

Commonwealth of Massachusetts State Employees' Retirement System



- Retirement income (“regular, superannuation retirement”)
 - Massachusetts State Employees’ Retirement System (MSERS)
 - Social Security income (general)
- 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** (tel: 617.367.7770, e-mail: srb@tre.state.ma.us) and Public Employees’ Retirement Administration Commission.
- **GIC insurance benefits: MA Group Insurance Commission** (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 April 2, 2012 or prior
 - 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

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 'regular compensation'
- Vest with ten full-time equivalent (10 FTE) years of creditable service*

* Hereafter "service"

Eligibility for Retirement:

When can you draw your 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 pension?

MRSERS pensions are calculated using a formula based on:

- **AGE Factor**
 - Based on age at time of retirement
- **CREDITABLE SERVICE**
 - FTE years, months and days
Includes service “purchased” and service under other MA public pension systems
- **SALARY**
 - Average of highest consecutive years of regular compensation



Age Factors

Member before April 2, 2012

Age (Group 1)	Age Factor
65	2.5
64	2.4
63	2.3
62	2.2
61	2.1
60	2.0
59	1.9
58	1.8

Member on/after April 2, 2012

Age (Group 1)	Age Factor
67	2.50
66	2.35
65	2.20
64	2.05
63	1.90
62	1.75
61	1.60
60	1.45

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

(Part-time service prior to January 28, 1993)

- What counts?
 - Contributions to any MA public retirement system (town, county)
 - Military service amidst active MSERS membership

- Time off payroll \neq service

Exceptions: if fully disabled under workers' compensation, up to 30 days of unpaid furlough

Purchase (“Buyback”) of Creditable Service

In very specific circumstances you may be eligible to “buy” creditable service toward MSERS retirement. In order to do so you must both:

- Be an active member-in-service at the time of your buyback application.
- Complete and submit to the MA Retirement Board the appropriate service purchase application(s) along with any required documentation.

The Board charges interest on buybacks.

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

Note: the Board prioritizes buyback application processing based on retirement date, thereafter first received/first processed.

Types of Service Buybacks

- Refunded contributions to a MA Public Retirement System

MRSERS or service to another Massachusetts public retirement system. Interest rate increases if buyback is initiated more than 1 year after return to benefited service.

www.mass.gov/service-details/prior-refunded-service-buyback-mrsrb
- “Contract Service Buyback” (maximum of 4 years of service)
 - Purchase of non-benefited (“03”) MA public service:
 - That immediately preceded MRSERS membership (<6 month break in service).
 - Where job duties in non-benefited position and initial MRSERS-covered position were similar.
 - Must have contributed to MRSERS for 10 FTE years before buyback requested.
 - One-time opportunity – if do not accept offer of approved buyback, unable to purchase that service in the future.

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

Types of Service Buybacks

- Veteran's Service (US Military Service; maximum of 4 years)
 - Active Duty have at least 180 days of regular active duty service with honorable discharge or 90 days of active duty service, one day of which was during wartime, *or* have a specific campaign badge.*
 - Active Reserve or MA National Guard Service (not active duty training) may be eligible for buyback at ratio of 5 years service to one year MSERS service.

VS buybacks are interest free if purchased within first 180 days of MSERS-covered employment. www.mass.gov/service-details/veterans-service-buyback-msrb

- Out of State Teaching buyback (maximum of 10 years)
 - If you are employed in a teaching position, eligible to purchase public teaching service rendered to another US 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, whichever is less.

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

How to initiate a buyback request

- Submit an application to the Retirement Board with supporting documentation.
- Retirement Board will respond via post confirming service eligible to purchase, cost & payment options:
 - Pre-tax rollover from a voluntary 403(b) or 457(b)/SMART plan account
 - Post-tax payroll deduction over up-to five (5) years (with additional interest)
 - Post-tax payment via check or money order

Average Salary

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

The salary on which MSERS pensions are based is “regular compensation” and includes shift pay but does not include overtime, “Ad Comp”, “Summer Salary”, etc. (hereafter “salary”).

MSERS Pension Formula

$$\frac{\text{Age factor} \times \text{Service}}{\text{Option A pension \%}}$$

$$\times \text{Average salary}$$

Gross annual Option A pension

Pension Options

Option A

- Maximum benefit
- Income benefits cease upon retiree's death

Option B

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

Option C

- Pension is % of Option A (the younger your beneficiary, the smaller your Option C pension)
- Beneficiary receives 2/3 of retiree's pension
- Beneficiary is retiree's: parent, child, sibling, spouse, unmarried former spouse
- Retiree "pops-up" to Option A if beneficiary passes away first

You cannot change your pension Option, or Option C beneficiary, after retirement.

