

Commonwealth of Massachusetts State Employees' Retirement System



- Retirement income
 - Massachusetts State Employees' Retirement System (MSERS)
 - Social Security income (very high level)
- Impact of retirement on benefits
 - MA Group Insurance Commission (GIC)
 - Medicare (brief overview)
 - Trust funded benefits (eg, university-related employee dental and/or dental/vision coverages)
 - Accruals
- How to retire from MSERS

This presentation is provided for informational purposes. Related agencies of record are:

- **MA pension: Massachusetts State Retirement Board/SRB** (tel: 617.367.7770, e-mail: srb@tre.state.ma.us) and Public Employees' Retirement Administration Commission.
- **MA Group Insurance Commission/GIC** benefits (tel 617.727.2310).
- **Federal benefits: Social Security Administration** (tel: 800-772-1213, website: www.ssa.gov).

* Choose your own adventure (ie, stay for the portions of the presentation that apply to your situation).

Retirement Income

MA State Employees' Retirement Plan

A note about format

- MSERS pensions are calculated differently for those who:
 - Membership date is prior to April 2, 2012
 - Became members on/after April 2, 2012
(or withdrew and re-established membership on/after that date)
- As a result, the presentation contains grids like this:

Member before April 2, 2012	Member on/after April 2, 2012

- Differences apply *only* to calculation of the MSERS pension

A note about terminology

- Retirement – beginning to draw an MSERS pension.
- Regular Compensation (RC) – MSERS pensions are based on an average of a retiree's RC. RC includes shift pay but not overtime, additional compensation (aka “ad comp” or “summer salary”). For purposes of this presentation the term “salary” means “regular compensation”.

MA State Employees' Retirement System (MSERS)

- Defined benefit (pension) program
 - Lifelong monthly payments
 - Possible Cost of Living increases on first \$13,000 of pension
 - Maximum income replacement = 80% of average MSERS salary (note, salary = 'regular compensation')
- Vest with ten full-time equivalent (10 FTE) years of creditable service*

* Hereafter "service"

- Superannuation (“regular retirement”)
 - Deferred superannuation
- Disability
 - “Accidental Disability”
 - “Ordinary Disability”
- Section 10 (“termination retirement”)

Superannuation Retirement: When can one draw an MSERS pension?

Member before April 2, 2012	Member on/after April 2, 2012
<ul style="list-style-type: none">• At/after age 55 with 10+ FTE years of service• At any age with 20 FTE years of service	<ul style="list-style-type: none">• At/after age 60 with 10+ FTE years of service

How does the Retirement Board Calculate the superannuation pension?

MSERS pensions are calculated using a formula based on:

- Age Factor
 - Based on age at time of retirement
- Full-Time Equivalent (FTE) Creditable Service
 - FTE years, months and days
 - Includes service “purchased” and service under other MA public pension systems
- Regular Compensation
 - Average of highest consecutive years of regular compensation (sometimes referred to as “salary”)



Age Factors

Member before April 2, 2012		Member on/after April 2, 2012	
Age (Group 1)	Age Factor	Age (Group 1)	Age Factor
65	2.5	67	2.50
64	2.4	66	2.35
63	2.3	65	2.20
62	2.2	64	2.05
61	2.1	63	1.90
60	2.0	62	1.75
59	1.9	61	1.60
58	1.8	60	1.45

* 2.5 is the maximum age factor for all members; lower age factors apply to those who retire younger.

Creditable Service

- Full-time equivalent creditable service, pro-rated for most part-time service during which you've contributed to MSERS

- Full-time for 1 year = 12 months of service
 - Half-time for 1 year = 6 months of service

(Exception - part-time service both prior & after to January 28, 1993...)

- What counts?

- Service when contributing to a MA public retirement system (town, county)
 - Military service amidst active MSERS membership*

- Generally, time off payroll ≠ creditable service

Three common exceptions: time fully disabled under workers' compensation, military leave*, SRB may convert up to 30 days of unpaid furlough into creditable service.

Creditable Service “Buybacks”

Some very specific service may be “bought” as creditable service toward MSERS retirement. In order to do so you must:

- Be an active member-in-service when you apply.
- Complete and submit corresponding buyback application to the MA Retirement Board with any required documentation.
- Respond to the Retirement Board’s offer to purchase service within 180 calendar days
- Pay the buyback amount to the Retirement Board (via: rollover from a 403b or SMART plan, check, money order or via payroll-deduction)

All service purchases must be paid in full (or waived) prior to receiving an MSERS retirement benefit.

Note: the Board prioritizes processing of buyback applications based first on retirement date.

Common Types of Service Buybacks

- **Refunded contributions to a MA Public Retirement System**

MSERS or service to another Massachusetts public retirement system.

Interest rate for increases if buyback is initiated more than 1 year after return to membership if membership date on/after April 2, 2012.

www.mass.gov/service-details/prior-refunded-service-buyback-msrb

- **“Contract Service Buyback” (maximum of 4 years of service)**

- Purchase of non-benefited (“03”) MA public service where:
 - Service immediately preceded MSERS membership (<6 month break in service).
 - Job duties in non-benefited position and initial MSERS-covered position were similar.
- Must vested prior to submitting Contract Service Buyback request.
- One-time opportunity – if do not accept offer of approved buyback with 180 days, unable to purchase that service in the future.

www.mass.gov/service-details/contract-service-buyback-msrb

Common Types of Service Buybacks

- **Veteran's Service (purchase of up to 4 years US military service)**
 - Active Duty honorable discharge plus: 180 days of regular active duty service with honorable discharge or 90 days of active duty service, one day of which was during wartime.
 - Active Reserve or MA National Guard Service (not active duty training) may be eligible for buyback at ratio of 5 years service to 1 year MSERS service.

VS buybacks must be completed within one year of vesting.

www.mass.gov/service-details/veterans-service-buyback-msrb

Common Types of Service Buybacks

- **Out of State Teaching buyback (maximum of 10 years)**

- If you are employed in a teaching position now, eligible to purchase public teaching service rendered to another U.S. state for which you have no retirement benefit.
- May purchase a maximum of 10 FTE years of service or the number of years of MA MSERS creditable service you have established, whichever is less.

www.mass.gov/service-details/out-of-state-teaching-service-buyback-msrb

Average Regular Compensation (RC)

Member before April 2, 2012	Member on/after April 2, 2012
Average of highest three (3) consecutive years of salary *	Average of highest five (5) consecutive years of salary *

MSERS pensions are based on the average of the highest consecutive years of regular compensation* which includes shift pay but does not include overtime, “Ad Comp”, “Summer Salary”, etc. (hereafter “salary”).

MSERS Superannuation Pension Calculation

$$\begin{array}{r} \text{Age factor} \\ \times \text{ Service} \\ \hline = \text{Option A pension \%} \end{array}$$

$$\begin{array}{r} \times \text{Average regular compensation} \\ \hline \end{array}$$

Gross annual Option A pension

MSERS Superannuation Pension Calculation

For instance, a 65-year-old MSERS member prior to April 2012 with 28 FTE years of creditable service:

$$\begin{array}{l} \text{Age factor} \\ \times \text{ Service} \\ \hline = \text{Option A pension \%} \end{array}$$

$$\begin{array}{l} 2.5 \text{ age factor} \\ \times 28.0 \text{ yrs of service} \\ \hline 70\% \end{array}$$

$$\begin{array}{l} \times \text{Average RC} \\ \hline \end{array} \quad \text{(eg) } \underline{\$40,000 \text{ RC}}$$

$$\begin{array}{l} \text{Gross annual Option A pension} \\ \hline \$28,000 \text{ annual pension} \end{array}$$

Pension Options

Option A

- Maximum benefit, no greater than 80% of average salary
- Income benefits cease upon retiree's death

Option B

- Pension is typically 1-5% less than Option A amount
- Beneficiary receives remaining balance of member contributions following retiree's death
- May name anyone as beneficiary(ies) and change beneficiary(ies) at any time

We cannot change our pension Option, or Option C beneficiary, after retirement.

Option C

- Pension is % of Option A amount (the younger the beneficiary, the smaller an Option C pension)
- One beneficiary who is the retiree's: parent, child, sibling, spouse or unmarried former spouse
- If retiree dies first, beneficiary receives 2/3 of retiree's pension
- If beneficiary dies first, retiree "pops-up" to Option A pension amount

Requesting a Pension Estimate

The MA State Retirement Board is the MSERS agency of record.

An MSERS pension estimate will provide you an estimate of:

- FTE years/months of creditable service
- Average regular compensation
- Your gross annual pension under Options A & B
- Provide Option C beneficiary's date of birth to request Option C estimate.



