New GIC-Eligible Employee Information
Agenda

Welcome to the University of Massachusetts Amherst!

In this presentation we will review the:

• Forms required for payroll purposes

• Benefits elections to be made upon hire:
  – Insurances through MA Group Insurance Commission (“GIC”)  
  – Flexible Spending Accounts
    • Health Care Spending Account
    • Dependent Care Assistance Program
  – Dental insurance
  – Retirement benefits

• Resources available to you
General

- **Parking**
  - [https://www.umass.edu/transportation/purchase-permits](https://www.umass.edu/transportation/purchase-permits)
  - parking@umass.edu / (413) 577-7275

- **Bus Schedules**
  - [https://www.umass.edu/transportation/pvta-route-schedules](https://www.umass.edu/transportation/pvta-route-schedules)

- **Academic Calendar**
  - [www.umass.edu/registrar/calendars/academic-calendar](http://www.umass.edu/registrar/calendars/academic-calendar)

- **Holidays**

- **HR Direct**
  - [www.umass.edu/humres](http://www.umass.edu/humres)

- **UMass UCard**
  - [https://www.umass.edu/ucard/](https://www.umass.edu/ucard/)
  - ucard@admin.umass.edu / (413) 545-0197
  Room 168 Whitmore Administration Building
HR Direct & DUO Authentication

- Enroll in 2-Step Login to ensure access to the system
- Visit https://www.umass.edu/it/support/authentication/enroll-duo to sign up for access
- Visit SPIRE to sign up for Campus Alerts/Weather Closures - https://www.umass.edu/emergency/emergency-notifications/sign-umass-alerts
Transferring from another MA. State Agency?

- The HR department of the agency you are transferring from will need to complete and return a Transfer Form to our office at 325 Whitmore.

- This form alerts us to your current benefit enrollments, earned vacation time, and sick time so we can roll your current elections and earned time over.

- Transferring employees cannot complete the electronic GIC process, they will need to complete paper forms with us in the office. Current benefits will transfer. Changes cannot be made until open enrollment (April-May with a July 1st effective date).
Checklist for New, GIC-Eligible Employees

Mandatory payroll forms:

- Personal Data Sheet
- Voluntary Self-Identification of Veterans
- State and Federal Tax forms
  - Statement of Conditional Employment
  - I-9 Employment Eligibility Verification Form
  - Direct Deposit Form
  - Voluntary Self-Identification of Disability

Mandatory payroll forms include:

- Summary of the Conflict of Interest Law for State Employees
- Affirmative Action and Equal Opportunity Statement
- Family Medical Leave Act, MA Pregnancy Workers Fairness Act, Small Business Leave Act & Employment Laws to Address an Absenteeism Situation
- Massachusetts Workplace Notice
- Export Control Policy & corresponding employee obligations
- MA Eased Sick Time & MA Paid Family and Medical Leave Notice

I have received, read, understood and acknowledge my responsibility to conduct myself consistent with University and Commonwealth requirements. 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 Intemperant Violence
- Drug Free Workplaces Policy, Tobacco Free Campus Policy, Firearms and Weapons Policy
- Policy on Fraudulent Financial Activities
- Overview of Health Insurance Marketplace (ACA)
- Public Records: Your Responsibilities as a Public Employee
- Equal Employment Opportunity Policies
- Policy on Confidential Relationships

I acknowledge receipt of the FMLA notice or I decline to acknowledge receipt of the FMLA notice. I hereby request a signed copy of the policies listed above.

Signature

Printed Name
Checklist for New, GIC-Eligible Employees

☐ Personal Data Sheet
☐ Voluntary Self-Identification of Veterans
☐ State and Federal Tax Forms
☐ 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 and Commonwealth requirements (www.umass.edu/humanres) and received include but are not limited to the following:
- Principles of Employee Conduct, Policy
- Sunshine Act
- Business Ethics, University of Massachusetts
- Policy Against Discrimination, Harassment, and Related Unfair Practices
- Drug-Free Workplace Policy
- Tobacco-Free Policy
- Campus Policy, Firearms and Weapons Policy
- Policy on Employee Financial Activities
- Overview of Health Insurance Marketplace (CSA)
- Public Records: Your Responsibilities as a Public Employee
- Equal Employment Opportunity notices
- Policy on Confidential Relationships

☐ 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 for, 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 ____________________________ Date ____________
Payroll Forms: Personal Data Sheet

If you have not worked for UMass Amherst before, you will not have an “Empl. ID” yet. You will once your paperwork is processed, and you are active in payroll!