Option A Quick Reference Chart: pre-April 2, 2012

YEARS OF FTE CREDITABLE SERVICE

AGE AT RETIREMENT

	10	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
50							**20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
51							22	23.1	24.2	25.3	26.4	27.5	28.6	29.7	30.8	31.9	33	34.1	35.2	36.3	37.4	38.5
52							24	25.2	26.4	27.6	28.8	30	31.2	32.4	33.6	34.8	36	37.2	38.4	39.6	40.8	42
53							26	27.3	28.6	29.9	31.2	32.5	33.8	35.1	36.4	37.7	39	40.3	41.6	42.9	44.2	45.5
54							28	29.4	30.8	32.2	33.6	35	36.4	37.8	39.2	40.6	42	43.4	44.8	46.2	47.6	49
55	**15	22.5	24	25.5	27	28.5	30	31.5	33	34.5	36	37.5	39	40.5	42	43.5	45	46.5	48	49.5	51	52.5
56	16	24	25.6	27.2	28.8	30.4	32	33.6	35.2	36.8	38.4	40	41.6	43.2	44.8	46.4	48	49.6	51.2	52.8	54.4	56
57	17	25.5	27.2	28.9	30.6	32.3	34	35.7	37.4	39.1	40.8	42.5	44.2	45.9	47.6	49.3	51	52.7	54.4	56.1	57.8	59.5
58	18	27	28.8	30.6	32.4	34.2	36	37.8	39.6	41.4	43.2	45	46.8	48.6	50.4	52.2	54	55.8	57.6	59.4	61.2	63
59	19	28.5	30.4	32.3	34.2	36.1	38	39.9	41.8	43.7	45.6	47.5	49.4	51.3	53.2	55.1	57	58.9	60.8	62.7	64.6	66.5
60	20	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70
61	21	31.5	33.6	35.7	37.8	39.9	42	44.1	46.2	48.3	50.4	52.5	54.6	56.7	58.8	60.9	63	65.1	67.2	69.3	71.4	73.5
62	22	33	35.2	37.4	39.6	41.8	44	46.2	48.4	50.6	52.8	55	57.2	59.4	61.6	63.8	66	68.2	70.4	72.6	74.8	77
63	23	34.5	36.8	39.1	41.4	43.7	46	48.3	50.6	52.9	55.2	57.5	59.8	62.1	64.4	66.7	69	71.3	73.6	75.9	78.2	80
64	24	36	38.4	40.8	43.2	45.6	48	50.4	52.8	55.2	57.6	60	62.4	64.8	67.2	69.6	73	74.4	76.8	79.2	80	80
65	25	37.5	40	42.5	45	47.5	50	52.5	55	57.5	60	62.5	65	67.5	70	72.5	75	77.5	80	80	80	80
66	25	37.5	40	42.5	45	47.5	50	52.5	55	57.5	60	62.5	65	67.5	70	72.5	75	77.5	80	80	80	80
67	25	37.5	40	42.5	45	47.5	50	52.5	55	57.5	60	62.5	65	67.5	70	72.5	75	77.5	80	80	80	80

Option A Quick Reference Chart: post-April 2, 2012

PERCENTAGE CHART

For Members-In-Service Hired ON OR AFTER APRIL 2, 2012

AGE AT RETIREMENT									
YEARS IN SERVICE		60	61	62	63	64	65	66	67+
	10	14.5	16.0	17.5	19.0	20.5	22.0	23.5	25.0
	11	16.0	17.6	19.3	20.9	22.6	24.2	25.9	27.5
	12	17.4	19.2	21.0	22.8	24.6	26.4	28.2	30.0
	13	18.9	20.8	22.8	24.7	26.7	28.6	30.6	32.5
	14	20.3	22.4	24.5	26.6	28.7	30.8	32.9	35.0
	15	21.8	24.0	26.3	28.5	30.8	33.0	35.3	37.5
	16	23.2	25.6	28.0	30.4	32.8	35.2	37.6	40.0
	17	24.7	27.2	29.8	32.3	34.9	37.4	40.0	42.5
	18	26.1	28.8	31.5	34.2	36.9	39.6	42.3	45.0
	19	27.6	30.4	33.3	36.1	39.0	41.8	44.7	47.5
	20	29.0	32.0	35.0	38.0	41.0	44.0	47.0	50.0
	21	30.5	33.6	36.8	39.9	43.1	46.2	49.4	52.5
	22	31.9	35.2	38.5	41.8	45.1	48.4	51.7	55.0
	23	33.4	36.8	40.3	43.7	47.2	50.6	54.1	57.5
	24	34.8	38.4	42.0	45.6	49.2	52.8	56.4	60.0
	25	36.3	40.0	43.8	47.5	51.3	55.0	58.8	62.5
	26	37.7	41.6	45.5	49.4	53.3	57.2	61.1	65.0
	27	39.2	43.2	47.3	51.3	55.4	59.4	63.5	67.5
	28	40.6	44.8	49.0	53.2	57.4	61.6	65.8	70.0
29	42.1	46.4	50.8	55.1	59.5	63.8	68.2	72.5	
30	48.8	52.5	56.3	60.0	63.8	67.5	71.3	75.0	

Requesting a Pension Estimate

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


An MSERS pension estimate reflects estimate of:

- FTE years/months of creditable service
- Average salary
- Your gross annual pension under Options A & B
- If requested & if you provide an Option C beneficiary's date of birth – the Board will provide an estimate of your gross annual Option C pension.