Requesting a pension estimate

Pension Benefit Estimate Request ("most responses may take up to 2 weeks")

 THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board

**PENSION BENEFIT
ESTIMATE REQUEST**

A Pension Benefit Estimate will provide active members of the Massachusetts Employees' State Retirement System in groups 1, 2 or 4 an approximation of their potential retirement benefits. Please note that your eligibility for any actual benefit amount will be determined at the time of retirement under M.G.L. c.32. The Massachusetts State Employees' Retirement System is not bound by any estimates provided.

Provide the Last Four Digits of Your SSN, or MSRB ID, or HRCMS ID:

Full Name: _____

Provide estimated retirement date(s): e.g., Dec. 31, 2021

Are You a Veteran? Yes No

Have you been actively deployed or have received Military Orders during your State service? Yes No

Are you currently on a Military leave of absence? Yes No

If applicable, provide Option C¹ Beneficiary Date of Birth: _____

Current agency: **Umass Amherst** Current Job Title / Position: _____

Are you in a union? Yes No

If known, what is your **Group Classification?** Group 1 Group 2 Group 4 20/50 Pro-Rate²
(Group Classification for Prior Position)

If you checked Group 2, 4 or 20/50, please list position(s)/title(s) and dates of service for each position you expect to apply for Group Classification:

PLEASE COMPLETE BOTH SIDES. FORM IS CONTINUED ON PAGE 2

www.mass.gov/doc/msers-pension-benefit-estimate-request-form

- < Current agency - UMass Amherst
- < Group Classification - 1 unless you:
 - Are a Police Officer or in UMPD leadership
 - Have held a position previously covered under another Group Classification (pro-rated pension)

Requesting a pension estimate

PENSION BENEFIT ESTIMATE REQUEST - PAGE 2

Member Name:	Last four digits of SSN/MSRB ID/Employee ID:
Do you currently work full-time or part-time?	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Did you stop working more than 60 days ago?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have part-time creditable service prior to 1/29/1993?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly	
Do you have a buyback in progress?	
<input type="checkbox"/> Yes	

Please provide the estimated number of years of service you believe you currently have:

Are you party to a divorce? Yes

If yes: Do you have a QDRO (Qualified Domestic Relations Order)? Yes

If yes: Did you submit a copy to the State Retirement Board? Yes

If no: Please submit a copy to the State Retirement Board.

PLEASE NOTE: QDRO Estimates can take several weeks to complete due to volume and complexity.

Were you ever a party to an arbitration award or settlement agreement with your employer?

If yes, please mail a copy to the Board if you haven't already.

Provide your current mailing address:

City: _____ State: _____ Zip: _____

Preferred method to receive estimate: Email

Daytime Phone #: _____ Email address: _____

Is there anything else about your service history that you wish to highlight? (e.g. account with another Massachusetts public retirement system, please explain in detail)

Signature: X Date of Request: (MM/DD/YY)

Please email this completed form to: EstimateRequest@tre.state.ma.us
the request queue. Alternatively, you can mail the form to the address below. It may take up to 2 weeks due to the amount of requests received.

If you have any questions, please email: EstimateRequest@tre.state.ma.us

Main Office: One Winter Street, 8th Floor, Boston, MA 02108.
Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103.
mass.gov/retirement

If you do not have your own estimate, you can leave this field blank.

PENSION BENEFIT ESTIMATE REQUEST - PAGE 2

Member Name: _____ Last four digits of SSN/MSRB ID/Employee ID: _____

Do you currently work full-time or part-time? Full-time Part-time

Did you stop working more than 60 days ago? Yes No

Do you have part-time creditable service prior to 1/29/1993? Yes No Possibly

Do you have a buyback in progress? Yes No

Please provide the estimated number of years of service you believe you currently have: _____

Are you party to a divorce? Yes No

If yes: Do you have a QDRO (Qualified Domestic Relations Order)? Yes No

If yes: Did you submit a copy to the State Retirement Board? Yes No

If no: Please submit a copy to the State Retirement Board.

PLEASE NOTE: QDRO Estimates can take several weeks to complete due to volume and complexity.

Were you ever a party to an arbitration award or settlement agreement with your employer? Yes No

Requesting a pension estimate

PENSION BENEFIT ESTIMATE REQUEST - PAGE 2

Member Name:	Last four digits of SSN/MSRB ID/Employee ID:		
Do you currently work full-time or part-time?		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Did you stop working more than 60 days ago?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have part-time creditable service prior to 1/29/1993?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a buyback in progress?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide the estimated number of years of service you believe you currently have:			
Are you party to a divorce?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Do you have a QDRO (Qualified Domestic Relations Order)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Did you submit a copy to the State Retirement Board?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no: Please submit a copy to the State Retirement Board.			
<i>PLEASE NOTE: QDRO Estimates can take several weeks to complete due to volume and complexity.</i>			
Were you ever a party to an arbitration award or settlement agreement with your employer? <input type="checkbox"/> Yes			
If yes, please mail a copy to the Board if you haven't already.			
Provide your current mailing address:			
City:	State:	Zip:	
Preferred method to receive estimate:		<input type="checkbox"/> Email	<input type="checkbox"/> Mail
Daytime Phone #:		Email address:	
Is there anything else about your service history that you wish to highlight? (e.g., If you have service on account with another Massachusetts public retirement system, please explain here.)			
<hr/> <hr/> <hr/> <hr/> <hr/>			
Signature: <u> </u>		Date of Request: (MM/DD/YYYY)	
<p>Please email this completed form to: EstimateRequest@tre.state.ma.us and it will be added to the request queue. Alternatively, you can mail the form to the address below. Most responses may take up to 2 weeks due to the amount of requests received.</p>			
<p>If you have any questions, please email: EstimateRequest@tre.state.ma.us.</p>			
<p>Main Office: One Winter Street, 8th Floor, Boston, MA 02108 Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103.</p>			

E-mail or mail the completed form to the Retirement Board.

If yes, please mail a copy to the Board if you haven't already.

Provide your current mailing address

City: _____ **State:** _____ **Zip:** _____

Preferred method to receive estimate: Email Mail

Daytime Phone #: Email address:

Is there anything else about your service history that you wish to highlight? (e.g., If you have service on account with another Massachusetts public retirement system, please explain here.)

Signature: X Date of Request: (MM/DD/YYYY)

Please email this completed form to: EstimateRequest@tre.state.ma.us and it will be added to the request queue. Alternatively, you can mail the form to the address below. Most responses may take up to 2 weeks due to the amount of requests received.

If you have any questions, please email: EstimateRequest@tre.state.ma.us

Main Office: One Winter Street, 8th Floor, Boston, MA 02108

Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103

Pension Options

Option D

- Member with 2+ FTE years of creditable service passes away prior to retirement.
- Option D beneficiary receives member's Option C pension (absent other legal document, e.g. divorce agreement). If the member was not yet 55 years of age the 55 age factor is used in the calculation.
- Beneficiary may be member's parent, child, spouse, sibling, unmarried former spouse.
- Option D Beneficiary:
 - Eligible spouse is automatically your Option D beneficiary (absent legal document to the contrary). Those married less than one year may proactively name their spouse.
 - May always rescind or change your Option D beneficiary.
 - Retirement overrides your Option D selection.

Death prior to retirement

In the absence of an option D beneficiary or Option D eligible spouse, a lump sum refund of the account balance will be paid to:

- Your beneficiary(ies) on record
- Your estate if there are no surviving beneficiary(ies) on record

- Accidental Disability Retirement (work-related illness/injury)
 - Need not be vested in MSERS
 - Option A pension is 72% of salary on date of injury or last 12 months working average + an annuity
 - Not federally taxable

“Disability Retirement”

- Ordinary Disability Retirement (not work-related)
 - Must be vested in MSERS
 - Based on age and average regular compensation

Member before April 2, 2012	Member on/after April 2, 2012
<ul style="list-style-type: none">• Age 55 age factor• Three-year salary average	<ul style="list-style-type: none">• Age 60 age factor used• Five-year salary average

- Veterans receive Option A = 50% of the last year's average regular compensation
- Is federally taxable

Disability retirement applications are often a lengthy process & involve review by a medical panel.

Can apply while drawing a regular, superannuation pension while awaiting outcome of a disability retirement application.

“Deferred Retirement”

- Vest, leave MA public employment, draw pension at a later date.
- Pension calculated based on age when you begin drawing the pension.
- Eligible for GIC health insurance at 100% premium until premiums can be deducted from monthly pension payment.
- No partial payment of unused sick leave or longevity payment (more on that later).

“Termination Retirement”

“Section 10” Retirement for MSERS members prior to April 2, 2012

- Requires either:
 - 20 years of FTE creditable service and involuntary termination
 - 30 years of FTE creditable service and retirement before 55 years of age
- Option A pension is 33.3% of three-year average regular compensation plus an annuity based on the balance of your MSERS account.
- Application must be approved by both the Retirement Board and PERAC.

