPLETED BY AGENCY**  
 PLEASE RETURN COMPLETED FORM TO THE MASSACHUSETTS STATE RETIREMENT BOARD

**SECTION A - TO BE COMPLETED BY MEMBER**

**1. MEMBER INFORMATION**

Name (Print)			Former Name		SSN	
Street Address			Date of Birth		Gender: M <input type="checkbox"/>	
City	State	Zip Code	Phone Number		F <input type="checkbox"/>	
E-Mail						
Marital Status:						
<input type="checkbox"/> Married	<input type="checkbox"/> Single	If <b>Divorced</b> , are you subject to a Qualified Domestic Relations Order?				
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced					
				Spouse Name		
Are you a Veteran?		The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.			Employment Position	
<input type="checkbox"/> Yes	<input type="checkbox"/> No				Start Date	
Dates of Military Service		to			Agency or Department	
A copy of your military discharge may be requested				Agency Phone Number		

**2. PAST MEMBERSHIP HISTORY WITH ANY OTHER CONTRIBUTORY RETIREMENT SYSTEM IN MASSACHUSETTS**

Retirement System	Start Date	End Date	Was a Refund Taken?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you wish to reinstate / purchase past creditable service you must make a separate request to the State Retirement Board.

**3. ARE YOU CURRENTLY OR HAVE YOU EVER RECEIVED A RETIREMENT ALLOWANCE FROM ANOTHER PUBLIC RETIREMENT SYSTEM?**

Yes       No

**4. STATEMENT AND SIGNATURE OF MEMBER**

I certify the above information to be true and correct to the best of my knowledge and hereby accept membership in the Massachusetts State Employees' Retirement System. This statement is signed under penalties of perjury.

Member Signature

Date

*Continued on reverse*

**SECTION A (CONTINUED)**

**5. BENEFICIARY INFORMATION**

Beneficiary or beneficiaries nominated will receive in the proportion designated any amount due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member.

**A beneficiary blank with corrections or erasures is not acceptable**

**Give Complete Name and Address of Each Beneficiary**

Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:

*\*Must Total 100% - If Contingent Please Specify*

**6. PLEASE SIGN BELOW**

Member Signature

Date

Witness Signature

Witness may not be beneficiary

A Change of Beneficiary Form must be used if you wish to change your designated beneficiary(ies). You may obtain this form from the State Retirement Board or [mass.gov/retirement](http://mass.gov/retirement).

**SECTION B - TO BE COMPLETED BY THE AGENCY**

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

State Police Start Date: \_\_\_\_\_ Date of First Deduction: \_\_\_\_\_  New  Transfer

Rate to be deducted for retirement:  5%  7%  8%  9%  12%

Service Status:  Full-Time  Part-Time \_\_\_\_\_%  Temp/Sub \_\_\_\_\_  Other \_\_\_\_\_

Authorized Signature

Date

University of Massachusetts Dartmouth #1274

Agency and Payroll Number



## Notice of ORP Eligibility

### Welcome!

I am pleased to tell you that as new staff, you may be eligible to choose your pension coverage from the Commonwealth's two retirement plans:

- The **Optional Retirement Program (ORP)**, and
- The **State Employees' Retirement System (SERS)**.

You are *not eligible* to choose your retirement coverage if you are already vested in a state pension such as SERS, the Mass. Teachers' Retirement System; or other plan operating under Chapter 32 of the Massachusetts General Laws (i.e., many county and municipal pensions).

### Election Period

If you are eligible for ORP coverage, you must select one of the two retirement plans during your 180-day Election Period, which begins \_\_\_\_\_ and ends \_\_\_\_\_. If you do not actively select one of the plans, you will remain in the SERS.

I strongly encourage you to utilize the Election Period to learn about the features of both plans, to determine which of them better suits your expectations and needs. If you are uncertain about your ability to make this decision alone, then considering employing an independent, experienced financial advisor to help you.

I have enclosed the "ORP Enrollment Guide" for your reference. To learn more about the ORP and the Providers offering investments and services under the Plan—and to enroll if you so choose—go to the ORP web pages at: [www.mass.edu/orpenrollment](http://www.mass.edu/orpenrollment).

The State Retirement Board can answer your questions about the SERS.

Your retirement benefits are an important part of your overall compensation package with the Commonwealth, and your choice of coverages is irrevocable. Therefore, you should exercise great care in selecting the plan that best suits your needs.