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**

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

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.**

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

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

- < 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? ☐ 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

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

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. account with another Massachusetts public retirement system, please explain here)

Signature: ☒ _____ Date of Request: (MM/DD/YYYY) _____

Please email this completed form to: EstimateRequest@tre.state.ma.us by 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

9/2023
Main Office: One Winter Street, 8th Floor, Boston, MA 02108.
Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103.
mass.gov/retirement

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

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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

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

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

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

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: ☒ _____ 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.
mass.gov/retirement

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: ☒ _____ 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.

Pension Options

Option D

- Provides a pension to your beneficiary (your parent, child, spouse, sibling, unmarried former spouse) if you pass away prior to drawing your pension.
- The pension is equal to the full Option C allowance you would have received had you retired under Option C on the day you passed away.
- You must have at least two years of MSERS creditable service to be eligible. If you were not yet 55 when you passed, the pension is calculated using the 55 Age Factor.
- Beneficiary:
 - If married, eligible spouse is automatically your Option D beneficiary absent legal document to the contrary (eg, divorce agreement). If you have been married for less than one year and want your spouse to receive the benefit you must pro-actively submit an Option D form.
 - May always rescind or change your Option D beneficiary.

“Disability Retirement”

- Accidental (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
- Ordinary (not work-related)
 - Must be vested in MSERS
 - Calculated using age 55 factor if member prior to April 2, 2012
 - Veterans receive 50% of the last year's salary average under Option A
 - Is federally taxable

Often lengthy process involving 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.
- Not eligible for GIC health insurance at retiree rate until pension is paid (available at 100% premium during deferral).
- No partial payment of unused sick leave or longevity payment (more on that later).

“Termination Retirement”

- “Section 10” Retirement Requirements

Involuntary Termination	W/O Involuntary Termination
<ul style="list-style-type: none">• Became an MSERS member prior to April 2, 2012• Have 20+ years of FTE creditable service• Involuntarily separated from your position	<ul style="list-style-type: none">• Have 30+ years of FTE creditable service• Under 55 years of age

- Option A pension is 33.3% of three-year average salary 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 the legislature passes one.
- **You may wait three-to-five full calendar months for the first pension payment.** 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 for premiums (more on that later).

Pension payment schedule & What is withheld from payments

The first superannuation pension payment may be issued 3-5 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

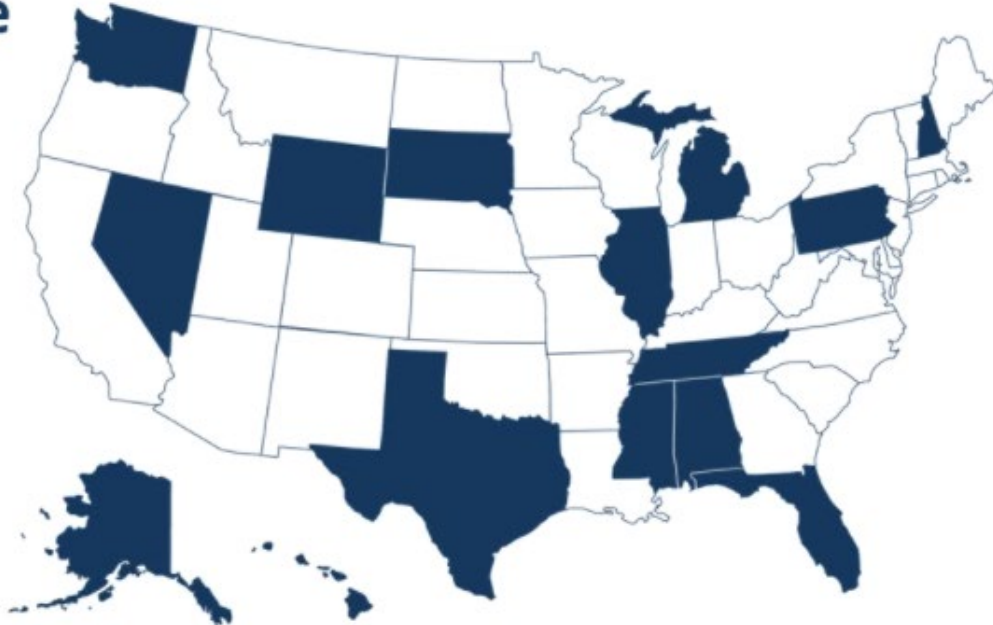
1. U.S. Federal Tax
(No MA income tax is due on your MSERS pension.)
2. Court-ordered deductions
3. GIC premiums
(typically starting from the second pension payment)

Taxes on your MSERS Pension

**No State Taxes in Massachusetts
Is Federally Taxable**

**Reciprocal agreements
with 15 states:**

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



Post-Retirement Work

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

- 1,200 hours of work per calendar year.
- Post-retirement MA earnings + calendar year pension < regular compensation you would have earned had you not retired.

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



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 \$1,640 in earnings under Social Security = one credit (2023)
- 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)

Generally, how are Social Security benefits calculated?