Important considerations when selecting a retirement date

- **Your age** impacts your annual pension (unless you've reached the maximum age factor or maximum Option A pension percentage).
- **The pension does not keep up with the cost of living.**
Cost of Living increases apply to the first \$13,000 of annual pension:
 - After you have been retired for at least one full fiscal year (July 1 – June 30).
 - If approved by the legislature.
- **First pension payment may be made 3 - 5 full calendar months after retirement.** The first payment is retroactive to your retirement date. It is important to have an income source in the interim – and the GIC will invoice you at home, requiring direct payment of premiums (more on that later).

Pension payment schedule & What is withheld from payments

The first superannuation pension payment may be issued 2-4 full calendar months after retirement and is retroactive to your retirement date. Thereafter payments are made once monthly at the end of the month.

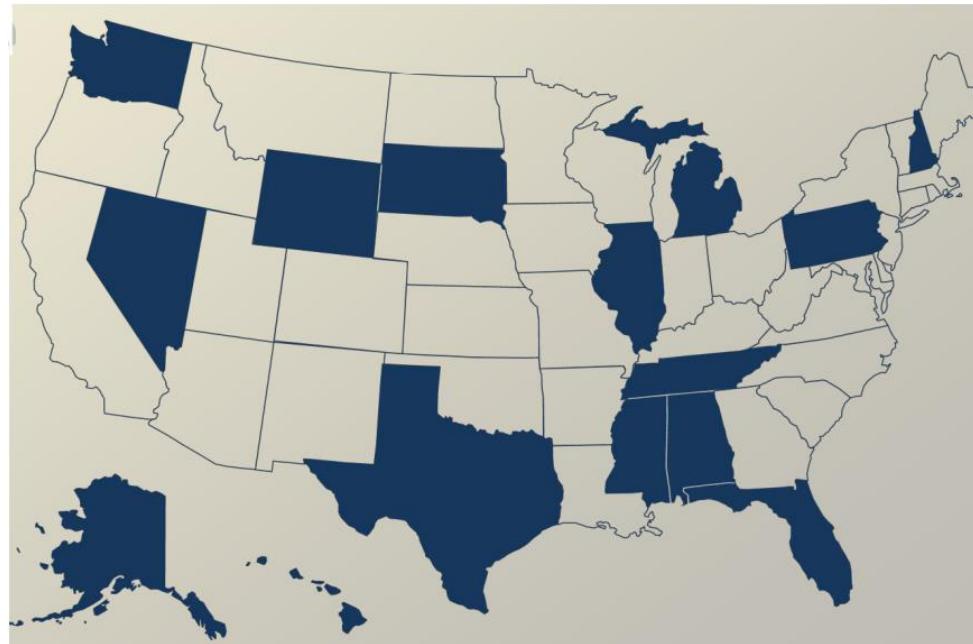
Three things are withheld from MSERS pension payments

1. U.S. Federal Tax
(No MA income tax is due on your MSERS pension.)
2. Court-ordered deductions
3. GIC premiums
(typically starting from the second pension payment)

Taxes on Your MA Pension

MA State Retirement Board reflects the MA pension
is not subject to income tax in:

Alabama	Nevada
Alaska	New Hampshire
Florida	Pennsylvania
Hawaii	South Dakota
Illinois	Tennessee
Massachusetts	Texas
Michigan	Washington
Mississippi	Wyoming



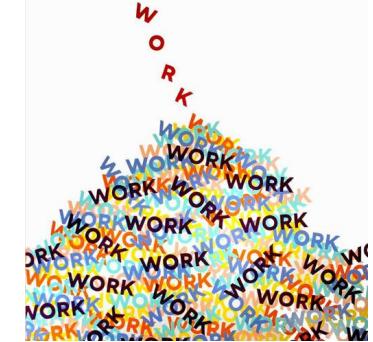
There are strict **calendar year** limits on post-retirement work performed for the Commonwealth (its towns, counties & agencies).

- 1,200 hours of work
- Earnings, when added to retirement allowance, cannot exceed the salary that is being paid for the position from which they retired or in which employment was terminated or the salary upon which the retirement allowance is based, whichever is greater ...

Earnings limit increases by \$15,000 effective January 1 of the second full calendar year of retirement.

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

www.mass.gov/guides/working-receiving-a-public-retirement-benefit



Voluntary Retirement Plans

Benefited university employees may contribute to two voluntary retirement plans. Both offer pre- and post-tax (Roth) options:

- University 403(b) plan investing with Fidelity or TIAA
<https://nb.fidelity.com/public/nbpreloginnav/umass/microsite/#/tem/home>
- Commonwealth of Massachusetts 457(b) SMART plan
<https://mass-smart.empower-retirement.com/participant/#/login>

Retirement Income

Social Security Income (briefly)

Social Security Administration is agency of record for
Social Security benefits: www.ssa.gov or 1-800-772-1213

Social Security Income

- Each \$1,810 in earnings under Social Security = one credit (2025)
- You can earn a maximum of 4 credits per calendar year
- 40 credits entitles you to a retirement income

You can draw social security at:

- Age 62 (lower monthly payment for life)
- Full retirement age (full benefit with no offset based on other earnings)
- Later (higher base benefit calculation)

Full Social Security Retirement Age

Year of Birth	Full Social Security Retirement Age
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 – 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

You can draw Social Security income:

- Before full SocSec retirement age (SocSec reduced based on earnings)
- At full SocSec retirement age (no reduction of SocSec income based on earnings)
- After full SocSec retirement age (higher base SocSec calculation)

**MSERS pensions once impacted Social Security income under the Windfall Elimination Provision & Government Pension Offset,
both repealed on January 5, 2025
retroactive to January 1, 2024.**

Retirement and Benefits (not briefly enough...)

GIC Retiree Health Insurance Benefits

Commonwealth of Massachusetts
Group Insurance Commission

2025-2026
BENEFITS
GUIDE

For benefits and rates effective
JULY 1, 2025 – JUNE 30, 2026

COMMONWEALTH
OF MASSACHUSETTS
EMPLOYEES,
RETIREES & SURVIVORS

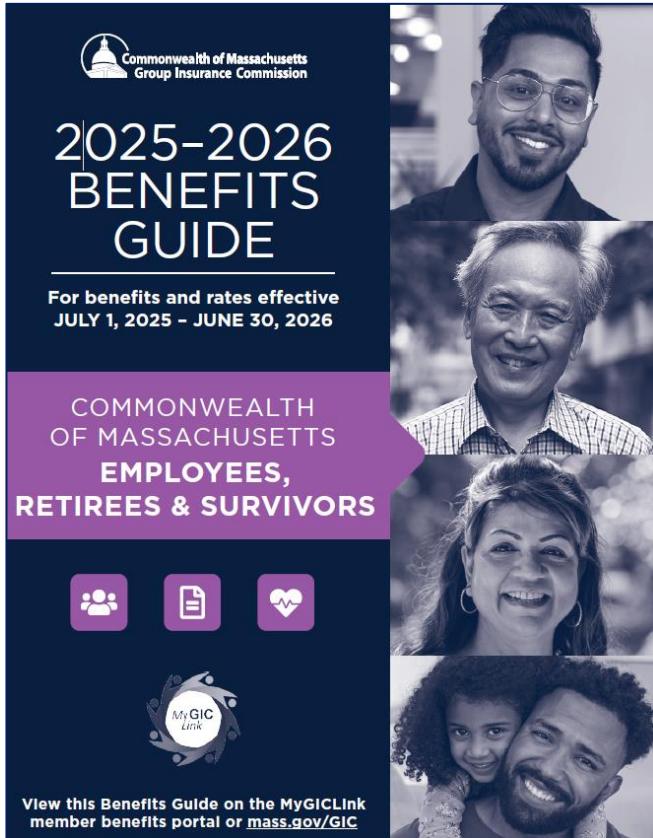
MyGICLink

View this Benefits Guide on the MyGICLink member benefits portal or mass.gov/GIC

This guide contains information for Employees *and* for Retirees.

Medicare supplement health insurance plans are available *only* to individuals covered under a Retiree's plan.

GIC Retiree Health Insurance Benefits



MSERS retirees may continue to purchase health & life insurance through the MA Group Insurance Commission (GIC)

- Retirees currently pay 20% of health & basic life insurance premiums.
- Anyone on a **retiree's** GIC health insurance plan who is eligible for Medicare Part A at no cost is required to enroll in Medicare Parts A & B in order to continue health insurance coverage through the GIC.

Medicare...

...when do I become eligible?

Medicare is health insurance for people 65 years of age or older.*

At age 65 Medicare Part A is free if you:

- Have at least 40 calendar quarters contributing to Medicare
- Are eligible for Railroad Retirement benefits
- Have a spouse that qualifies for free Medicare Part A

The GIC does NOT require enrollment in Medicare when health insurance is through active employment, only once coverage is secured through retirement.