Voluntary Disclosure/Self Identification of race/ethnicity.
Payroll Forms: Personal Data Sheet
Payroll Forms: Personal Data Sheet

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

**Voluntary Self-Identification of Veterans**

**Definitions**

*This provision is a Government contractor action in the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the law for veteran’s employment of 1982, 38 U.S.C. 4212 (VETS), which requires government contractors to take affirmative action to employ and advance in employment veterans who served during a period of war or in the Armed Forces for a period of at least 180 days during a period of war.*

**Veteran** means:

- 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.

**Recently separated veteran** means any veteran during the three-year period beginning on the date of such veterans discharge or release from active duty in the U.S. military, ground, naval, or air service.

**Active duty military or service member** 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 campaignbadge has been authorized under the laws administered by the Department of Defense.

**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 U.S. armed forces military operation for which an armed forces service medal was awarded pursuant to Executive Order 11265.

Protected veterans may have additional rights under VETS – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were assigned 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 held with reasonable certainty had both the assignment due to service (for more information, call the U.S. Department of Labor’s Veterans Employment and Training Services (VETS) Helpline at 1-800-825-5682).

**Self-Identification**

*As a Government contractor subject to VETS, we are required to report 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 veteran listed below, please indicate by checking the appropriate box below. If you are not certain, select how 1 or 2 reflect the box(es) that apply to your veteran status.*

<table>
<thead>
<tr>
<th>Check the following classifications of protected veterans (Choose all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECTED RESERVE VETERAN</td>
</tr>
<tr>
<td>I am not a protected veteran. I served in the military but do not fit into any veteran categories listed above.</td>
</tr>
</tbody>
</table>

---

*Year of hire: ________  Today’s date: ____________*
Voluntary Self-Identification of Veterans

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  ___________________________
Questions 1, 2 & 3 help you calculate how many exemptions to report in box 4. Box 4 is the total of lines 1, 2 & 3.

The fewer exemptions in Box 4 the more is withheld in MA income tax, 0 (zero) being the maximum withholding.
Federal W-4 Employee’s Withholding Certificate

Steps 1 & 5 are required fields

Form W-4

Employee’s Withholding Certificate

Department of the Treasury
Internal Revenue Service

2022

Step 1: Enter Personal Information

(a) First name and middle initial

(b) Last name

Social security number

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

Address

City or town, state, and ZIP code

Step 4: Adjustments

Any other income from jobs (if you work for tips, other than $800, or $800 or less of wages are subject to withholding)

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
Federal W-4 Employee’s Withholding Certificate

Steps 2, 3 and 4 are optional:
Required Statement of Conditional Employment

All new GIC-eligible employees must complete this form, even if we have successfully passed the background check.
I-9 Employment Eligibility Verification

Please do not leave any blank spaces. If the box does not apply to you, please enter N/A.

One box must be checked.
I-9 Employment Eligibility Verification

Please do not leave any blank spaces. If the box does not apply to you, please enter N/A.
If a preparer/translator is used, they must complete.
I-9 Employment Eligibility Verification

Verifiable must see original non-expired documents. Cannot be copies.
Direct Deposit Form

University of Massachusetts Amherst

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

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.

Action Requested (check one) □ Start Direct Deposit □ Change* (add/delete a bank, increase/decrease fixed amount or select new balance acct.)

Bank Name

Routing #: ________________________________

□ Checking or □ Savings

Or

Account

Acct#: ________________________________

□ Full Deposit or □ Fixed Amount: $__________

□ Balance Account

Deposit any balance of net pay to this acct.

ID verified: ________________________________

EmpID: ________________________________

Your EmpID is the 8-digit number appearing on your pay statement.

*Change must be authorized by the Payroll Department.

Employees Signature: ________________________________ Date: ________________________________

Questions? Call the HR Operations Team at 413-545-3351 in person 413-545-1031
<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Routing #</th>
<th>Account #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</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: ________________
Voluntary Self-Identification of Disability

Print your name, and date at the top.
Benefits

- Dental Insurances
- MA Group Insurance Commission (GIC) Benefits
  - Health Insurance
  - Basic Life Insurance
  - Optional Life Insurance
  - Long-term Disability Insurance
  - Flexible Spending Accounts
    - Health Care Spending Account
    - Dependent Care Spending Account
- Retirement Benefits
  - Mandatory
    - MSERS
  - ORP (if eligible)
  - Voluntary
    - University 403(b)
    - 457/SMART Plan
### Dental Insurances

**Please use this form if you are represented by:**

- USA/MTA or MSP/MTA
- Non-Unit

Your dental benefits are with Met Life Dental and your Vision Discount Plan is 2020 Vision.