If drawing Social Security income based on your own service under Social Security...at full Social Security retirement age:

Step 1	Your wages are adjusted for changes in wage levels
Step 2	Find the monthly average of your 35 highest earnings years
Step 3	Result is “average indexed monthly earnings”

Sample *Standard*

Social Security Benefit Calculation

If your average monthly earnings under SSA = \$7,000.00
 Then the standard monthly benefit would be \$2,839.20

Average Monthly Earnings		\$7,000.00
90% of first \$1,115	$\$1,115 \times .9 =$	\$1,003.50
32% of next \$5,606	$\$5,148 \times .32 =$	\$1,793.90*
15% above \$6,721	$\$828 \times .15 =$	\$41.80*
Total:		\$2,839.20

* Always rounded to next lower multiple of \$0.10

Drawing a pension based on work not covered by Social Security (eg, MSERS) can reduce your Social Security income.

> **Windfall Elimination Provision (WEP)**


May reduce your Social Security income if drawing benefit based on **your own** work under Social Security

> **Government Pension Offset (GPO)**

Reduces your Social Security income if drawing benefit based on **your spouse's or former spouse's** work under Social Security

Note: your MSERS pension does not impact your spouse's or former spouse's Social Security income.

More About Windfall Elimination Provision

Normal Computation	WEP Computation
90% of first \$1,115	 40% of first \$1,115
32% of next \$5,606	32% of next \$5,606
15% above \$6,721	15% above \$6,721

Social Security online Windfall Elimination Provision calculator (or google that phrase): www.ssa.gov/planners/retire/anyPiaWepjs04.html

Windfall Elimination Provision

Years of Significant Earnings Under Social Security	% of First Factor in Social Security Benefit Formula
30 or more	90
29	85
28	80
27	75
26	70
25	65
24	60
23	55
22	50
21	45
20 or fewer	40

Government Pension Offset (GPO)

Impacts your Social Security income *based on your spouse's (or former spouse's) work under Social Security.*

2/3 of the amount of your government pension is subtracted from your spousal Social Security benefits.



Example:

Your MSERS pension is \$900/month.

$$2/3 \text{ of } \$900 = \$600$$

Your monthly spousal Social Security benefit = \$500

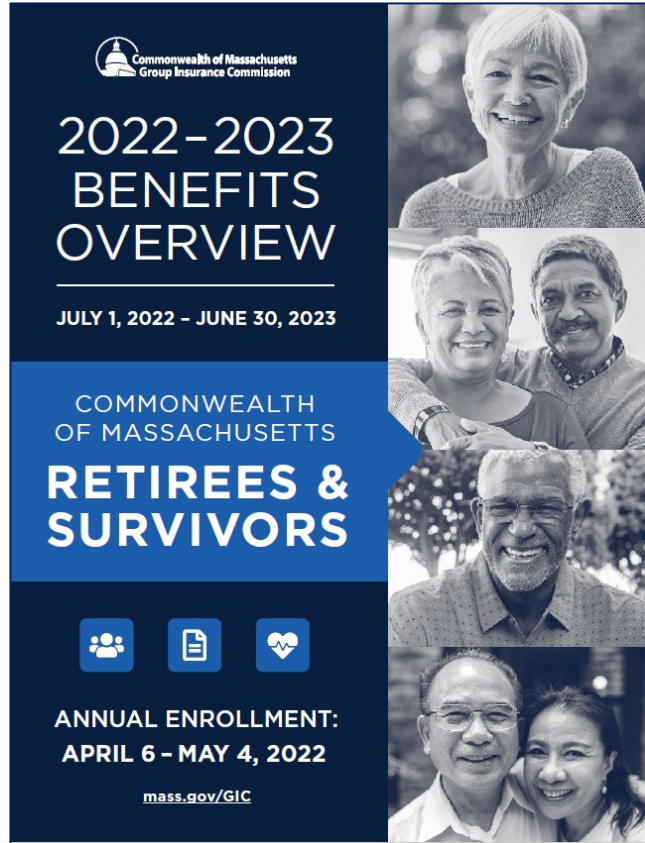
\$500 (minus) \$600 = no spousal Social Security benefit is paid

Retirement and Benefits

(not briefly enough...)

ie – should we take a short break?

GIC Retiree Health Insurance Benefits






Commonwealth of Massachusetts
Group Insurance Commission

2022-2023 BENEFITS OVERVIEW

JULY 1, 2022 - JUNE 30, 2023

COMMONWEALTH
OF MASSACHUSETTS

RETIREES & SURVIVORS

ANNUAL ENROLLMENT:
APRIL 6 - MAY 4, 2022

mass.gov/GIC

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

- Retirees currently pay 20% of premium (inc. basic life insurance).
- Anyone on the 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

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. If you enroll in Medicare Part D directly with SSA the GIC will <u>cancel</u> your GIC health insurance coverage	

* Social Security Administration

Medicare


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

Per Person Monthly Medicare Premiums effective January 1, 2023 based on federal tax filing

File individual tax return	File joint tax return	Medicare Part B	Medicare Part D IRMAA
Less than or equal to \$97,000	Less than or equal to \$194,000	\$164.90	\$0.00
Greater than \$97,000 and less than or equal to \$123,000	Greater than \$194,000 and less than or equal to \$246,000	\$230.80	\$12.20
Greater than \$123,000 and less than or equal to \$153,000	Greater than \$246,000 and less than or equal to \$306,000	\$329.70	\$31.50
Greater than \$153,000 and less than or equal to \$183,000	Greater than \$306,000 and less than or equal to \$366,000	\$428.60	\$50.70
Greater than \$183,000 and less than \$500,000	Greater than \$366,000 and less than \$750,000	\$527.50	\$70.00
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$560.50	\$76.40

* 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.

