Checklist of New, GIC-Eligible Employees

Mandatory payroll forms:

- Personal Data Sheet
- Voluntary Self-Identification of Veterans
- State and Federal Tax forms
  Note: international employees will receive an e-mail regarding the University’s Glacier international tax information program. Please use that program to help us ensure taxes are withheld appropriately.
- Statement of Conditional Employment
- I-9 Employment Eligibility Verification Form
- Direct Deposit Form
- Voluntary Self-Identification of Disability

I have received, read, understood and acknowledge my responsibility to conduct myself consistent with University and Commonwealth requirements (www.umass.edu/humres/commonly-referenced-laws-and-policies). Policies received include but are not limited to the following:

- Principles of Employee Conduct; Policy Against Intolerance; UMass Statement on Bullying
- Policy Against Discrimination, Harassment and Related Interpersonal Violence
- Drug Free Workplace Policy; Tobacco Free Campus Policy; Firearms and Weapons Policy
- Policy on Fraudulent Financial Activities
- Overview of Health Insurance Marketplaces (ACA)
- Public Records: Your Responsibilities as a Public Employee
- Equal Employment Opportunity notices
- Policy on Consensual Relationships
- Summary of the Conflict of Interest Law for State Employees
- Affirmative Action and Equal Opportunity Statement
- Family Medical Leave Act, MA Pregnant Workers Fairness Act, Small Necessities Leave Act & Employment Leave to Address an Abusive Situation notices
- MA Right to Know Workplace Notice
- Export Control Policy & corresponding employee obligations
- MA Earned Sick Time & MA Paid Family and Medical Leave notices

I acknowledge receipt of the PFML notice or I decline to acknowledge receipt of the PFML notice

I hereby request a printed copy of the policies listed above

Provided ______________ (date) by __________________________ (printed name)

I additionally hereby acknowledge that:

- Once I have received my first payment from the University I must log into the HR Direct System (www.umass.edu/humres) to verify receipt of the Summary of Conflict of Interest Law for State Employees.
- Within the first thirty (30) days of employment I must successfully complete the Massachusetts State Ethics Commission on-line training program and return the certificate of completion to Human Resources.
- Within the first six (6) months of employment I will register form, and attend, the Introduction to anti-Bullying and Harassment Prevention trainings.

Required University trainings are linked from www.umass.edu/humres/new-employee-required-workshops

Signature __________________________________________ Date _________

Printed Name ____________________________ Employing Department __________________________
**General Employee Information**

Name: ___________________________  Date of Birth: ___________________________

- First __________  Middle __________  Last __________  Suffix __________
- MM/DD/YYYY

Gender:  
- Female  
- Male

**Highest Level of Education Completed:**

- Less than High School Grad
- High School Grad/Equivalent
- Technical School
- Some College (undergrad)
- Associate’s Degree (2 Yr. College)
- Bachelor’s Degree
- Some Graduate School
- Master’s Degree
- Ph.D.
- Professional Degree (e.g. MD, JD, DDS)

List the schools you have attended beyond high school. Include business, technical, military, professional, college, & university. Please begin by listing your highest level of education.

<table>
<thead>
<tr>
<th>School Name</th>
<th>Major</th>
<th>Degree or Certificate</th>
<th>Year Awarded</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Personal Information**

Marital Status:  
- Married  
- Single

Social Security Number:  
-  
-  
-  

(Leave this field blank if you do not yet have an SSN)

Home Address:  

- Number ______  Street ______  Apt # ______
- City ______  State ______  Postal Code ______  Country (if not U.S.A.) ______

Mailing Address:  

(If different)  

- Number ______  Street ______  Apt # ______
- City ______  State ______  Postal Code ______  Country (if not U.S.A.) ______

Home Telephone:  

- __________________________

**Voluntary disclosure/self identification of race/ethnicity:** Please answer both questions:

1) Do you consider yourself Hispanic or Latino?  
- Yes  
- No

2) Please select one or more of the following racial categories to describe yourself:

- American Indian or Alaskan Native  
- Asian  
- White  
- Black or African American  
- Native Hawaiian or Other Pacific Islander

Please also complete page 2 >>>

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*University of Massachusetts Amherst*

**Personal Data Sheet**

EmplID ___________  Rcd ______

Please leave this field blank if you are a first-time UMass employee.
Emergency Contact(s) – who should be notified in case of emergency?