Please confirm your receipt of this notice by signing below and returning the original to benefits. Remember to keep a copy for yourself.

EMPLOYEE SECTION: Please fill out and return the original signed copy to me.

**EMPLOYEE SECTION: Please fill out and return the original signed copy to me.**

---

I have participated in the ORP during the six of the past twelve months:  True  False



---

Employee's Signature

Date

Enclosures



# Additional Saving Options

## Supplemental Retirement Plans

### University of Massachusetts 403(b) Elective Deferral Savings Plan

The University's 403(b) Plan provides a unique savings opportunity to University of Massachusetts employees. Your contributions to the plan are made through payroll deduction, making regular savings easy for you. There is no contribution from the University. The payroll system reduces your pay by the amount of your contribution before it applies Federal and Massachusetts state income taxes to your check.

Your contribution is sent directly to the plan carrier (also referred to as "plan provider"), which you select from among the University's approved providers, where it will be invested according to your instructions. Your plan carrier will maintain an account that you own. You will direct how the carrier manages your investments. For more information about the University's 403(b) Retirement Plan, visit these links:

<http://www.umassp.edu/employee-center/403b-opening-an-account>

<http://www.umassp.edu/employee-center/frequently-asked-questions-403b>

**Michael Fraser-Retirement Planner**

**Phone: 603-305-5590**

**Email: Michael.Fraser@FMR.com**

### Commonwealth of Massachusetts 457 Deferred Compensation Plan (*SMART Plan*)

Massachusetts Deferred Compensation SMART PLAN is a retirement savings, 457(b), deferred compensation plan. The plan allows employees to save and invest before tax dollar through salary deferrals. University employees may contribute up to the maximums for both the University's 403(b) Plan and the SMART Plan.

Visit [www.mass-smart.com](http://www.mass-smart.com) or call 877-457-1900 for more information on the SMART Plan. You may also contact your local SMART Plan representative below for more information.

Smart Plan Representative	Work Location	Contact Number
Vito DeSimone	Dartmouth Campus	(401) 439-3715

For additional information you may also contact the University's System Human Resources Office at (774) 455-7586.





**The 403(b) and the 457 SMART Plan Enrollment Instructions**

**University of Massachusetts 403(b) Plan**

There are two approved providers under the University's 403(b) Plan: Fidelity & TIAA CREF. To open a new 403(b) account in the University's 403(b) plan, there are two primary enrollment options available to you: (1) enroll online; or (2) complete the provider's paper enrollment form.

**Enrollment Option 1: Online Enrollment**


<p><b>Step One</b></p>	<p>Select from one of the University's three approved providers. Use the below referenced provider websites, customized for the University's 403(b) plan, to open a new account online.</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="text-align: center;"> <a href="http://www.mysavingsatwork.com/umass">www.mysavingsatwork.com/umass</a>      <a href="http://www.tiaa-cref.org/mass403b">www.tiaa-cref.org/mass403b</a>  <b>Plan ID 50266</b>                      <b>Access Code UMASS403b</b> </p>
<p><b>Step Two</b></p>	<p>Determine the amount you want deducted from each paycheck and complete the <b>University of Massachusetts 403(b) Plan Salary Reduction Agreement Form</b>. The form can be found at: <a href="http://media.umassp.edu/massedu/treasurer/Revised%20SRA_UMASS.pdf">http://media.umassp.edu/massedu/treasurer/Revised%20SRA_UMASS.pdf</a>.</p>
<p><b>Step Three</b></p>	<p>Fax the completed University Salary Reduction Agreement Form to:</p> <p style="text-align: center;"><b>University of Massachusetts  Treasurer's Office  FAX (774) 455-7592</b></p>

**Enrollment Option 2: Paper Enrollment Kit**

<p><b>Step One</b></p>	<p>Select from one of the two University approved providers and complete, and sign, the applicable provider enrollment form. Enrollment kits for both approved providers are available at your campus Human Resource Office or by contacting the University Treasurer's Office.</p>
<p><b>Step Two</b></p>	<p>Determine the amount you want deducted from each paycheck and complete the <b>University of Massachusetts 403(b) Plan Salary Reduction Agreement Form</b>. The form can be found at: <a href="http://media.umassp.edu/massedu/treasurer/Revised%20SRA_UMASS.pdf">http://media.umassp.edu/massedu/treasurer/Revised%20SRA_UMASS.pdf</a>.</p>
<p><b>Step Three</b></p>	<p>Return the completed, and signed, provider enrollment form to the appropriate provider and fax the University Salary Reduction Agreement Form to:</p> <p style="text-align: center;"><b>University of Massachusetts  Treasurer's Office  FAX (774) 455-7592</b></p>