The GIC Retiree & Survivor Benefit Decision Guide contains Medicare & Non-Medicare premium and coverage information.






2022-2023 BENEFITS OVERVIEW

JULY 1, 2022 - JUNE 30, 2023


COMMONWEALTH OF MASSACHUSETTS

RETIREES & SURVIVORS

ANNUAL ENROLLMENT:
APRIL 6 - MAY 4, 2022

mass.gov/GIC



Health Insurance Plan Rates (Medicare)

			Monthly GIC Health Plan Rates Effective July 1, 2022		
			MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ¹	MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009	MEDICARE RETIREES who filed for retirement after October 1, 2009
			10%	15%	20%
			RETIREE/SURVIVOR PAYS MONTHLY	RETIREE PAYS MONTHLY	RETIREE PAYS MONTHLY
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage			\$0.64	\$0.95	\$1.27
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	PLAN TYPE	PER PERSON	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$35.08	\$52.61	\$70.15
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$41.12	\$61.67	\$82.23
Harvard Pilgrim Medicare Enhance			\$42.91	\$64.36	\$85.81
Health New England Medicare Supplement Plus			\$43.54	\$65.30	\$87.07
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ² (Comprehensive)			\$52.04	\$72.39	\$92.75
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)			\$40.72	\$61.07	\$81.43

Health Insurance Plan Rates (Non-Medicare)

Monthly GIC Health Plan Rates Effective July 1, 2022							
NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ¹		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009			
10%		15%		20%			
RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY		RETIREE PAYS MONTHLY			
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage		\$0.64		\$0.95		\$1.27	
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic with CIC ² (Comprehensive)	National Network	\$177.27	\$395.96	\$236.40	\$526.78	\$295.54	\$657.60
UniCare State Indemnity Plan/Basic without CIC		\$118.28	\$261.65	\$177.41	\$392.47	\$236.55	\$523.29
UniCare State Indemnity Plan/PLUS	Broad Network	\$81.54	\$193.94	\$122.29	\$290.89	\$163.06	\$387.86
Tufts Health Plan Navigator		\$89.49	\$218.30	\$134.22	\$327.44	\$178.97	\$436.59
Harvard Pilgrim Independence Plan		\$103.93	\$253.35	\$155.89	\$380.01	\$207.86	\$506.68
Health New England	Regional Network	\$67.41	\$160.37	\$101.11	\$240.55	\$134.81	\$320.74
AllWays Health Partners Complete HMO		\$84.83	\$221.14	\$127.24	\$331.70	\$169.66	\$442.27
UniCare State Indemnity Plan/Community Choice	Limited Network	\$62.84	\$155.52	\$94.24	\$233.26	\$125.66	\$311.02
Tufts Health Plan Spirit		\$68.01	\$163.61	\$102.01	\$245.40	\$136.01	\$327.20
Harvard Pilgrim Primary Choice		\$75.09	\$191.03	\$112.62	\$286.53	\$150.17	\$382.04

GIC Health Insurance Benefits

UMassAmherst

Medicare Parts A&B and...

		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009	
		20%	
		RETIREE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage		\$127	
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic with CIC ² (Comprehensive)	National Network	\$295.54	\$657.60
UniCare State Indemnity Plan/Basic without CIC		\$236.55	\$523.29
UniCare State Indemnity Plan/PLUS	Broad Network	\$163.06	\$387.86
Tufts Health Plan Navigator		\$178.97	\$436.59
Harvard Pilgrim Independence Plan		\$207.86	\$506.68
Health New England	Regional Network	\$134.81	\$320.74
AllWays Health Partners Complete HMO		\$169.66	\$442.27
UniCare State Indemnity Plan/Community Choice	Limited Network	\$125.66	\$311.02
Tufts Health Plan Spirit		\$136.01	\$327.20
Harvard Pilgrim Primary Choice		\$150.17	\$382.04

			MEDICARE RETIREES who filed for retirement after October 1, 2009
			20%
			RETIREE PAYS MONTHLY
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage			\$127
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	PLAN TYPE	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$70.15
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$82.23
Harvard Pilgrim Medicare Enhance			\$85.81
Health New England Medicare Supplement Plus			\$87.07
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ² (Comprehensive)			\$92.75
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)			\$81.43

An example!

You and your spouse are currently covered under a GIC HNE family plan (\$320.74/month).