<table>
<thead>
<tr>
<th>Primary Emergency Contact</th>
<th>Secondary Emergency Contact (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________</td>
<td>Name: ____________________</td>
</tr>
<tr>
<td>(first name, last name)</td>
<td>(first name, last name)</td>
</tr>
<tr>
<td>Relationship to you:</td>
<td>Relationship to you:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>☐ Same address as employee</td>
<td>☐ Same address as employee</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td>Telephone number:</td>
</tr>
<tr>
<td>☐ Same phone as employee</td>
<td>☐ Same phone as employee</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Privacy & Confidentiality of your personal information: Under the University’s Fair Information Practices Regulations (Doc. T77-059), you may request that certain personal data, regarded as “Directory Information,” not be disseminated to anyone other than University personnel or where required by statute, court order, or legitimate University purpose.

Do you want to restrict dissemination of your personal data?
☐ Yes ☐ No

If yes, please check each personal data item you would like to restrict:
☐ Home Address
☐ Home Phone Number
☐ Marital Status
☐ Date of Birth

Social security number, citizenship, and education are either: a) automatically restricted unless dissemination is required by statute/regulation/legitimate University purpose, or b) not maintained on the employee data base.

________________________________________  __________________________________________
Signature                                      Date Signed
Voluntary Self-Identification of Veterans

Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “disabled veteran” is one of the following:
- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

- [ ] I am not a veteran. (I did not serve in the military.)
- [ ] I belong to the following classifications of protected veterans (Choose all that apply):
  - [ ] DISABLED VETERAN
  - [ ] RECENTLY SEPARATED VETERAN  Military Discharge Date (MM/DD/YYYY): [__]
  - [ ] ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
  - [ ] ARMED FORCES SERVICE MEDAL VETERAN
- [ ] I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)
- [ ] I choose not to identify my veteran status.

__________________________________________  __________________________________
Your Name / Z#                                           Today's Date
Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.
MASSACHUSETTS EMPLOYEE’S WITHHOLDING EXEMPTION CERTIFICATE

Print full name ....................................................... Social Security no. □□□ □□□□□□
Print home address .................................................. City....................... State............... Zip ................

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2" ....... ........
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C. ....................................... ........
3. Write the number of your qualified dependents. See Instruction D ................................................. ........
4. Add the number of exemptions which you have claimed above and write the total. ..........................................

5. Additional withholding per pay period under agreement with employer $_____________________

A. Check if you will file as head of household on your tax return.
B. Check if you are blind.                 C. Check if spouse is blind and not subject to withholding.
D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed $8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date. . . . . . . . . . . . . . . . . . . . . . . . . . . Signed ..................................................

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son’s income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the $4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim “federal withholding deductions and adjustments” under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.
# Employee’s Withholding Certificate

- Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
- Give Form W-4 to your employer.
- Your withholding is subject to review by the IRS.

## Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
<th>(b) Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

- Address
- City or town, state, and ZIP code
- □ Single or Married filing separately
- □ Married filing jointly or Qualifying widow(er)
- □ 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.)

## Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following:

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

## Step 3: Claim Dependents

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 the amounts above and enter the total here $ 3 $ $ ________

## Step 4: Other Adjustments (optional)

### (a) Other income (not from jobs).
If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income $ 4(a) $ $ ________

### (b) Deductions.
If you expect to claim deductions other than the 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 each pay period $ 4(c) $ $ ________

## Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee’s signature** (This form is not valid unless you sign it.)

**Date**

### Employers Only

<table>
<thead>
<tr>
<th>Employer’s name and address</th>
<th>First date of employment</th>
<th>Employer identification number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

Future Developments
For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 2(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
**Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)**

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1. **Two jobs.** If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   \[ \text{1. } \text{Two jobs, value} = \text{value from intersection} \]

2. **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a. Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” row. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   \[ \text{2a. } \text{Value from intersection} \]

   b. Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   \[ \text{2b. } \text{Value from intersection} \]

   c. Add the amounts from lines 2a and 2b and enter the result on line 2c.

   \[ \text{2c. } \text{Value from intersection} \]

3. Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

   \[ \text{3. } \text{Number of pay periods} \]

4. Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

   \[ \text{4. } \text{Value} \]

**Step 4(b)—Deductions Worksheet (Keep for your records.)**

1. Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

   \[ \text{1. } \text{Value} \]

2. Enter:
   - $25,100 if you’re married filing jointly or qualifying widow(er)
   - $18,800 if you’re head of household
   - $12,550 if you’re single or married filing separately

   \[ \text{2. } \text{Value} \]

3. If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter “-0-”.

   \[ \text{3. } \text{Value} \]

4. Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.

   \[ \text{4. } \text{Value} \]

5. Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   \[ \text{5. } \text{Value} \]
### Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
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<td>$20,000 - 29,999</td>
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<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
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<td>$30,000 - 39,999</td>
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</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$50,000 - 59,999</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$70,000 - 79,999</td>
</tr>
<tr>
<td>$80,000 - 89,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$90,000 - 99,999</td>
</tr>
<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
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<tr>
<td>$20,000 - 29,999</td>
<td>$20,000 - 29,999</td>
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<tr>
<td>$30,000 - 39,999</td>
<td>$30,000 - 39,999</td>
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<tr>
<td>$40,000 - 49,999</td>
<td>$40,000 - 49,999</td>
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<tr>
<td>$50,000 - 59,999</td>
<td>$50,000 - 59,999</td>
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<tr>
<td>$60,000 - 69,999</td>
<td>$60,000 - 69,999</td>
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<tr>
<td>$70,000 - 79,999</td>
<td>$70,000 - 79,999</td>
</tr>
<tr>
<td>$80,000 - 89,999</td>
<td>$80,000 - 89,999</td>
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<tr>
<td>$90,000 - 99,999</td>
<td>$90,000 - 99,999</td>
</tr>
<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>
Required Statement of Conditional Employment

I, ________________________________, understand that this employment offer and my subsequent employment at the University on ___________ (today’s date) are conditioned upon my authorization and successful completion of a background check, including the following information:

- satisfactory professional reference checks, including verification of present and prior employment
- verification of academic credentials
- verification of any stated and/or required licenses or certifications
- criminal background check
- Any necessary additional checks requested by the Hiring Authority (e.g. credit, motor vehicle)

The University of Massachusetts Amherst has contracted with Creative Services, Inc. (CSI) to conduct its background checks. CSI will contact you directly for additional information and authorization.

By signing this conditional job offer, I attest that the information provided to the University during the selection process is true and accurate to the best of my knowledge and that I understand that falsification of any such information, whenever it is discovered, could result in termination. I understand if I do not satisfactorily complete my background check prior to starting employment this offer will be withdrawn. I also understand that if I commence employment it will be conditioned on successful completion of a background check and I will be terminated if the background check is not successfully completed.

___________________________________________  _______________________
Signature                                      Date
### Section 1. Employee Information and Attestation

**Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.**

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under federal law, that I am (check one of the following boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): ______________________
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): ______________________

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
- An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ______________________

   OR

2. Form I-94 Admission Number: ______________________

   OR

3. Foreign Passport Number: ______________________

   Country of Issuance: ______________________

Signature of Employee ______________________

Today's Date (mm/dd/yyyy) ______________________

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under federal law, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator ______________________

Today's Date (mm/dd/yyyy) ______________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Document Title</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
</tr>
<tr>
<td>Document Title</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Issuing Authority</td>
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<td>Document Title</td>
<td></td>
<td>Document Title</td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
</tr>
</tbody>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): ____________  (See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
</tbody>
</table>

Employer's Business or Organization Address:

181 Presidents Drive, 325 Whitmore Administration Building

City or Town  | State | ZIP Code
--------------|-------|-------
Amherst       | MA    | 01003

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (If applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (If applicable)

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>4. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td></td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For persons under age 18 who are unable to present a document listed above:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10. School record or report card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
Direct Deposit Authorization Form

Bring completed form with Picture ID to
Room 325 Whitmore Admin. Bldg.

ID verified:__________________

EmplID: ____________________
Your EmplID is the 8-digit number appearing on your pay statement.

Name (Last Name, First Name): ________________________________

Phone: ________________________ E-mail: ________________________________

Please write clearly. Note: the following direct deposit will overwrite all prior direct deposit information on record and you will receive an e-mail confirming when the information has been processed into HR Direct.

<table>
<thead>
<tr>
<th>Action Requested (check one)</th>
<th>□ Start Direct Deposit</th>
<th>□ Change* (add/delete a bank, increase/decrease fixed amount or select new balance acct.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routing #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acct#:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking or Savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Deposit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or Fixed Amount:</td>
<td>$ _____________</td>
<td></td>
</tr>
<tr>
<td>Balance Account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deposit any balance of net pay to this acct.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If depositing into more than one (1) bank you must choose one Balance Account.

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Routing #:</th>
<th>Acct#:</th>
<th>Checking or Savings</th>
<th>Full Deposit or Fixed Amount:</th>
<th>Balance Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Bank Name</td>
<td>Routing #:</td>
<td>Acct#:</td>
<td>Checking or Savings</td>
<td>Full Deposit or Fixed Amount:</td>
<td>Balance Account</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bank Name</td>
<td>Routing #:</td>
<td>Acct#:</td>
<td>Checking or Savings</td>
<td>Full Deposit or Fixed Amount:</td>
<td>Balance Account</td>
</tr>
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</tr>
</tbody>
</table>

I authorize the University of Massachusetts to deposit my net pay via direct deposit into the account(s) indicated above. If funds to which I am not entitled are deposited into my account(s), I authorize the University to direct the financial institution(s) to return said funds.