**Commonwealth of Massachusetts 457 Deferred Compensation SMART PLAN**

**Enrollment Process**

	<p>Contact your local representative to set up a meeting convenient for you. To locate your local representative, call the SMART Plan Customer Service Center at 1-877-457-1900 (Option 2), or visit <a href="http://www.mass-smart.com">www.mass-smart.com</a>.</p>
---	--

For more information about either the University's 403(b) Plan or the Commonwealth's SMART Plan contact Karen Wilson in the University Treasurer's Office at (774) 455-7586 or [kwilson@umassp.edu](mailto:kwilson@umassp.edu) or visit <http://www.massachusetts.edu/treasurer/index.html>

## 529 College Savings Plan

Save for your child's college education through MEFA's U.Fund 529 College Investing Plan with Fidelity Investments. Through this tax advantaged plan, you are able to start saving with as little as \$15 per month. For more information or to enroll:

- Go online at [www.mefa.org/ufund](http://www.mefa.org/ufund) or visit [www.fidelity.com/ufund](http://www.fidelity.com/ufund).
- Call 1(800) 544-2776 to speak with a dedicated U.Fund College Investing Plan Representative.

Contributions can be made automatically from your bank account, your Fidelity Account, or with direct deposit from your paycheck.

There's no better time than now to start saving toward your child's college education.



# Conflict of Interest & State Ethics

**For More Information  
Please Call Human Resources  
508-999-8060**

## Memo to Campus Community

As a result of Governor Patrick signing into law Chapter 28 of the Acts of 2009, An Act to Improve the Laws Relating to Campaign Finance, Ethics and Lobbying (the "Bill") on July 1, 2009, employees of the University of Massachusetts Dartmouth must comply with the new mandatory requirements.

### **Summary of the Conflict of Interest Law**

On or before December 28, 2009, and on an annual basis thereafter, all current state employees must be provided with a summary of the Conflict of Interest Law. Every public employee must sign a written acknowledgement that s/he has received the summary.

This summary is accessible on the Human Resources website at <http://www.umassd.edu/hr/employeeresources/newemployeeessentials/>

Please review the Summary and sign the acknowledgement page and return it to Human Resources. Alternatively, an e-mail acknowledging receipt of the summary can be sent to [humanresources@umassd.edu](mailto:humanresources@umassd.edu)

### **Mandatory Online Training Program**

All current state employees must complete an ethics training program on the Commission's website. State employees will be required to provide a certificate of completion of the training to the Human Resource Department. The link to online training is provided below:  
<http://www.mass.gov/ethics/conflict-of-interest-law-online-training-programs.html>

\*Please note that when multiple users attempt to complete the current online training program using the same computer they may experience a problem accessing the beginning of the training program. To resolve this problem, the user will need to open their Internet browser, then click on "Tools," then "Internet Options," select the "Delete" button under Browsing History, then click on "Delete Cookies" button and confirm delete by clicking on "Yes" then "Close" to close that dialog box, then click "OK". The user should then be able to click back on the Online Training module on the Commission's website and start at the beginning.\*

There are a total of 25 questions in the quiz. If you do not finish all the questions you will be able to return, on your next visit, to where you left off.

Thank you in advance for complying with these new state mandates. If you have any questions, please contact [Human Resources](#) at Ext. 8060.



October 2017

Dear Colleague,

The University of Massachusetts is committed to creating an environment where all faculty and staff are well trained in the various federal and state laws, regulations and University policies that impact their rights and obligations as members of the University community and as Massachusetts public employees. To that end, the University has engaged Law Room/Campus Clarity as its Learning Management System to offer self- paced online training programs on a variety of topics, including campus safety, non- discrimination, harassment, and ethics.

Upon receipt of an email notification from LawRoom/Campus Clarity you will be able access any of your assigned courses.

Go to the Human Resources home page and click on "Employee Training Portal." You will need to log in using your regular campus login credentials.

In accordance with training compliance requirements under Title IX, VAWA and the Clery Act, we have implemented training courses to help educate all employees of the University's responsibilities involving Title IX, sex/gender discrimination, dating violence, domestic violence, sexual violence, and stalking, as well as other forms of prohibited conduct.