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

GIC Health Insurance Benefits

				NON-MEDICARE RETIREES who filed for retirement after October 1, 2009
				20% RETIREE PAYS MONTHLY
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage				\$127
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL COVERAGE	FAMILY COVERAGE	
UniCare State Indemnity Plan/Basic with CIC ² (Comprehensive)	National Network	\$295.54	\$657.60	
UniCare State Indemnity Plan/Basic without CIC		\$236.55	\$523.29	
UniCare State Indemnity Plan/PLUS	Broad Network	\$163.06	\$387.86	
Tufts Health Plan Navigator		\$178.97	\$436.59	
Harvard Pilgrim Independence Plan	Regional Network	\$207.86	\$506.68	
Health New England		\$134.81	\$320.74	
AllWays Health Partners Complete HMO	Limited Network	\$169.66	\$442.27	
UniCare State Indemnity Plan/Community Choice		\$125.66	\$311.02	
Tufts Health Plan Spirit		\$136.01	\$327.20	
Harvard Pilgrim Primary Choice		\$150.17	\$382.04	

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

An example:

You and your spouse are currently covered under a GIC HNE family plan (\$320.74/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 \$ 134.81
 - GIC Medicare supplement (spouse) \$ 85.80
- GIC monthly premium: \$ 220.61

Medicare Part B premium (SSA) \$ 164.90

Total monthly premium (GIC & SSA): \$ 385.51

GIC Health Insurance Benefits

NON-MEDICARE RETIREES who filed for retirement after October 1, 2009				MEDICARE RETIREES who filed for retirement after October 1, 2009			
20% RETIREE PAYS MONTHLY				20% RETIREE PAYS MONTHLY			
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage				BASIC LIFE INSURANCE ONLY - \$5,000 Coverage			
\$1.27				\$1.27			
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL COVERAGE	FAMILY COVERAGE	HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	PLAN TYPE	PER PERSON
UniCare State Indemnity Plan/Basic with CIC ¹ (Comprehensive)	National Network	\$295.54	\$657.60	Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$70.15
UniCare State Indemnity Plan/Basic without CIC		\$236.55	\$523.29	Tufts Health Plan Medicare Complement			\$82.23
UniCare State Indemnity Plan/PLUS		\$163.06	\$387.86	Harvard Pilgrim Medicare Enhance			\$85.81
Tufts Health Plan Navigator	Broad Network	\$178.97	\$436.59	Health New England Medicare Supplement Plus	Medicare Supplement	Indemnity	\$87.07
Harvard Pilgrim Independence Plan		\$207.86	\$506.68	UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ¹ (Comprehensive)			\$92.75
Health New England	Regional Network	\$154.81	\$320.24	UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)			\$81.43
AllWays Health Partners Complete HMO		\$169.66	\$442.27				
UniCare State Indemnity Plan/Community Choice	Limited Network	\$125.66	\$311.02				
Tufts Health Plan Spirit		\$156.01	\$327.20				
Harvard Pilgrim Primary Choice		\$150.17	\$382.04				

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)	\$ 87.07
GIC Medicare supplement (spouse)	<u>\$ 85.80</u>
<u>GIC monthly premium:</u>	<u>\$ 172.87</u>

Social Security Administration

Medicare Part B premium (SSA)	\$ 164.90
Medicare Part B premium (SSA)	<u>\$ 164.90</u>
<u>Total Medicare premium:</u>	<u>\$ 329.80</u>

Total monthly premium (GIC & SSA): \$ 502.67

GIC Medical Insurance

for those eligible for Medicare Part A at no cost

Important information about GIC Medicare Supplement plans:

1. **How to enroll:** after retirement the GIC will write to you at home asking you to select a Medicare supplement plan. You complete/return the form they send with a copy of your Medicare card showing parts A&B.
2. Your GIC Non-Medicare plan remains **primary** until the GIC processes your enrollment in the Medicare supplement plan.
3. The GIC Medicare supplement prescription coverage is not through Express Scripts, but through CVS/SilverScript.
4. You will get new medical and prescription insurance cards – please provide that billing information to your providers with your Medicare information.

How to Enroll in Medicare?

How to enroll in Medicare...two forms:

- Application for Enrollment in Medicare Part B (Medical Insurance) form CMS-40B
(You complete this form)
- 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.

How to Enroll in Medicare Part B?

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

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

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

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

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

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

5. City State Zip Code

6. Phone Number (including area code)
() -

7. Written Signature (DO NOT PRINT)
SIGN HERE

8. Date Signed

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

9. Signature of Witness

10. Date Signed

11. Address of Witness

12. Remarks

For Medicare Part B effective:

Application for Enrollment in Medicare Part B:

- You only need a witness signature if you sign the form with an “x”
- Consider entering the date you would like Medicare Part B effective in the remarks
- One enrollment for each Medicare-eligible individual covered on your GIC health insurance plan.

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-1364 (CMS-R-297) (09/16) 2

If you will be enrolling in Medicare, e-mail UMass HR with your retirement date, we will provide you the completed Request for Employment Information form (without your full SSN).

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.

MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2022 Per \$1,000 of Coverage		
ACTIVE EMPLOYEE AGE	NON-SMOKER RATE	SMOKER RATE
Under Age 35	\$0.04	\$0.10
35 - 44	\$0.05	\$0.12
45 - 49	\$0.06	\$0.19
50 - 54	\$0.13	\$0.31
55 - 59	\$0.20	\$0.49
60 - 64	\$0.29	\$0.73
65 - 69	\$0.67	\$1.37
70 and over	\$1.13	\$2.49



MONTHLY GIC PLAN RATES		
RETIRED 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



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 (rates eff 07/01/2022):

- **AFSCME, PSU/MTA (dental & vision)** – up to 36 mos
\$34/mo individual -- \$68/mo EE+1 -- \$102/mo family

MA Public
Employees' Fund
www.mpefund.org

- **USA, MSP** – up to 18 mos
\$28.47/mo individual -- \$78.30/mo family
- **Non-Unit** – up to 18 mos
\$47.49/mo individual -- \$115.92/mo family

Health Plans, Inc.
– tel 877.906.5939



Dental Insurance (options)

2. Enroll in the GIC Retiree Dental Plan (MetLife)

MONTHLY GIC RETIREE DENTAL PLAN RATES \$1,250 Maximum Annual Benefit per Member	
COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	\$28.79
Family	\$69.36

You can enroll:

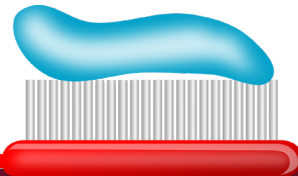
- Upon retirement
- Upon involuntary loss of coverage under another plan
- During GIC open enrollment

- 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.

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?)



Sick Leave	20% of balance (exception: MSP)
-------------------	------------------------------------

- 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 e-mailing AskHR@umass.edu from your UMass e-mail account 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 pick up 20 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? Met? Travelers? Liberty Mutual?
 - MetLegal
 - Retirees are eligible for shopping discounts through umass-retirees.corestream.com
- ✓ UMass e-mail address will continue
- ✓ If you move – you will *a/ways* 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 your GIC Status / Change Form 1a hard copy to UMass HR
3. Social Security Administration
 - Medicare application
 - WEP/GPO notification
4. Tax-deferral into (or withdrawal from) 403(b) or 457/SMART Plan

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

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

1. MEMBER INFORMATION (required)

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

Name: _____ 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

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

MRSERS Retirement Application

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

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

2. CONTACT INFORMATION (required)

Personal Email Address: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Address after Retirement (If Different): _____

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

3. SPOUSE INFORMATION (If Applicable)

Spouse's Name: _____

Spouse's Address (If Different): _____

City: _____ State: _____ Zip: _____

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

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

- All statements on this application are true statements made under the penalties of perjury.
- I understand that **no changes can be made to my retirement** or to my option selection after my retirement date.
- I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not choose an option by completing the Option Selection Form on page 7, I will be automatically retired under OPTION B.
- 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.

Sign Here: **X** *Original Signature Required*

Member Signature

Date

THIS SECTION BOARD USE ONLY

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)

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

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

c. Have you ever been convicted of an offense involving your position while in state service? ☐ No ☐ Yes
 If yes to either of the above, please describe the offense(s): _____

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

Have you completed a buyback?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a buyback in progress?	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

Some tips:

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



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

RETIREMENT OPTION SELECTION FORM

MEMBER NAME: _____

SS#: _____

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



Option A - NO SURVIVOR RETIREMENT BENEFITS

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



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

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



Option C - JOINT SURVIVOR ALLOWANCE

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

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

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

Option C Beneficiary: _____

SSN: _____

(Please print)

Gender: ☐ M ☐ F

Date of Birth: _____

Relationship to Member: _____

Address/City/State/Zip: _____

2. MEMBER SIGNATURE (required)

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

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

Member Signature: X

Date: _____

3. WITNESS SIGNATURE (required)

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

Witness Signature: X

Date: _____

Print Name: _____

Address: _____

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

THIS SECTION BOARD USE ONLY

Some tips:

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

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

Some tips:

➤ Only if selecting Option B

Form W-4P <small>(Rev. January 2022) Department of the Treasury Internal Revenue Service</small>	Withholding Certificate for Periodic Pension or Annuity Payments ▶ Give Form W-4P to the payer of your pension or annuity payments.	<small>OMB No. 1545-0074</small> <div style="font-size: 24pt; font-weight: bold;">2022</div>									
Step 1: Enter Personal Information	<table style="width: 100%;"> <tr> <td style="width: 30%;">(a) First name and middle initial</td> <td style="width: 30%;">Last name</td> <td style="width: 40%;">(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> </table>		(a) First name and middle initial	Last name	(b) Social security number	Address			City or town, state, and ZIP code		
(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 widow(er) <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.)										
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 and how to elect to have no federal income tax withheld (if permitted).											
Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)	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. Do only one of the following. (a) Reserved for future use. (b) Complete the items below. (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-". ▶ \$ (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-". ▶ \$ (iii) Add the amounts from items (i) and (ii) and enter the total here. ▶ \$ TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2. If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form.										
Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ Multiply the number of other dependents by \$500 ▶ \$ Add other credits, such as foreign tax credit and education tax credits ▶ \$ Add the amounts for qualifying children, other dependents, and other credits and enter the total here 3 \$ 										
Step 4 (optional): Other Adjustments	(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 4(a) \$ (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 4(b) \$ (c) Extra withholding. Enter any additional tax you want withheld from each payment 4(c) \$ 										
Step 5: Sign Here	<table style="width: 100%;"> <tr> <td style="width: 60%;">▶ Your signature (This form is not valid unless you sign it.)</td> <td style="width: 40%;">▶ Date</td> </tr> </table>		▶ Your signature (This form is not valid unless you sign it.)	▶ Date							
▶ Your signature (This form is not valid unless you sign it.)	▶ Date										
<small>For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10225T Form W-4P (2022)</small>											