* May be eligible to enroll in Medicare earlier if you have a disability.

www.medicare.gov/basics/get-started-with-medicare/medicare-basics/working-past-65

Medicare is health insurance?

Medicare	What is it?	Enroll with who?
Part A (federal)	Free coverage for in-patient care in hospital, nursing facility, hospice.	SSA*
Part B (federal)	Outpatient care - medically necessary and preventive services, ambulance services, mental health treatment and durable medical equipment.	SSA
Part C (private)	Private health insurance purchased to supplement Medicare (eg, GIC).	Eg, GIC
Part D (federal)	Prescription drug coverage. Medicare Part D is part of the GIC Medicare Supplement CVS/Silverscript prescription plan however the GIC must process the Medicare Part D enrollment.	

* Social Security Administration

Medicare Part D (GIC Retiree Guide)

If as a retiree you want to purchase health insurance through the GIC:

**Do not enroll in a non-GIC Medicare Part D plan.
If you do, your GIC health insurance coverage
will be cancelled.**

Instead: anyone on a retiree's GIC health insurance plan who is eligible for Medicare Part A at no cost is required to enroll in **Medicare Parts A & B only** in order to continue health insurance coverage through the GIC.

Medicare Part B & D premiums

2025 per person, per month Medicare Part B & D* premiums:

Per Person Monthly Medicare Premiums effective January 1, 2025 based on federally taxable income			
File individual tax return	File joint tax return	Medicare Part B	Medicare Part D IRMAA
Less than or equal to \$106,000	Less than or equal to \$212,000	\$185.00	\$0.00
Greater than \$106,000 and less than or equal to \$133,000	Greater than \$212,000 and less than or equal to \$266,000	\$259.00	\$13.70
Greater than \$133,000 and less than or equal to \$167,000	Greater than \$266,000 and less than or equal to \$334,000	\$370.00	\$35.30
Greater than \$167,000 and less than or equal to \$200,000	Greater than \$334,000 and less than or equal to \$400,000	\$480.90	\$57.00
Greater than \$200,000 and less than \$500,000	Greater than \$400,000 and less than \$750,000	\$591.90	\$78.60
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$628.90	\$85.80

- Medicare Parts B & D premiums are subject to income-related monthly adjustment amounts, or IRMAA. A higher IRMAA rate applies to those on immunosuppressive medication.

www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles

The GIC Employees, Retirees & Survivors Benefit Decision Guide

contains Medicare & Non-Medicare premium and coverage information.



2025-2026 BENEFITS GUIDE

For benefits and rates effective
JULY 1, 2025 – JUNE 30, 2026

COMMONWEALTH OF MASSACHUSETTS EMPLOYEES, RETIREES & SURVIVORS



View this Benefits Guide on the MyGICLink
member benefits portal or mass.gov/GIC



GIC Employees & Non-Medicare Eligible Retirees/Dependents						Medicare Eligible Individuals covered on a Retiree's plan	MEDICARE RETIREES who filed for retirement after October 1, 2009			
PLAN NETWORK	EMPLOYEES HIRED BEFORE JULY 1, 2003		EMPLOYEES HIRED ON OR AFTER JULY 1, 2003		Employee Pays Monthly	Employee Pays Monthly	20% RETIREE PAYS MONTHLY			
	20%		25%							
	Employee Pays Monthly	Employee Pays Monthly	Employee Pays Monthly	Employee Pays Monthly						
	BASIC LIFE INSURANCE ONLY - \$10,000 Coverage ¹		\$2.54	\$3.18						
Health Insurance Plans (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY					
Harvard Pilgrim Access America PPO	National	\$289.55	\$642.70	\$361.94	\$803.38					
Wellpoint Total Choice INDEMNITY	Broad	\$352.58	\$780.56	\$440.74	\$975.71					
Wellpoint PLUS PPO-TYPE		\$220.40	\$522.45	\$275.51	\$653.06					
Harvard Pilgrim Explorer POS		\$239.54	\$589.29	\$299.43	\$736.61					
Mass General Brigham Health Plan Complete HMO		\$220.29	\$578.02	\$275.37	\$722.53					
Harvard Pilgrim Quality HMO	Limited	\$179.22	\$451.92	\$224.04	\$564.90					
Wellpoint Community Choice PPO-TYPE		\$169.60	\$417.76	\$212.00	\$522.21					
Health New England HMO	Regional	\$173.98	\$413.74	\$217.49	\$517.19					
	BASIC LIFE INSURANCE ONLY - \$10,000 Coverage		\$2.54	\$3.18						
Health Insurance Plans (Premium includes Basic Life Insurance)	PLAN NETWORK	PER PERSON								
Tufts Medicare Preferred ² MEDICARE ADVANTAGE	Limited	\$60.58								
Harvard Pilgrim Medicare Enhance MEDICARE SUPPLEMENT	National	\$95.95								
Health New England Medicare Supplement Plus MEDICARE SUPPLEMENT		\$96.45								
Wellpoint Medicare Extension MEDICARE SUPPLEMENT		\$97.57								

GIC Health Insurance Benefits

UMassAmherst

GIC Employees & Non-Medicare Eligible Retirees/Dependents		Medicare Eligible Individuals covered on a Retiree's plan		MEDICARE RETIREES who filed for retirement after October 1, 2009
		EMPLOYEES HIRED BEFORE JULY 1, 2003		20%
		Employee Pays Monthly		RETIREE PAYS MONTHLY
BASIC LIFE INSURANCE ONLY - \$10,000 Coverage ¹		\$2.54		\$2.54
HEALTH Insurance Plans (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL	FAMILY	PER PERSON
Harvard Pilgrim Access America PPO	National	\$289.55	\$642.70	
Wellpoint Total Choice INDEMNITY	Broad	\$352.58	\$780.56	
Wellpoint PLUS PPO-TYPE		\$220.40	\$522.45	
Harvard Pilgrim Explorer POS		\$239.54	\$589.29	
Mass General Brigham Health Plan Complete HMO		\$220.29	\$578.02	
Harvard Pilgrim Quality HMO		\$179.22	\$451.92	
Wellpoint Community Choice PPO-TYPE	Limited	\$169.60	\$417.76	
Health New England HMO	Regional	\$173.98	\$413.74	

An example!

Now: you and your spouse are currently covered under a GIC HNE family plan (\$413.74/month).

You retire – your spouse is eligible for Medicare Part A at no cost but you are not yet.

GIC Health Insurance Benefits

UMassAmherst

GIC Employees & Non-Medicare Eligible Retirees/Dependents		Medicare Eligible Individuals covered on a Retiree's plan		MEDICARE RETIREES who filed for retirement after October 1, 2009
		EMPLOYEES HIRED BEFORE JULY 1, 2003		20%
		Employee Pays Monthly		RETIREE PAYS MONTHLY
BASIC LIFE INSURANCE ONLY - \$10,000 Coverage ¹		\$2.54		\$2.54
HEALTH Insurance Plans (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL	FAMILY	PLAN NETWORK
Harvard Pilgrim Access America PPO	National	\$289.55	\$642.70	Tufts Medicare Preferred ² MEDICARE ADVANTAGE
Wellpoint Total Choice INDEMNITY	Broad	\$352.58	\$780.56	Limited
Wellpoint PLUS PPO-TYPE		\$220.40	\$522.45	Harvard Pilgrim Medicare Enhance MEDICARE SUPPLEMENT
Harvard Pilgrim Explorer POS		\$239.54	\$589.29	National
Mass General Brigham Health Plan Complete HMO		\$220.29	\$578.02	
Harvard Pilgrim Quality HMO	Limited	\$179.22	\$451.92	Health New England Medicare Supplement Plus MEDICARE SUPPLEMENT
Wellpoint Community Choice PPO-TYPE		\$169.60	\$417.76	Wellpoint Medicare Extension MEDICARE SUPPLEMENT
Health New England HMO	Regional	\$173.98	\$413.74	

An example:

You and your spouse are currently covered under a GIC HNE family plan (\$413.74/month).