To meet our compliance requirements, it is critical for you to complete the program within 30 days from receipt of the email.

Thank You,

**Required Employee Trainings:**

 RETURN THIS PAGE

**State Ethics Commission Online Training & Title IX Anti-Harassment Training**

The Ethics Reform Bill (Chapter 28 of the Acts of 2009) made changes to the Conflict of Interest Law (M.G.L. Chapter 268A). One of the changes requires that all employees of the University of Massachusetts Dartmouth, including visiting lecturers and temporary employees, complete online training provided by the State Ethics Commission no later than 30 days after day of hire.






The **State Ethics training** can be found here.

In addition to the State Ethics Training, all new hires are required to complete the **Lawroom Title IX training found** here within 30 days of hire.

**NOTE**  
Please print and return completion certificates to:  
[Recruitment@umassd.edu](mailto:Recruitment@umassd.edu)

## Employee Trainings

[ADMINISTRATION](#) // [HR HOME](#) // [EMPLOYEE RESOURCES](#) // [EMPLOYEE TRAININGS](#)

NEW EMPLOYEE ESSENTIALS

BENEFITS

EMPLOYEE TRAININGS

INFORMATION FOR EMPLOYEES LEAVING UNIV SERVICES

INFORMATION FOR VISAS AND PERMANENT RESIDENCY

EMPLOYMENT VERIFICATION

UMass Dartmouth has many resources available to support the professional growth and development of its employees.

Our objective is to assess, create, deliver, and maintain training and development offerings and support resources for the UMass Dartmouth community. Offerings are designed to:

- Expand employee knowledge, expertise, and skills
- Improve employee productivity and effectiveness.
- Promote high quality services to the UMass Dartmouth community.

Look through the [calendar](#) for scheduled training and development workshops.

To access the **State Ethics Training**, please log into: <http://www.stateprog.eth.state.ma.us>

To access **Title IX Training**, please log into: <https://el.lawroom.com/shib/UniversityofMassachusettsSystem>

HR PORTAL

HR DIRECT

**Employee Assistance  
Human Resources**

☎ 508.999.8060  
✉ [humanresources@umassd.edu](mailto:humanresources@umassd.edu)

---

**On-Campus Emergency  
UMassD Police x 9191**

☎ 508.999.9191

If you have any questions, please contact Recruitment at [Recruitment@umassd.edu](mailto:Recruitment@umassd.edu).

**I understand that I am required to complete online trainings provided by the State Ethics Commission and Lawroom no later than 30 days after my date of hire.**

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**SIGN & DATE**



## Summary of the Conflict of Interest Law for State Employees

This summary of the conflict of interest law, General Laws chapter 268A, is intended to help state employees understand how that law applies to them. This summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation. State employees can obtain free confidential advice about the conflict of interest law from the Commission's Legal Division. State agency counsel may also provide advice.

The conflict of interest law seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public's trust and confidence in that service by placing restrictions on what state employees may do on the job, after hours, and after leaving public service, as described below. The sections referenced below are sections of G.L. c. 268A.

When the Commission determines that the conflict of interest law has been violated, it can impose a civil penalty of up to \$10,000 (\$25,000 for bribery cases) for each violation. In addition, the Commission can order the violator to repay any economic advantage he gained by the violation, and to make restitution to injured third parties. Violations of the conflict of interest law can also be prosecuted criminally.

### **I. Are you a state employee for conflict of interest law purposes?**

You do not have to be a full-time, paid state employee to be considered a state employee for conflict of interest purposes. Anyone performing services for a state agency or holding a state position, whether paid or unpaid, including full- and part-time state employees, elected officials, volunteers, and consultants, is a state employee under the conflict of interest law. An employee of a private firm can also be a state employee, if the private firm has a contract with the state and the employee is a "key employee" under the contract, meaning the state has specifically contracted for her services. The law also covers private parties who engage in impermissible dealings with state employees, such as offering bribes or illegal gifts.

### **II. Applying for State Employment. (See Section 6B)**

State agencies reviewing employment applications are required to request, and applicants for state employment are required to disclose, information about applicants' family members who are already employed by the state. Every applicant for state employment must disclose, in writing, the names of any state employee who is related to the applicant as spouse, parent, child, sibling, or the spouse of the applicant's parent, child, or sibling.