Some tips:

- Can change federal tax withholding at any time
- In 2023 a new withholding certificate will be required:
www.irs.gov/pub/irs-pdf/fw4p.pdf



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 benefits please contact the State Retirement Board.

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

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

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

X Original Signature Required

MSERS Member Signature*

Date

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

Post-Retirement Work




SECTION A (required)

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

SECTION B (required)

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

PLEASE SIGN BELOW (required)

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

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

THIS SECTION BOARD USE ONLY

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. (photocopy?)
- UMass direct deposit does *not* carry over automatically to MSERS

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

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
 "none"

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 <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /
	Name - Last		Dept. ID # or Agency/Division # UMS / 0147
Address	Street		City State Zip
	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 Coverage: <input type="checkbox"/> Basic Life Insurance (if not enrolled in health insurance) <input type="checkbox"/> Basic Life and Health Insurance <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:		Leave Start Date: / /	
<input type="checkbox"/> Personal Illness <input type="checkbox"/> Personal Reason <input type="checkbox"/> Military <input type="checkbox"/> Other		Leave End Date: / /	
<input type="checkbox"/> Industrial Accident <input type="checkbox"/> Educational <input type="checkbox"/> Military Caregiver (26 weeks)		Last Day on Payroll: / /	
<input type="checkbox"/> FMLA (12 weeks) <input type="checkbox"/> Substantial <input type="checkbox"/> FMLA Military Exigency (12 weeks)		Return from Leave Date: / /	
<input type="checkbox"/> Maternity <input type="checkbox"/> Suspension <input type="checkbox"/> PFML			
TRANSFERS AND TERMINATION			
Effective Date (for GIC use only) / 01 /			
Transfer from	Name of Agency/GIC Municipality	Last Day of Work: / /	
Transfer to	Name of Agency/GIC Municipality	Hire Date: / /	
Termination of Service Coverage (if elected)	Termination reason	Last Day of Work: / /	
<input type="checkbox"/> 39-week Layoff <input type="checkbox"/> Deferred Retiree (Life only) <input type="checkbox"/> Deferred Retiree (Life & Health) <input type="checkbox"/> COBRA (must complete application) <input type="checkbox"/> Conversion (contact carrier for application)			
(See reverse) (See reverse) (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) <input type="checkbox"/> Cancel Health Insurance			
Medicare Eligibility - check if applicable: <input type="checkbox"/> Insured <input type="checkbox"/> Spouse Medicare plan election form will be mailed to eligible members.			
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-detail/gic-forms .			
<input type="checkbox"/> 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: / /	

Some tips:

- Please submitted via hard copy to UMass Amherst HR 325 Whitmore Administration Building
- Agency/Division UMS/0147
- Retirement date
- Health insurance election
- Optional Life insurance
- GIC Retiree Dental (additional enrollment form)

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 the GIC or UMass HR
3. Send one-time 403(b) and/or 457 SMART plan deferral forms to UM System Office (if desired)
4. Contact the Social Security Administration (if applicable)
 - Medicare application
 - Notification of retirement for WEP / GPO if you are drawing Social Security income
5. Watch for:
 - Group Insurance Commission/GIC invoices
 - Retirement Board
 - Confirmation of retirement application receipt
 - Annual tax form – 1099R
 - Notary public mailings (fraud prevention mailings)
 - Dental COBRA form

Contact Information

UMassAmherst

Massachusetts State Board of Retirement

www.mass.gov/treasury/retirement/

srb@tre.state.ma.us

One Winter Street

Boston, MA 02108

617.367.7770

Hours: 8:00 a.m. to 4:00 p.m.

Toll Free within MA only (800) 392.6014

436 Dwight Street, Rm 109A

Springfield, MA 01103

413-730-6135

Hours: 8:00 a.m. to 5:00 p.m.

Massachusetts Group Insurance Commission

www.mass.gov/gic, 617.727.2310

Social Security Administration

www.ssa.gov, 1-800-772-1213

Holyoke Social Security Office

200 High Street, Holyoke, MA 01040; 877.480.4989

Kelly Pleasant
pleasant@umass.edu

Darlene Rowe
dlrowe@umass.edu

UMassAmherst
The Commonwealth's Flagship Campus