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

You could remain on an individual non-Medicare GIC health plan – your spouse would enroll in Medicare Parts A & B and you could purchase GIC Medicare supplement coverage for your spouse. Monthly:

- Individual non-Medicare plan (you) \$ 173.98
- GIC Medicare supplement (spouse) \$ 93.91

GIC monthly premium: \$ 267.89

Medicare Part B premium (spouse) \$ 185.00

Total monthly premium (GIC & Medicare) \$ 452.89

1-800-MEDICARE
TTY 877-486-2048
www.medicare.gov

GIC Health Insurance Benefits

GIC Employees & Non-Medicare Eligible Retirees/Dependents		Medicare Eligible Individuals covered on a Retiree's plan		MEDICARE RETIREES who filed for retirement after October 1, 2009	
EMPLOYEES HIRED BEFORE JULY 1, 2003		Medicare Parts A&B ...and a GIC Medicare supplement plan...		20% RETIREE PAYS MONTHLY	
Employee Pays Monthly					
BASIC LIFE INSURANCE ONLY - \$10,000 Coverage ¹		\$2.54		\$2.54	
HEALTH Insurance Plans (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL	FAMILY	PLAN NETWORK	PER PERSON
Harvard Pilgrim Access America PPO	National	\$289.55	\$642.70	Tufts Medicare Preferred ² MEDICARE ADVANTAGE	Limited
Wellpoint Total Choice INDENTITY		\$352.58	\$780.56		\$80.58
Wellpoint PLUS PPO-TYPE	Broad	\$220.40	\$522.45	Harvard Pilgrim Medicare Enhance MEDICARE SUPPLEMENT	
Harvard Pilgrim Explorer POS		\$239.54	\$589.29		\$95.95
Mass General Brigham Health Plan Complete HMO		\$220.29	\$578.02	Health New England Medicare Supplement Plan MEDICARE SUPPLEMENT	National
Harvard Pilgrim Quality HMO	Limited	\$179.22	\$451.92		\$96.45
Wellpoint Community Choice PPO-TYPE		\$169.60	\$417.76	Wellpoint Medicare Extension MEDICARE SUPPLEMENT	
Health New England HMO	Regional	\$173.98	\$413.74		\$97.57

1-800-MEDICARE
TTY 877-486-2048
www.medicare.gov

An example:

You then become eligible for Medicare Part A at no cost and enroll in Medicare Parts A&B. Monthly:

Group Insurance Commission

GIC Medicare supplement (self) \$ 96.45
GIC Medicare supplement (spouse) \$ 93.91*
GIC monthly premium: \$ 190.36

Social Security Administration

Medicare Part B premium (self) \$ 185.00
Medicare Part B premium (spouse) \$ 185.00
Total Medicare premium: \$ 370.00

Total monthly premium (GIC & SSA):

\$ 560.36

*Spouse's premium does not include basic life insurance.

For those on a retiree's GIC health plan & who are eligible for Medicare Part A at no cost

Important information about GIC Medicare Supplement plans:

1. **How to enroll:** GIC writes to you after retirement asking you to select a Medicare supplement plan. You complete/return the form providing your selection and Medicare A&B numbers.
2. Your GIC Non-Medicare plan remains **primary** until the GIC processes your enrollment in the Medicare supplement plan.
3. You will have new medical and prescription insurance cards – please provide that billing information to your providers with your Medicare information.

How to Enroll in Medicare?

Each person enrolling in Medicare will provide two forms to the Social Security Administration:

1. Application for Enrollment in Medicare Part B (Medical Insurance) form CMS-40B
(You complete this form)
2. Request for Employment Information CMS-L564
(UMass HR completes this form)

You submit both forms to the Social Security Administration together.

If you are not yet enrolled in Medicare Part A, the SSA will contact you directly to complete your enrollment.

UMass Amherst Human Resources can assist with these forms when you submit the GIC Status/Change form reflecting your retirement date.

How to Enroll in Medicare Part B?

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

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

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

1. Employer's Name _____ 2. Date _____ / _____ / _____

3. Employer's Address _____

City _____ State _____ Zip Code _____

4. Applicant's Name _____ 5. Applicant's Social Security Number _____ - _____ - _____

6. Employee's Name _____ 7. Employee's Social Security Number _____ - _____ - _____

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? Yes No

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

3. Has the coverage ended? Yes No

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

5. When did the employee work for your company?
From: (mm/yyyy) _____ / _____ To: (mm/yyyy) _____ / _____ Still Employed: (mm/yyyy) _____ / _____

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

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? Yes No

2. If yes, does the applicant have hours remaining in reserve? Yes No

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

All Employers:

Signature of Company Official _____ Date Signed _____ / _____ / _____

Title of Company Official _____ Phone Number (_____) _____ - _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

Form CMS-L564 (CMS-R-297) (09/16)

2

If you will be enrolling in Medicare, submit your GIC Status/Change form to UMass Human Resources.

We will then assist with your Medicare Part B enrollment form & will provide you the completed Request for Employment Information form.

GIC Optional Term Life Insurance

- You may continue coverage, reduce or cancel coverage effective the first day of any future month.
- Premium generally increases upon retirement, ~doubles at age 70, ~doubles every 5 years thereafter.

ed by MetLife
s accident or
term insurance
paid to your
in up to date.

**MONTHLY GIC LIFE INSURANCE
Plan Rates (INCLUDING AD&D)**
Effective July 1, 2025
Per \$1,000 of Coverage

EMPLOYEE AGE	EMPLOYEE NON-SMOKER RATE	EMPLOYEE SMOKER RATE
Under Age 35	\$0.04	\$0.10
35 - 44	\$0.05	\$0.12
45 - 49	\$0.06	\$0.19
50 - 54	\$0.13	\$0.31
55 - 59	\$0.20	\$0.49
60 - 64	\$0.29	\$0.73
65 - 69	\$0.67	\$1.37
70 and over	\$1.13	\$2.49



MONTHLY GIC PLAN RATES

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

GIC Long-Term Disability Insurance

- GIC Long-Term Disability (LTD) insurance coverage ends upon retirement.
- If you are disabled prior to retirement and drawing income under your GIC LTD plan those payments can continue after retirement.



The most common confusion regarding dental insurance:

If your dental insurance is through your University employment
you are NOT currently enrolled in a GIC dental insurance plan.

This is important to remember when considering next steps for dental insurance in retirement.

Dental Insurance (options)

Many options exist for dental insurance coverage, including (but not limited to) the following. You may:

1. Continue your current plan by completing and returning the COBRA enrollment form mailed to your home (& premium) to the plan administrator:

- **AFSCME, PSU/MTA (dental & vision)** – up to 36 mos
\$40/mo individual -- \$80/mo EE+1 -- \$120/mo family

MA Public
Employees' Fund
www.mpefund.org

- **USA, MSP** – up to 18 mos
\$33.81/mo individual -- \$92.97/mo family
- **Non-Unit** – up to 18 mos
\$66.46/mo individual -- \$149.17/mo family

Health Plans, Inc.
– tel 877.906.5939



Dental Insurance (options)

2. Enroll in the GIC Retiree Dental Plan (Altus Dental 07-01-2025)

Monthly GIC Retiree Dental Plan Rates Effective July 1, 2025 \$1,500 Maximum Annual Benefit per Member	
COVERAGE TYPE	RETIREE PAYS MONTHLY
Individual	\$29.66
Family	\$71.48

- To enroll complete and return the GIC Retiree Dental Insurance Form with your GIC Status Change Form
- Once enrolled if you discontinue coverage you cannot re-enroll.

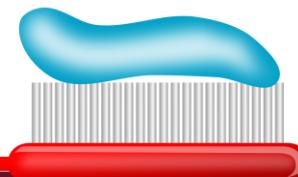
You can enroll in the GIC Retiree Dental Plan:

1. Upon retirement
2. Upon involuntary loss of coverage under another plan
3. During GIC open enrollment

3. Purchase coverage through the Commonwealth Connector (Delta, Altus) if you are a MA resident

www.mahealthconnector.org

4. Explore coverage through the AARP or other (coverage through a spouse's employment?)



Unused Vacation Balance paid out
(exception: faculty)

Sick Leave 20% of balance
(exception: MSP)

MSP Longevity Payment (1.5 day's salary
for each full year of creditable service
to the University)

- State and federal taxes are withheld from these payments.
- Vacation & Sick payments can be tax-deferred into a 403(b) or 457/SMART plan. There is a “one-time” deferral form for each of the plans which you would complete and submit to benefits@umassp.edu prior to retirement.

Information about these plans appears online:

www.umassp.edu/hr/employee-handbook/5-voluntary-benefits



Unused Sick Leave & Sick Leave Banks

MSP/MTA

Sick Leave Bank members may donate unused sick leave to the Sick Leave Bank at any time.

PSU/MTA Unit A

Members may donate unused sick leave to the Sick Leave Bank upon retirement.

USA/MTA

Sick Leave Bank members may donate up to ten (10) days of unused sick leave accrual to the Bank upon retirement.

* **PSU & USA members:** the post-retirement payment of 20% of unused sick time is calculated on the balance remaining after your donation to the Bank.

* **Donations** can be made by notifying AskHR (online from www.umass.edu/hr) prior to retirement and indicating the number of days you wish to donate.

PSU members are asked to cc psu@external.umass.edu on your e-mail.

What else...?

- ✓ Parking
 - UMass parking deductions discontinue. If you will be working on campus you can continue to purchase your parking space and may have a reduced retiree rate.
 - Retirees may request 30 free passes to the Campus Center Garage each year from the Parking Office.
- ✓ Union dues discontinue

Many unions will offer you a lifetime membership. You would pay the dues directly to the union.
- ✓ Retirees are not eligible to enroll in Flexible Spending Accounts

Your retirement day is your last day to incur eligible expenses under the Health Care Spending Account (HCSA). Please spend *at least* as much as you have contributed to the HCSA by that date.