### **III. On-the-job restrictions.**

#### **(a) Bribes. Asking for and taking bribes is prohibited. (See Section 2)**

A bribe is anything of value corruptly received by a state employee in exchange for the employee being influenced in his official actions. Giving, offering, receiving, or asking for a bribe is illegal.

Bribes are more serious than illegal gifts because they involve corrupt intent. In other words, the state employee intends to sell his office by agreeing to do or not do some official act, and the giver intends to influence him to do so. Bribes of any value are illegal.

**(b) Gifts and gratuities. Asking for or accepting a gift because of your official position, or because of something you can do or have done in your official position, is prohibited. (See Sections 3, 23(b)(2), and 26)**

State employees may not accept gifts and gratuities valued at \$50 or more given to influence their official actions or because of their official position. Accepting a gift intended to reward past official action or to bring about future official action is illegal, as is giving such gifts. Accepting a gift given to you because of the state position you hold is also illegal. Meals, entertainment event tickets, golf, gift baskets, and payment of travel expenses can all be illegal gifts if given in connection with official action or position, as can anything worth \$50 or more. A number of smaller gifts together worth \$50 or more may also violate these sections.

*Example of violation* : A highway inspector allows a pavement contractor to buy him lunch every day during a two-month road repaving project.

*Example of violation* : An industry association provides a free day's social outing, including a barbecue lunch, golf, a cocktail hour, and a clam bake, to a group of legislators.

**Regulatory exemptions** . There are situations in which a state employee's receipt of a gift does not present a genuine risk of a conflict of interest, and may in fact advance the public interest. The Commission has created exemptions permitting giving and receiving gifts in these situations. One commonly used exemption permits state employees to accept payment of travel-related expenses when doing so advances a public purpose and a written disclosure is made. Another commonly used exemption permits state employees to accept payment of costs involved in attendance at educational and training programs. Other exemptions are listed on the Commission's website.

*Example where there is no violation* : A non-profit concerned with preventing domestic violence offers to pay the travel expenses of an assistant district attorney to a conference on prosecuting domestic violence cases. The attorney fills out a disclosure form and obtains prior approval from his appointing authority.

*Example where there is no violation* . A professional engineers' association offers a continuing education seminar of substantial value and waives the registration and materials fees for state employees who are engineers. The state engineers must make a disclosure only if the sponsoring entities have official business before them during the six months before and after the seminar.

**(c) Misuse of position. Using your official position to get something you are not entitled to, or to get someone else something they are not entitled to, is prohibited. Causing someone else to do these things is also prohibited. (See Sections 23(b)(2) and 26)**

A state employee may not use her official position to get something worth \$50 or more that would not be

properly available to other similarly situated individuals. Similarly, a state employee may not use her official position to get something worth \$50 or more for someone else that would not be properly available to other similarly situated individuals. Causing someone else to do these things is also prohibited.

**Example of violation** : A state employee writes a novel on work time, using her office computer, and directing her secretary to proofread the draft.

**Example of violation** : The commissioner of a state agency directs subordinates to drive her wife to and from the grocery store.

**Example of violation** : An assistant attorney general avoids a speeding ticket by asking the police officer who stops him, "Do you know who I am?" and showing his state I.D.

**(d) Self-dealing and nepotism. Participating as a state employee in a matter in which you, your immediate family, your business organization, or your future employer has a financial interest is prohibited. (See Section 6)**

A state employee may not participate in any particular matter in which he or a member of his immediate family (parents, children, siblings, spouse, and spouse's parents, children, and siblings) has a financial interest. He also may not participate in any particular matter in which a prospective employer, or a business organization of which he is a director, officer, trustee, or employee has a financial interest. Participation includes discussing as well as voting on a matter, and delegating a matter to someone else.

A financial interest may create a conflict of interest whether it is large or small, and positive or negative. In other words, it does not matter if a lot of money is involved or only a little. It also does not matter if you are putting money into your pocket or taking it out. If you, your immediate family, your business, or your employer have or has a financial interest in a matter, you may not participate. The financial interest must be direct and immediate or reasonably foreseeable to create a conflict. Financial interests which are remote, speculative or not sufficiently identifiable do not create conflicts.

Neither general legislation nor home rule legislation are "particular matters" for purposes of the conflict of interest law. A state employee can participate in general legislation and home rule legislation even if she has a financial interest in such legislation, but state legislators and constitutional officers must file a disclosure if the matter will substantially affect their financial interests, and any state employee must file a disclosure if a reasonable person would think that the employee could be improperly influenced.