If you will be insuring family members (spouse, and or dependent children) please provide their demographic information as well as a copy of your Marriage Certificate and Birth Certificate(s).
Dental Insurances

How much does dental cost?

- Non-Unit Employees contribute $22.80/ mo. for individual coverage and $45.60/ mo. for family coverage. This is a post-tax payroll deduction.

- Employees whose position is covered by a collective bargaining agreement do not contribute to the cost for dental insurance coverage.

Employees represented by:

- PSU/MTA & AFSCME

Your dental/vision application will be mailed to your address on file. Your dental coverage is with Delta Dental and your vision benefits are with Davis Vision.
Health, life and long-term disability insurances: newly benefited employees have **21 calendar days from date of hire** to enroll in health, life and/or long-term disability insurance online via the GIC online portal.

After your University payroll record is initiated you will receive an e-mail from Salesforce on behalf of MyGICLinkCustomerService@mass.gov inviting you to log into the GIC’s system (“MyGICLink”) to complete your enrollment for these benefits (or, if preferred, to decline coverage).

**IMPORTANT:** If you do not receive the invitation within 10 calendar days of date of hire please email: MyGIC@umass.edu.
GIC Health Insurance

Registration requires:

- First name
- Last name
- E-mail on file (can be changed once you log in),
- Date of birth,
- Last four of SSN and
- PIN #. (will be sent in a separate email.)
GIC Enrollment/Declination

Click on Enroll today (whether you wish to enroll or decline). Declination is needed if declining GIC benefits.
Please research the benefits Available via State Employee Benefit Decision Guide.
Benefits Offered by the MA Group Insurance Commission (GIC)

- Health Insurance
- Basic Life Insurance
- Optional Life Insurance
- Long-term Disability Insurance
- Flexible Spending Accounts
  - Health Care Spending Account
  - Dependent Care Spending Account

www.umass.edu/humres/gic-benefit-decision-guide-0
You can purchase health insurance for yourself and qualified dependents for coverage effective the first day of the month following 60 calendar days of benefited employment.
How much does it cost?

Page five (5) of the Guide lists the employee’s monthly contribution toward each of the available health insurance.

Monthly premium is payroll-deducted one month in advance of coverage.
GIC Health Insurance

How to choose?

#1: Guide page 4

Which plans are available based on where you live?
#2: Which hospitals and doctors are in network and at what tier?

- Contact your doctor’s office(s) to inquire what plans they accept.
- Visit the plan websites listed on page 15 of the Guide to find out if your doctor(s) are in-network and at what co-pay tier.
GIC Health Insurance

How to select a MA Group Insurance Commission (GIC) health plan

The GIC “Know your GIC Benefits” guide provides an overview of the insurance and flexible spending plans (and corresponding premiums) available through the GIC. Page 4 outlines which plans are available based on where you live. Page 5 provides the premium & plans. Page 6 provides a high level plan comparison.

Precription coverage across all GIC plans is identical (administered by Express Scripts).

Most individuals and families want to keep the physicians they’re currently using. You also have a preference for what hospitals they can access. We’re looking to balance a) access to one preferred provider, b) cost of the plan, and c) how flexible the plan is.

In reviewing your options:

1. Which plans are available where you live?
   - Start with the attached Guide, page numbered 4 – find the county in which you live & identify which plans are available to you based on where you live.

2. Which hospitals and doctors are in-network and out-of-network:
   - This key is where you may want to:
     a. Contact your doctor’s office to inquire which plans they accept (when inquiring please use the plan name – that GIC offers a UniCare Plan, some doctors accept 1 of them but not all 2) & what their co-pay tier is as of July 1, 2023.
     b. Visit the plan websites (page 15 of the guide) to find if your doctor is in a plan’s network and at what co-pay tier as of July 1, 2023.
   
3. How flexible is each plan?
   - On pages 6 & 7 of the guide you’ll notice that many copays are the same across plans – key differences between the plans include:
     a. If the plan requires you to have a Primary Care Physician (PCP).
     b. If the plan requires you to obtain a referral to see a specialist.
     c. If you have coverage seeing an out-of-network provider (all plans provide coverage in the case of emergency regardless of if the provider is in-network).