What else...?

- ✓ Corestream
 - Home/Auto insurance? Farmers? Travelers? Liberty Mutual?
 - MetLegal
 - Retirees are eligible for shopping discounts through umass-retirees.corestream.com
- ✓ UMass e-mail address will continue
- ✓ IT Guide for Retired Faculty & Staff: <https://www.umass.edu/it/it-guide-retirees>
- ✓ Faculty administrating grants or mentoring students please work with your departmental representatives if continued systems access is needed (NENS?)
- ✓ If you move – you will *always* notify the
 1. State Retirement Board
 2. Group Insurance Commission
 3. UMass (if you move before your final W-2 document is issued)



Applying to Retire

Applying to Retire

1. MSERS retirement application to MA Retirement Board *within* 120 days prior to retirement with supporting documentation
2. Submit GIC forms to UMass Human Resources:
 1. GIC Status Change Form (Form 1a)
 2. GIC Retiree Dental (Form RD) if interested
3. Social Security Administration
 - Medicare application
4. Tax-deferral into (or withdrawal from) 403(b) or 457/SMART Plan

 <p>THE COMMONWEALTH OF MASSACHUSETTS State Retirement Board One Winter Street, 8th Floor, Boston, MA 02108</p>		SUPERANNUATION RETIREMENT APPLICATION <i>Please complete all required sections. Incomplete applications will delay processing.</i>	
1. MEMBER INFORMATION (required) I respectfully request superannuation under the provisions of Section 1 to 28 inclusive of Massachusetts General Laws Chapter 32. Name: _____ SS#: _____ I wish to retire on: (MM/DD/YYYY) _____ with _____ years and _____ months of service All Former Names: _____ Date of Birth: (Proof of Birth Required) _____ Are You a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes (include copy of DD-214) Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Gender: <input type="checkbox"/> M <input type="checkbox"/> F If divorced, are you a party to a Domestic Relations Order? <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know <small>* If Yes, please indicate your former spouse's marital status & connection to you. If No, please indicate your former spouse's Domestic Relations Order.</small>			

Requires

1. Proof of your date of birth (photocopy of a birth certificate or unexpired passport)
2. Additional information / documentation for:
 - Option B: Name, address, social security number and date of birth of each beneficiary.
 - Option C: Proof of your beneficiary's date of birth & proof of relationship to your beneficiary. Eg, if your Option C beneficiary is your spouse, a copy of your marriage certificate.
3. DD214 (honorable discharge paperwork), if applicable.
This may entitle you to a small increase in annual pension.
4. If you are divorced: copy of divorce decree or Domestic Relations Order.
5. Direct Deposit information (routing and account #s), voided check.
6. Spouse's signature (if applicable).

1. MEMBER INFORMATION (required)

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

Name: _____ SSN: _____

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

All Former Names:

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

Marital Status: Single Married Divorced Widowed Gender: M F

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

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

Current or Last Place of State Employment:

Position/Title:

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

With this request, please include Application for Group Classification for each Group 2, or Group 4 classification request.

2. CONTACT INFORMATION (required)

Personal Email Address:

Present Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Address after Retirement (If Different):

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

3. SPOUSE INFORMATION (If Applicable)

Spouse's Name:

Spouse's Address (If Different):

City: _____ State: _____ Zip: _____

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

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

- All statements on this application are true statements made under the penalties of perjury.
- I understand that **no changes can be made to my retirement** or to my option selection after my retirement date.
- I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not choose an option by completing the Option Selection Form on page 7, I will be automatically retired under OPTION B.
- I understand that any benefits payments issued covering periods after my date of death must be re-paid to the State Retirement Board by the appropriate party or by my estate as applicable, and may be recouped from the account I designate for direct deposit.

THIS SECTION BOARD USE ONLY

Sign Here:  *Original Signature Required*

Member Signature

Date

Wet signatures required
 on the Retirement Application.

Digital signatures not accepted.

Some tips:

- What *is* a retirement date?
- Years / months of service
- Retirement Group
 Group 2, 3 or 4 > additional form

Member Name:	SS#:	
5. LIST ALL SERVICE WITH STATE, CITY OR COUNTY GOVERNMENT (required*)		
Department or Subdivision:	Start Date:	Date Service Ended:
*use additional sheet if necessary		
6. MEMBER QUESTIONNAIRE (required)		
<p>a. Are you applying for a termination retirement under Section 10(2)(a) of Chapter 32? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If YES, please attach a Termination Retirement Allowance Employer Certification Form with this application.</i> <i>See additional information on termination retirement in the instructions on page 4.</i></p>		
<p>b. Have you ever been convicted of an offense involving the funds or property of your place of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>c. Have you ever been convicted of an offense involving your position while in state service? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes to either of the above, please describe the offense(s): _____ _____</p>		
<p>d. Have you ever taken a refund? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, do you wish to buy back time? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Have you completed a buyback? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you have a buyback in progress? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>e. Have you ever been on an industrial accident leave? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what years? _____ _____</p>		
<p>f. Were you ever a party to an arbitration award or settlement agreement with your employer? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>g. Have you been actively deployed and/or received Military Orders during your State service? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

Some tips:

- Department = UMass Amherst
- Section 10 (additional form)
- Buyback?

MEMBER NAME:

SS#:

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



Option A - NO SURVIVOR RETIREMENT BENEFITS

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



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

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



Option C - JOINT SURVIVOR ALLOWANCE

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

OPTION C BENEFICIARY INFORMATION (required only if choosing option C):

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

Option C Beneficiary:

SS#:

(Please print)

Gender:



M



F

Date of Birth:

Relationship to Member:

Street Address:

City:

State:

Zip:

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option selected above.

(enter option selection: A, B, or C)

Member Signature:  *Original Signature Required*

Date:

THIS SECTION BOARD USE ONLY

3. WITNESS SIGNATURE (required)

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

Witness Signature:  *Original Signature Required*

Date:

Print Name:

Street Address:

City:

State:

Zip:

Personal Email Address:

Telephone:

Some tips:

- Both check the Option box *and* write the letter below
- Dates next to the signatures must be the same

Member Name:	SS#:				
<p>► Complete this section ONLY if selecting Option B:</p>					
4. BENEFICIARY(IES) INFORMATION (required if Option B is selected, PLEASE PRINT)					
<table border="1"> <tr> <td>i. Name: Street: City, State, ZIP:</td> <td>Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent</td> <td>Proportion: * (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent)</td> <td>Beneficiary Social Security #: Relationship: Date of Birth:</td> </tr> </table>		i. Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
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<table border="1"> <tr> <td>ii. Name: Street: City, State, ZIP:</td> <td>Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent</td> <td>Proportion: * (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent)</td> <td>Beneficiary Social Security #: Relationship: Date of Birth:</td> </tr> </table>		ii. Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
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<table border="1"> <tr> <td>iii. Name: Street: City, State, ZIP:</td> <td>Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent</td> <td>Proportion: * (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent)</td> <td>Beneficiary Social Security #: Relationship: Date of Birth:</td> </tr> </table>		iii. Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
iii. Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:		
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v. Name: Street: City, State, ZIP:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:		
<p>* The totals of all proportions for your primary and contingent beneficiary(ies) must equal 100% each.</p>					
OPTION PROVISIONS					
Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS <p>As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. I understand my estate will receive only a prorated amount of my monthly allowance for the number of days I live in the month of my death. There are no survivor benefits.</p>					
Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH <p>As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, I will receive a reduced monthly retirement allowance for life. I also understand that upon my death, if there is a remaining balance in my account - deposits and interest - it will be refunded to my beneficiary(ies) or estate in a lump sum. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board. I understand that the annuity portion of my allowance is reduced each month. If my annuity savings account is depleted at the time of my death, I understand that there will be no survivor benefits.</p>					
Option C - JOINT SURVIVOR ALLOWANCE <p>As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, I will receive a reduced retirement allowance for life. I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. An eligible beneficiary may be a spouse, unmarried former spouse (at date of retirement), child, father, mother, brother, or sister. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board.</p>					

Some tips:

➤ Only if selecting Option B

Form W-4P Withholding Certificate for Periodic Pension or Annuity Payments <small>Give Form W-4P to the payer of your pension or annuity payments.</small>													
<small>Department of the Treasury Internal Revenue Service</small>													
<small>OMB No. 1545-0074</small>													
2025													
Step 1: Enter Personal Information													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">(a) First name and middle initial</td> <td style="width: 35%;">Last name</td> <td style="width: 50%;">(b) Social security number</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td colspan="3">City or town, state, and ZIP code</td> </tr> <tr> <td colspan="3"> (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual) </td> </tr> </table>		(a) First name and middle initial	Last name	(b) Social security number	Address			City or town, state, and ZIP code			(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)		
(a) First name and middle initial	Last name	(b) Social security number											
Address													
City or town, state, and ZIP code													
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)													
<small>TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.</small>													
<small>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).</small>													
Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)													
<p>Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. See page 2 for examples on how to complete Step 2.</p> <p>Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or</p> <p>(b) Complete the items below.</p> <p>(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-". \$ _____</p> <p>(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-". \$ _____</p> <p>(iii) Add the amounts from (i) and (ii) and enter the total here \$ _____</p>													
<small>TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.</small>													
<small>Complete Steps 3-4(b) on this form only if (b)(i) is blank and this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.</small>													
Step 3: Claim Dependent and Other Credits													
<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>Multiply the number of other dependents by \$500 \$ _____</p> <p>Add other credits, such as foreign tax credit and education tax credits \$ _____</p> <p>Add the amounts for qualifying children, other dependents, and other credits and enter the total here \$ _____</p>													
Step 4 (optional): Other Adjustments													
<p>(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends \$ _____</p> <p>(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here \$ _____</p> <p>(c) Extra withholding. Enter any additional tax you want withheld from each payment \$ _____</p>													
Step 5: Sign Here													
<small>Your signature (This form is not valid unless you sign it.)</small>													
<small>Date</small>													

Tips:

- Can change federal tax withholding at any time by completing & submitting new W-4p to Retirement Board



MEMBER NAME:

SS#:

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

MSERS members who are retired under the various types of superannuation retirement may not earn in a calendar year any amount greater than the difference between the salary currently being paid for the position from which they retired and their pension. Then, after you are retired for one full calendar year (January-December), that dollar amount limit may be increased by an additional \$15,000. Additionally, you also have an annual hourly limit and may not work beyond 1,200 hours in a calendar year.

For example, if the salary for your former position is \$40,000 annually, and your pension is \$20,000 per year, and you have been retired for more than one full calendar year, you may earn up to \$35,000 per calendar year or work up to **1,200 hours, whichever comes first**. ($\$40,000 - \$20,000 = \$20,000 + \$15,000 = \$35,000$). Any excess earnings received must be returned.

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

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

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

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

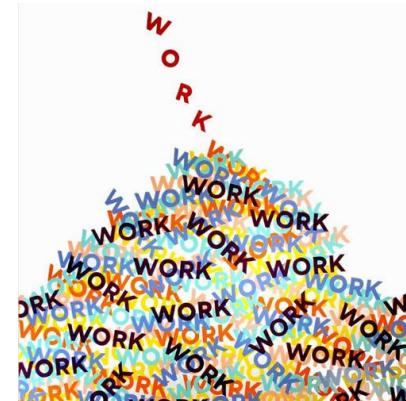
X *Original Signature Required*

MSERS Member Signature*

Date

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

Post-Retirement Work



1. BENEFIT RECIPIENT (required)

Name:		
Address:		
City:	State:	Zip:
Telephone:	Email Address:	
(Last four digits of Social Security number ONLY) XXX-XX-		MSRB ID # (if known):

2. ACCOUNT INFORMATION (required)

Name of Financial Institution:	
All Names on Account:	
Routing #:	
Depositor Account #:	
Indicate account type (check one) ATTACH this required documentation	
<input type="checkbox"/> Checking	An original VOIDED check that is imprinted with your name, address, bank name and routing number, and account number. Temporary or starter checks will not be accepted. If you do not have checks personalized with your name and address, you must attach your bank's signed, official account verification document. 
<input type="checkbox"/> Savings	Your bank's signed, official account verification document indicating your name, address, bank name and routing number, and account number. A deposit slip will not be accepted.
Indicate account ownership (check one)	
<input type="checkbox"/> Individual:	
<input type="checkbox"/> Joint: (ALL additional joint account holders (other than the Benefit Recipient) MUST complete and sign Part 4 on Page 14.)	
<input type="checkbox"/> I am the benefit recipient's Power of Attorney (POA), Guardian, or Conservator. (You MUST also complete Parts 3 and 5.)	
<input type="checkbox"/> Trust: ATTACH a Certification of Trust that names the benefit recipient as a trustee or a beneficiary of the trust, and check this box.	<input type="checkbox"/>

3. PLEASE SIGN BELOW (required)

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

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

X

Original Signature Required*

Signature - DO NOT PRINT YOUR NAME

Date

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

Some tips:

- Must provide one account (and only one account).
- Can change direct deposit at any time.
- Voided check required if depositing into a checking account.
- UMass direct deposit does *not* carry over automatically to MSERS.

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

**AUTHORIZATION FOR DIRECT
DEPOSIT OF RETIREMENT BENEFIT**

PLEASE COMPLETE PART 4 AND 5 BELOW (if applicable)

4. JOINT ACCOUNT HOLDERS' INFORMATION AND CERTIFICATION (if applicable)

If your payment is being deposited to a JOINT account, Part 4 must be completed and signed by ALL other account holders.

If there are more than two other account holders, attach additional copies of Part 4.

By signing below, and as a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, to the Massachusetts State Employees' Retirement System (MSERS), which has the legal obligation to recover any overpayment, for the repayment of any monies deposited to this account to which the benefit recipient named on page 13 is not legally entitled. If I am entitled to any benefit from the MSERS as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the MSERS with my home address. I release the MSERS, the financial institution, and their respective employees, from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

Joint account holder

Your signature: *Original Signature Required**

Date:

Name:

(Last four digits of Social Security number ONLY) XXX-XX-

Mailing Address:

Telephone:

City/State/Zip:

Email Address:

Joint account holder

Your signature: *Original Signature Required**

Date:

Name:

(Last four digits of Social Security number ONLY) XXX-XX-

Mailing Address:

Telephone:

City/State/Zip:

Email Address:

5. POWER OF ATTORNEY (POA), GUARDIAN OR CONSERVATOR INFORMATION (if applicable)

If you have Power of Attorney, or are Guardian or Conservator of the benefit recipient named in Part 1 on page 13 of this form, and have completed this form on his or her behalf, please complete Part 3 and this section.

My current Power of Attorney, Guardianship or Conservator documentation is (check one):

On file with the MSERS

Attached to this form

Name:

(Last four digits of Social Security number ONLY) XXX-XX-

Mailing Address:

Telephone:

City/State/Zip:

Email Address:

*If including a voided check, please attach. Do not staple.

Required if the pension will be deposited into a joint bank account.



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

MEMBER INFORMATION (required)

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

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

Change of Address

Or "I elect not to allow
electronic changes"

PLEASE SIGN BELOW (required)

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

Name _____

Date _____

Original Signature Required

Signature*

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

THIS SECTION BOARD USE ONLY

Some tips:

- Providing yourself permission to change your address with the Retirement Board via e-mail or facsimile in the future.
- Can change this election in the future by completing and submitting a new form to the Board.

EMPLOYMENT STATUS CHANGE (FORM-1A)
Leave of Absence, Transfers and Termination, Retirement