**Example of violation** : The chief administrative officer of a state agency, who has a balance of 900 hours in accumulated sick leave, proposes a plan by which the agency will pay employees for accumulated sick leave.

**Example of violation** : An employee of the Massachusetts Cultural Council is also the director of a non-profit corporation dedicated to increasing art in public spaces. The non-profit applies to the Council for a grant, and the employee participates in rating the applications received for that grant.

**Example of violation** : A state employee promotes his son to a position under his supervision.

**Example where there is no violation** : Proposed legislation under consideration by the State Senate will amend the General Laws with respect to insurance coverage of ocean front property. A State Senator owns ocean front property in Cape Cod. The Senator can discuss and vote on the legislation because it is general legislation, but must file a disclosure because the legislation will substantially affect her financial interest.

A state employee whose duties do not require her to participate in a particular matter may comply with the law by simply not participating in the particular matter in which she has a financial interest. She need not give a reason for not participating.

An appointed state employee may also comply with the law by filing a written disclosure about the financial interest with his appointing authority, and seeking permission to participate notwithstanding the conflict. If a state employee's duties would require him to participate in a matter in which he has a financial interest, this is the procedure he should use. The appointing authority may grant written permission to participate if she determines that the financial interest in question is not so substantial that it is likely to affect the integrity of the employee's services to the state. Otherwise, the appointing authority will assign the matter to someone else, or do it herself. Participating without disclosing the financial interest is a violation. Elected employees cannot use the disclosure procedure because they have no appointing authority.

**Regulatory exemptions** . The Commission has created exemptions permitting state employees to participate in particular matters notwithstanding the presence of a financial interest in certain very specific situations when permitting them to do so advances a public purpose. A person serving as a member of a state board pursuant to a legal requirement that the board have members with a specified affiliation may participate fully in determinations of general policy by the board, even if the entity with which he is affiliated has a financial interest in the matter. A state elected official may participate in a particular matter that involves a determination of general policy where her financial interest in the matter is shared with a substantial segment of the public, as defined in the Commission's regulation. Other exemptions are listed on the Commission's website.

**Example where there is no violation:** A state licensing board is required by its enabling legislation to have members with various specified affiliations, including members licensed by the board, and members involved in providing training required for licensure. Board members wish to participate in board discussions about imposing a continuing education requirement on licensees. Compliance with the proposed requirement will cost every licensee several hundred dollars per year. Board members who are licensees and who provide training required for licensure may participate in the determination of the continuing education requirement notwithstanding their financial interests in that matter, because it is a determination of general policy.

**(e) False claims. Presenting a false claim to your employer for a payment or benefit is prohibited, and causing someone else to do so is also prohibited. (See Sections 23(b)(4) and 26)**

A state employee may not present a false or fraudulent claim to his employer for any payment or benefit worth \$50 or more, or cause another person to do so.

**Example of violation** : A state agency manager directs his secretary to fill out time sheets to show him as present at work on days when he was skiing.

**(f) Appearance of conflict. Acting in a manner that would make a reasonable person think you can be improperly influenced is prohibited. (See Section 23(b)(3))**

A state employee may not act in a manner that would cause a reasonable person to think that she would show favor toward someone, or that she can be improperly influenced. Section 23(b)(3) requires a state employee to consider whether her relationships and affiliations could prevent her from acting fairly and objectively when she performs her duties for the state. If she cannot be fair and objective because of a relationship or affiliation, she should not perform her duties. However, a state employee, whether elected or appointed, can avoid violating this provision by making a public disclosure of the facts. An appointed employee must make the disclosure in writing to his appointing official.

*Example where there is no violation* : A state agency employee is engaged to be married to the owner of a business. The business owner submits a response to a request for proposals from the agency. A reasonable person could conclude that the employee might favor her fiance's response. The employee files a written disclosure with her appointing authority explaining her relationship with her fiance prior to the meeting at which responses to the RFP will be considered. There is no violation of Section 23(b)(3).

*Example where there is no violation* : The State House of Representatives is considering legislation which will create a general law that sets a maximum limit on insurance premiums paid by obstetricians. A State Representative is married to an obstetrician who will be affected by the proposed legislation. The Representative can participate in the matter but files a disclosure of his wife's interest to eliminate any appearance of a conflict. There is no violation.

**(g) Confidential information. Improperly disclosing or personally using confidential information obtained through your job is prohibited. (See Section 23(c))**

State employees may not improperly disclose confidential information, or make personal use of non-public information they acquired in the course of their official duties to further their personal interests.