I understand it is my responsibility to verify that payments have been credited to my account(s) and that the University assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the University cannot reissue funds to me until the funds are returned to the University by my financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until replaced by an updated direct deposit authorization.

I understand I must immediately notify University Human Resources before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature: ___________________________ Date: ___________________________

Bring the completed Direct Deposit Authorization form with a picture ID to:
Human Resources, 325 Whitmore Administration Building
Questions? Call the HR Operations Team at 413.545.3761 or 413.545.0391
Tips for Completing the Direct Deposit Form

Action Requested:

- **Start** To initiate your first direct deposit with the University.
- **Change** To add or delete a bank account, increase or decrease a fixed amount, and/or change the Balance Account. Allow at least one (1) payperiod for the change to take effect. A change replaces all direct deposit account information and authorizations on file. Please complete all rows of information.

Deposit Options:

Your entire net pay must be direct deposited (full or partial payment via check & partial payment via Global Cash Card are not allowed). There are two deposit options available:

1. Deposit 100% of your net pay into one checking or savings account.

2. Assign a fixed dollar amount to go into as many as four (4) different banks with one bank as the Balance Account.

Account Information

- Please provide the name of each banking institution.
- Routing # - enter the nine digit Electronic/Paper ABA Routing number (NOT the Wire Transfer Routing number).
- Indicate if the account is a checking or savings account
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
☐ No, I Don’t Have A Disability, Or A History/Record Of Having A Disability
☐ I Don’t Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _______________ Date of Hire: _______________
**NEW EMPLOYEE BENEFITS CHECKLIST**

Please print:

EMPLOYEE NAME ___________________________ DOB _________________

**Mandatory Retirement**

☐ State Retirement System (SERS)  OR  ☐ Optional Retirement Program (ORP, if eligibility notice provided)

☐ Fidelity  ☐ TIAA/CREF

☐ Social Security statement (Form SSA-1945)

☐ Notice of University GAP Plan Eligibility provided (if applicable)  ☐ GAP Plan Not Applicable

**For HR Use Only:**

☐ 5%  ☐ 7%  ☐ 8%  ☐ 9%  ☐ 9%  64% salary cap  ☐ 2%

Member:

Prior to 01/01/75 - 01/01/84 - 07/01/96 - After 01/01/11 After 01/01/79

1/1/75  12/31/83  06/30/96  01/01/11

**Voluntary Sick Leave Enrollments**

IBPO or NEPBA Sick Leave Bank (Police Officers)  ☐ ENROLL  ☐ WAIVE  ☐ N/A

MSP Sick Leave Bank  Faculty & Librarians Only  ☐ ENROLL  ☐ WAIVE  ☐ N/A

**MA Group Insurance Commission (GIC) Benefits**

Newly benefited employees have 21 calendar days from date of hire to enroll in health, life and/or long-term disability insurance on-line via the GIC on-line portal. After your University payroll record is initiated you will receive an e-mail from Noreply@salesforce.com; on behalf of; myGICLink <gic.mygiclinkcustomerservice@state.ma.us inviting you to log into the GIC’s system (“MyGICLink”) to complete your enrollment for these benefits (or, if preferred, to decline coverage). If you do not receive the invitation within 10 calendar days of submitting your hiring forms to UMass Amherst Human Resources please notify MyGIC@umass.edu.

Likewise, if interested in participating in the Health Care Spending Account (HCSA) and/or Dependent Care Assistance Plan (DCAP) you must complete that enrollment within 21 calendar days of hire* on-line at www.benstrat.com/gic-fsa/

☐ Employee Acknowledgement Form

**Dental Insurance**

☐ MSP  ☐ USA/MTA  ☐ NON-UNIT  ☐ Declining Coverage

☐ Individual plan  ☐ Family Plan

*Your hire date is reflected in your orientation confirmation e-mail and in materials provided at orientation.

I agree that this form accurately represents my benefits elections and I understand that the GIC may deny my request for health, life and/or disability insurance coverages, and participation in the HCSA and/or DCAP plans, if I do not submit a completed enrollment with supporting documentation within the first 10 calendar days of employment.