INSURED INFORMATION			
Insured Information	GIC-ID (usually Soc. Sec. #)	Sex	Date of Birth
	- - -	<input type="radio"/> M <input checked="" type="radio"/> F	/ /
Name - Last		First	UMS / 0147
Address	Street	City	State Zip
Contact Information	Preferred Phone ()	Preferred Email	Country (if not USA)
Employment Information	Bargaining Unit/Union Name	HR/CMS or UMASS Employee ID #	Number of work hours/week
LEAVE OF ABSENCE			
Effective Date (for GIC use only) / 01 /			
Select One:	<input type="radio"/> Leave with pay	<input type="radio"/> Cancel	<input type="radio"/> Basic Life Insurance (if not enrolled in health insurance) <input type="radio"/> Basic Life and Health Insurance Coverage: <input type="radio"/> Health Insurance <input type="radio"/> Long Term Disability (LTD) <input type="radio"/> Optional Life Insurance <input type="radio"/> GIC Dental/Vision
Select Type of Leave:	<input type="radio"/> Personal Illness <input type="radio"/> Personal Reason <input type="radio"/> Military <input type="radio"/> Other <input type="radio"/> Industrial Accident <input type="radio"/> Educational <input type="radio"/> Military Caregiver (26 weeks) <input type="radio"/> FMLA (12 weeks) <input type="radio"/> Sabbatical <input type="radio"/> FMLA Military Exigency (12 weeks) <input type="radio"/> Maternity <input type="radio"/> Suspension <input type="radio"/> PFML		
Transfer and Termination	Effective Date (for GIC use only) / 01 /		
Transfer from	Name of Agency/GIC Municipality	Last Day of Work:	/ /
Transfer to	Name of Agency/GIC Municipality	Hire Date:	/ /
Termination of Service Coverage (if elected)	Termination reason	Last Day of Work:	/ /
<input type="radio"/> 39-week Layoff <input type="radio"/> Deferred Retiree (Life only) <input type="radio"/> Deferred Retiree (Life & Health) <input type="radio"/> COBRA (must complete application) <input type="radio"/> Conversion (contact carrier for application) (See reverse)			
Retirement	Date Retired: / /	Effective Date (for GIC use only) / 01 /	
Health Insurance Election (If enrolling in GIC benefits for the first time, also complete Form-RS) Medicare Eligibility - check if applicable: <input type="radio"/> Insured <input type="radio"/> Spouse		<input type="checkbox"/> Cancel Health Insurance Medicare plan election form will be mailed to eligible members.	
Non-Medicare Plan Election for insured or spouse not eligible for Medicare: <input type="radio"/> Keep current health plan <input type="radio"/> Change Non-Medicare Plan election to Plan name: _____			
Optional Life Insurance Election <input type="radio"/> Cancel Optional Life <input type="radio"/> Reduce Optional Life to Fixed Amount \$ _____ <input type="radio"/> Keep current Optional Life coverage <input type="radio"/> Reduce Optional Life multiple of salary to: <input type="radio"/> 1X <input type="radio"/> 2X <input type="radio"/> 3X <input type="radio"/> 4X <input type="radio"/> 5X <input type="radio"/> 6X <input type="radio"/> 7X			
GIC Retiree Dental <input type="radio"/> I wish to enroll in GIC Retiree Dental and have attached the completed GIC Retiree Dental Enrollment and Change Form located on mass.gov/info-details/gic-forms <input type="radio"/> I do not wish to enroll in the GIC Retiree Dental at this time			
AUTHORIZATION			
I have read the instructions on the reverse side of this form and authorize my employer, or direct my pension authority, to deduct from my payroll or pension check the amount required for the coverage I have selected. I understand that due to IRS regulations, my health insurance coverage elections are binding for the duration of the plan year and that I may only enroll in health insurance or change my coverage elections during the plan year if I experience a qualifying status change (examples include marriage, adoption/birth of a child, death of a dependent, and involuntary loss of other coverage). I understand that the GIC must receive any required documentation within 60 days of the event. You must notify the GIC of a legal separation, divorce or remarriage of you or your former spouse; coverage for a former spouse ends upon remarriage. Failure to notify the GIC can result in financial liability to you.			
Signature of Applicant:		Date: _____	
Signature of Authorized Official:		Date: _____	

Complete and submit your
GIC Status Change Form ("Form 1a") to
Human Resources
Room 325 Whitmore Admin. Building

When you do, we will:

- Review the form with you (really!)
- Assist with Medicare enrollment forms
- Notify your department of your retirement date, prompting forms needed for sick or longevity payouts

EMPLOYMENT STATUS CHANGE (FORM-1A)
 Leave of Absence, Transfers and Termination, Retirement

INSURED INFORMATION			
REQUIRED	GIC-ID (usually Soc. Sec. #) - - -	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth / / /
	Dept. ID # or Agency/Division # UMS / 0147		
	Name – Last First		MI
	Address Street		
City		State Zip	
Contact Information Preferred Phone ()		Preferred Email	
Country (if not USA)			
Employment Information Bargaining Unit/Union Name		HR/CMS or UMASS Employee ID #	Number of work hours/week
			Date of Hire / /
LEAVE OF ABSENCE			
Effective Date (for GIC use only) / 01 /			
Select One: <input type="checkbox"/> Leave with pay <input type="checkbox"/> Leave without pay		Cancel <input type="checkbox"/> Basic Life Insurance (if not enrolled in health insurance) <input type="checkbox"/> Basic Life and Health Insurance Coverage: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Long Term Disability (LTD) <input type="checkbox"/> Optional Life Insurance <input type="checkbox"/> GIC Dental/Vision	
Select Type of Leave: <input type="checkbox"/> Personal Illness <input type="checkbox"/> Personal Reason <input type="checkbox"/> Military <input type="checkbox"/> Other		Leave Start Date: / / Leave End Date: / /	

EMPLOYMENT STATUS CHANGE (FORM-1A)

Leave of Absence, Transfers and Termination, Retirement



This form is intended for use ONLY by GIC members without access to a digital device. GIC members with an up-to-date email address on GIC records received a registration email for the [MyGICLink Member Benefits Portal](#). MyGICLink allows GIC members to view their benefits throughout the year and update coverage during Annual Enrollment or if experiencing a qualifying event in just a few minutes. Learn more at mass.gov/mygiclink-member-benefits-portal. If you haven't received a MyGICLink registration email, please include your email on this form.

INSURED INFORMATION			
REQUIRED	GIC-ID (usually Soc. Sec. #) - - -	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth / / /
	Dept. ID # or Agency/Division # UMS / 0147		
	Name – Last First		MI
	Address Street		
City		State Zip	
Contact Information Preferred Phone ()		Preferred Email	
Country (if not USA)			
Signature of Authorized Official: _____ Date: _____			

EMPLOYMENT STATUS CHANGE (FORM-1A)
 Leave of Absence, Transfers and Termination, Retirement


INSURED INFORMATION			
Insured Information	GIC-ID (usually Soc. Sec. #)	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /
	Dept. ID # or Agency/Division # UMS / 0147		
Name - Last First		MI	
Address	Street	City	State Zip

RETIREMENT		Date Retired: / /	Effective Date (for GIC use only) / 01 /
Health Insurance Election (If enrolling in GIC benefits for the first time, also complete Form-RS) Medicare Eligibility – check if applicable: <input type="checkbox"/> Insured <input type="checkbox"/> Spouse Medicare plan election form will be mailed to eligible members.			
<input type="checkbox"/> Cancel Health Insurance Non-Medicare Plan Election for insured or spouse not eligible for Medicare: <input type="checkbox"/> Keep current health plan <input type="checkbox"/> Change Non-Medicare Plan election to Plan name: _____			
Optional Life Insurance Election <input type="checkbox"/> Cancel Optional Life <input type="checkbox"/> Reduce Optional Life to Fixed Amount: \$ _____ <input type="checkbox"/> Keep current Optional Life coverage <input type="checkbox"/> Reduce Optional Life multiple of salary to: <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X			
GIC Retiree Dental <input type="checkbox"/> I wish to enroll in GIC Retiree Dental and have attached the completed GIC Retiree Dental Enrollment and Change Form located on mass.gov/info-details/gic-forms . <input type="checkbox"/> I do not wish to enroll in the GIC Retiree Dental at this time			
AUTHORIZATION <p>I have read the instructions on the reverse side of this form and authorize my employer, or direct my pension authority, to deduct from my payroll or pension check the amount required for the coverage I have selected. If premiums are not deducted enrolled members will receive a monthly bill for premiums due. I understand that due to IRS regulations, my health insurance coverage elections are binding for the duration of the plan year and that I may only enroll in health insurance or change my coverage elections during the plan year if I experience a qualifying status change (examples include marriage, adoption/birth of a child, death of a dependent, and involuntary loss of other coverage). I understand that the GIC must receive any required documentation within 60 days of the event. You must notify the GIC of a legal separation, divorce or remarriage of you or your former spouse; coverage for a former spouse ends upon remarriage. Failure to notify the GIC can result in financial liability to you.</p>			
Signature of Applicant:		Date: _____	
Signature of Authorized Official:		Date: _____	
This form may only be signed by the employee/retiree or someone authorized by the GIC to sign on the employee/retiree's behalf.			

Retiring? (you may want to use this as a checklist to track what you've completed)

1. File MSERS retirement application with the MA State Retirement Board
2. File GIC Status Change Form (Form 1a) with UMass Human Resources
3. Optional: send one-time 403(b) and/or 457 SMART plan deferral forms to benefits@umassp.edu
4. Contact the Social Security Administration (if applicable)
 - You/dependents enroll in Medicare A/B if purchasing GIC health insurance and eligible for Medicare Part A at no cost

Retiring? (you may want to use this as a checklist to track what you've completed)

5. Watch for mail from the:

- Group Insurance Commission/GIC:
 - Invoices for premiums not deducted from your paycheck or pension payment (direct payment required!)
 - Medicare Plan enrollment form (if anyone covered under your GIC health insurance plan is age 65 or older)
- Retirement Board
 - Confirmation of retirement application receipt
 - Annual tax form – 1099R
- Dental COBRA form

Massachusetts State Board of Retirement

www.mass.gov/treasury/retirement srb@tre.state.ma.us
One Winter Street
Boston, MA 02108
617.367.7770
800.392.6014

436 Dwight Street, Rm 109A
Springfield, MA 01103
413.730.6135

Massachusetts Group Insurance Commission

www.mass.gov/gic, 617.727.2310

Social Security Administration

www.ssa.gov 800.772.1213

Holyoke Social Security Office

200 High Street, Holyoke, MA 01040 877.480.4989



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