#### **IV. After-hours restrictions.**

**(a) Taking a second paid job that conflicts with the duties of your state job is prohibited. (See Section 23(b)(1))**

A state employee may not accept other paid employment if the responsibilities of the second job are incompatible with his or her state job.

*Example* : A state police trooper may not work as a paid private security guard in the area where he serves because the demands of his private employment would conflict with his duties as a trooper.

*Example* : A State Senator may not take a second position counseling clients on how to receive favorable consideration in the Massachusetts Senate.

**(b) Divided loyalties. Receiving pay from anyone other than the state to work on a matter involving the state is prohibited. Acting as agent or attorney for anyone other than the state in a matter involving the state is also prohibited whether or not you are paid. (See Section 4)**

Because the Commonwealth is entitled to the undivided loyalty of its employees, a state employee may not be paid by other people and organizations in relation to a matter in which the state has an interest. In addition, a state employee may not act on behalf of other people and organizations or act as an attorney for other people and organizations if the state has an interest in a matter. Acting as agent includes contacting the state in person, by phone, or in writing; acting as a liaison; providing documents to the state; and serving as spokesman.

A state employee may always represent his own personal interests, even before his own state agency or board, on the same terms and conditions that would apply to other similarly situated members of the public.

Section 4 applies differently to State Senators and State Representatives than it does to other state employees, because they must frequently act on behalf of their constituents. Section 4 allows State Senators and State Representatives to perform constituent services, but prohibits them from appearing personally before state agencies for compensation other than their legislative salaries except on ministerial matters such as filing tax returns, permit and license applications, and incorporation papers, and in state court proceedings and quasi-judicial agency proceedings.

**Example of violation** : A state employee makes inquiries to another state agency about an investigation that the second state agency is conducting of his wife.

**Example of violation** : A state advisory commission member participates in matters at his agency that affect one of his private clients, and is compensated by the client for his work on its behalf.

**Example where there is no violation** : A State Senator is contacted by a constituent who has applied for benefits to a state agency, has not received a timely determination by the agency, and cannot get his calls to the agency returned. The Senator may call the agency on the constituent's behalf to inquire about the matter. The Senator's aide may also call the agency on the constituent's behalf to inquire about the matter without violating Section 4.

While many state employees earn their livelihood in state jobs, some state employees volunteer their time to the state or receive small stipends. Others may serve in a part-time state position which permits them to have other personal or private employment during normal working hours. In recognition of the need not to unduly restrict the ability of volunteers and part-time employees to earn a living, the law is less restrictive for these "special" state employees than for other state employees.

If a state position is a "special" state position, an employee holding that position may be paid by others, act on behalf of others, and act as attorney for others with respect to matters before state agencies other than his own, provided that he has not officially participated in the matter, and the matter is not now, and has not within the past year been, under his official responsibility, and is not pending before his own state agency.

**Example** : A part-time investigator for a state agency may work on her own time privately for a party litigating



a case with a different state agency, provided that she has not participated in or had responsibility for the litigated matter in her state position.

**(c) Inside track. Being paid by the state, directly or indirectly, under some second arrangement in addition to your job is prohibited, unless an exemption applies. (See Section 7)**

A state employee generally may not have a financial interest in a state contract, including a second state job. A state employee is also generally prohibited from having an indirect financial interest in a contract that the state has with someone else. This provision is intended to prevent state employees from having an "inside track" to further financial opportunities.

*Example of violation* : A paid state employee accepts paid employment with a second state agency.

*Example of violation* : A paid state employee buys a surplus computer from his agency.

*Example of violation* : A state employee wants to work for a non-profit that receives funding under a contract with the state. Unless she can satisfy the requirements of an exemption under Section 7, she cannot take the job.

There are numerous exemptions. Some exemptions apply only to special state employees. Specific exemptions may cover State Senators and State Representatives, teaching and related activities in state facilities, serving as an uncompensated volunteer in a second state position, providing services to state agency clients, and other specific situations. Please call the Ethics Commission's Legal Division for advice about a specific situation.

**V. After you leave state employment. (See Section 5)**

**(a) Forever ban. After you leave your state job, you may never work for anyone other than the state on a matter that you worked on as a state employee.**

If you participated in a matter as a state employee, you cannot ever be paid to work on that same matter for anyone other than the state, nor may you act for someone else, whether paid or not. The purpose of this restriction is to bar former employees from selling to private interests their familiarity with the facts of particular matters that are of continuing concern to the state. The restriction does not prohibit former state employees from using the expertise acquired in government service in their subsequent private activities.