________________________________________   ________________________
Signature                                      Date

* Your hire date is reflected in your orientation confirmation e-mail and in materials provided at orientation.
State Employee Acknowledgement Form
For GIC Eligible Employees

You are responsible for familiarizing yourself with your benefit options and making your elections within 21 days of the date of hire:

- Basic Life Insurance
- Basic Life & Health Insurance
- Summary of Benefits and Coverage
- Optional Life Insurance
- Long Term Disability (LTD)
- Dental/Vision (if eligible)
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

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

I hereby acknowledge that I have reviewed the most recent GIC Benefit Decision Guide and understand my benefit options before I made my benefit elections. I understand that if I enroll in GIC basic life or basic life and health insurance, my premiums will be deducted on a pretax basis unless I elect post tax benefits. I understand if I enroll in a GIC health plan, I can’t change my health plan until the next Annual Enrollment period.

Name: ________________________________
(Please print)

Signature: _____________________________

Date: _________________________________

Employee: Return this signed form to your GIC Coordinator with your benefit elections.
GIC Coordinator: Give employee a copy of this form and retain original signed form in employee’s personnel file. Do not send to the GIC.
Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: University of Massachusetts Amherst
Social Security# xxx-xx-

Employer Name: University of Massachusetts Amherst
Employer ID#: 04-6002284

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

Windfall Elimination Provision
Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is $395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, “Windfall Elimination Provision.”

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

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

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

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

Signature of Employee ___________________________ Date _______________________

Form SSA-1945 (01-2013)
Destroy Prior Editions
Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

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

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

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

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

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

Additional Information for Individuals Employed by the University of Massachusetts Amherst

Optional Retirement Program
Social Security Administration Windfall Elimination Provision and Government Pension Offset calculations for Commonwealth Optional Retirement Program (ORP) members account are based on the balance of the ORP account at the time Commonwealth employment ends. We recommend that ORP members obtain an account balance statement from their vendor at the time Commonwealth employment ends and retain this document for Social Security purposes.

Exemption from Windfall Elimination Provision
Individuals with 30+ years of significant earnings under Social Security, or who were first eligible to retire from the Massachusetts’ State Employees Retirement System prior to January 1, 1986, are currently exempt from the Windfall Elimination Provision. Social Security’s definition of “significant earnings” changes yearly (e.g. significant earnings is defined as $5,100 in 1980, $16,725 in 2005.) Please contact Social Security directly to confirm your years of significant earnings. http://www.ssa.gov/pubs/10045.html#exceptions.

Contact Information for Local Social Security Offices:
Social Security Administration
200 High Street, 2nd Floor
Holyoke, MA 01040
Telephone: (413) 536-3649 TTY: (413) 534-0901

Form SSA-1945 (01-2013)
SECTION A - TO BE COMPLETED BY MEMBER

1. MEMBER INFORMATION

Name (Print)  Former Name  SSN
Street Address  Date of Birth (mm/dd/yyyy)  Gender: M  F
City  State  Zip Code  Phone Number
E-Mail
Marital Status:
- Married
- Single
- Widowed
- Divorced

If Divorced, are you subject to a Qualified Domestic Relations Order?
- Yes
- No

Spouse Date of Birth  Spouse Name
Are you a Veteran?
- Yes
- No

The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.

Employment
Start Date  University of Massachusetts Amherst
Agency or Department  (413) 545-1478
Agency Phone Number

Dates of Military Service

A copy of your military discharge may be requested

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

<table>
<thead>
<tr>
<th>Retirement System</th>
<th>Start Date</th>
<th>End Date</th>
<th>Was a Refund Taken?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

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

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

- Yes
- No

4. STATEMENT AND SIGNATURE OF MEMBER

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

Member Signature  Date  

Continued on reverse
NEW MEMBER ENROLLMENT FORM - PAGE 2

SECTION A (CONTINUED)

5. BENEFICIARY INFORMATION

Beneficiary or beneficiaries nominated will receive in the proportion designated any amount due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member. **A beneficiary blank with corrections or erasures is not acceptable**

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Proportion*</th>
<th>DOB</th>
<th>Relationship</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary, OR</td>
<td>All, OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contingent</td>
<td>Percent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name: Designation Proportion* DOB: Relationship: SSN:

Street:

City, State, Zip:

Contingent _______%

(Percent)

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

6. PLEASE SIGN BELOW

Member Signature Date

Witness Signature

Witness may not be beneficiary

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

SECTION B - TO BE COMPLETED BY THE AGENCY

Position: ________________________________ Start Date: ________________________________

State Police Start Date: __________________ Date of First Deduction: __________________

[ ] New [ ] Transfer

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

Service Status: [ ] Full-Time [ ] Part-Time % [ ] Temp/Sub %

Authorized Signature Date

University of Massachusetts Amherst

Agency and Payroll Number