*Example of violation* : A former state employee works for a contractor under a contract that she helped to draft and oversee for the state.

**(b) One year cooling-off period. For one year after you leave your state job you may not participate in any matter over which you had official responsibility during your last two years of public service.**

Former state employees are barred for one year after they leave state employment from personally appearing before any agency of the state in connection with matters that were under their authority in their prior state positions during the two years before they left.

**Example** : A state employee negotiates a three-year contract with a company. The manager who supervised the employee, and had official responsibility for the contract but did not participate in negotiating it, leaves her job to work for the company to which the contract was awarded. The former manager may not call or write the state in connection with the company's work on the contract for one year after leaving the state.

A former state employee who participated as such in general legislation on expanded gaming and related matters may not become an officer or employee of, or acquire a financial interest in, an applicant for a gaming license, or a gaming licensee, for one year after his public employment ceases.

**(c) Partners. Your partners will be subject to restrictions while you serve as a state employee and after your state service ends.**

Partners of state employees and former state employees are also subject to restrictions under the conflict of interest law. If a state employee participated in a matter, or if he has official responsibility for a matter, then his partner may not act on behalf of anyone other than the state or provide services as an attorney to anyone but the state in relation to the matter.

**Example** : An architect serves on the state Architectural Access Board, and is responsible for every matter that comes before the Board. While he serves, his partners may not submit architectural plans for any clients seeking a variance from the Board.

**Example** : A former state agency general counsel joins a law firm as a partner. Her new partners cannot represent any private clients in connection with matters she litigated for the state for one year after her job with the state ended.

**Example** : A professional engineer formerly employed by a state agency joins an engineering firm organized as a partnership. His new partners cannot appear before his former agency in connection with matters that he worked on for the state for one year after his job with the state ended.

**(d) Legislative and executive agents. For one year after you leave your state job you may not act as a legislative or executive agent before your former agency.**

**Example of violation** : The chief of staff of a State Senator leaves his position. Three months later, he contacts his successor to lobby on behalf of a client.

\* \* \* \* \*

This summary is not intended to be legal advice and, because it is a summary, it does not mention every provision of the conflict law that may apply in a particular situation. You can find further information about how the law applies in many situations elsewhere on this website. You can also contact the Commission's Legal Division via this website, by telephone, or by letter.

Version 7: Revised May 10, 2013

\*\*\*\*\*

**ACKNOWLEDGMENT OF RECEIPT**



I, \_\_\_\_\_, hereby acknowledge that I  
*(first and last name)*  
**received a copy of the summary of the conflict of interest law**  
**for state employees on \_\_\_\_\_.**  
*(date)*

*State employees should complete the acknowledgment of receipt and return it to the Human Resource Department.*



# Additional Information & Action



Computing & Information Technology Services  
UMass Dartmouth Logon Application

Return to: Access Management  
Library 320  
(508)999-8532

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please fill in appropriate box:

**FACULTY**

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

**Staff**

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

**Affiliate**

Title: \_\_\_\_\_

Dept: \_\_\_\_\_ Sponsor: \_\_\_\_\_



SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Required reading:**

- <http://www.umassd.edu/cits/policies/emailpolicy/>
- <http://www.umassd.edu/cits/policies/responsibleuse/>

*For UMass Dartmouth CITS use only:*

*Logon ID:* \_\_\_\_\_ *Created By:* \_\_\_\_\_

*HR ID:* \_\_\_\_\_ *Date:* \_\_\_\_\_



### **UMassD Online Directory**

The University online directory contains the official contact information for faculty and staff. In order to be listed in this directory, you must submit your information via the website.

To enter your information, please have your UMass Dartmouth Logon (Email, username, and password) information, HR EmplID, phone extension, and office location ready.

Once you have all your information, go to the directory page at:

<http://www.umassd.edu/directory/> and click the “Directory Requests & Updates” link at the top left corner of the page.

You will be prompted to log in with your UMass Dartmouth logon information. Enter all of your information then click submit.

Your request will be submitted to the Telecom Team in CITS. Your information will be entered once it has been verified via the Human Resources system.

If you have any questions, please email [telecom@umassd.edu](mailto:telecom@umassd.edu) or call x8790.