   - PPO/HMO type: does not offer out-of-network benefits with the exception of emergency care. Selection of a Primary Care Provider (PCP) is encouraged.

   - HMO: does not offer out-of-network benefits with the exception of emergency care. Selection of a Primary Care Provider (PCP) is required.

   - PPO: Selection of a Primary Care Provider (PCP) is required. To get the lowest out-of-pocket cost, a member must get a referral for care by a specialist.

   - PPO: allow treatment by out-of-network providers at a lower level of coverage. Selection of a Primary Care Provider (PCP) is encouraged.

4. Which factors matter to you? (consult the guide on page 5). (Indeed the indemnity plans, which provide most access and coverage, are most costly).

HEALTH INSURANCE CARRIERS | PHONE | WEBSITE
---|---|---
AllWays Health Partners | 1.866.567.9175 | allwayshealthpartners.org/gic members
Fallon Health | 1.866.344.4442 | fallonhealthorg/gic
Harvard Pilgrim Health Care | 1.866.874.0817 | harvardpilgrim.org/gic
Health Now England | 1.800.842.4464 | healthnewengland.org/gic
Tufts Health Plan | 1.800.870.9888 | tuftshealthplan.com/gic
UniCare State Indemnity Plan | 1.855.666.4167 | unicaremass.com
Express Scripts Pharmacy Benefits Manager | 1.855.285.7679 | express-scripts.com/giclix
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) | 1.877.555.9442 | benstrat/gic-tso
Life/AD&D Insurance | 1.877.555.6277 | metlife.com/gicbenefits
Long Term Disability | 1.877.555.6277 | metlife.com/gicbenefits
MutLife Dental Benefits | 1.866.292.9990 | mutlife.com/gicbenefits
Vision Benefits | 1.800.650.2466 | davision.com (client code: 7852)
GIC Health Insurance

How to choose?

#3: How flexible is each plan?

- Does the plan require you to have a Primary Care Physician (PCP)?

- Does the plan require you to get a referral to see a specialist?

- Do you have coverage if you see an out of network health care provider?
GIC Health Insurance

Key Information about each plan and how flexible it is:

#4: How flexible is each plan?
Do you have coverage if you see an out of network health care provider?

**EPO/HMO type:** does not offer out-of-network benefits with the exception of emergency care. Selection of a Primary Care Provider (PCP) is encouraged.

**HMO:** does not offer out-of-network benefits with the exception of emergency care. Selection of a Primary Care Provider (PCP) is required.

**POS:** Selection of a Primary Care Provider (PCP) is required. To get the lowest out-of-pocket cost a member must get a referral for care by a specialist.

**PPO:** allow treatment by out-of-network providers at a lower level of coverage. Selection of a Primary Care Provider (PCP) is encouraged.
### My GIC Link

#### Qualifying Status Changes:

<table>
<thead>
<tr>
<th>Status Change</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td>The following changes may be made to your health plan within 60 days of marriage</td>
</tr>
<tr>
<td>Spouse Annual Enrollment</td>
<td>The following changes may be made to your health plan within 60 days your spouse's Annual Enrollment</td>
</tr>
<tr>
<td>Return from Military Leave</td>
<td>The following change may be made to your health plan within 60 days of return from approved Military Leave</td>
</tr>
<tr>
<td>Birth/Adoption</td>
<td>The following changes may be made to your health plan within 60 days of birth a child/adoption</td>
</tr>
<tr>
<td>Involuntary Loss of Coverage</td>
<td>The following changes may be made to your health plan within 60 days of involuntary loss of other coverage</td>
</tr>
<tr>
<td>Moving Out of the Service Area</td>
<td>The following change may be made to your health plan if you or your dependent(s) move outside of your health plan's service area.</td>
</tr>
<tr>
<td>Divorce</td>
<td>The following changes may be made to your health plan within 60 days of divorce</td>
</tr>
<tr>
<td>Gain of Other Coverage</td>
<td>The following changes may be made to your health plan within 60 days of gain of other coverage</td>
</tr>
<tr>
<td>Going on Unpaid Approved Leave of Absence</td>
<td>The following changes may be made to your health plan within 30 days of going on approved unpaid leave of absence</td>
</tr>
<tr>
<td>Death of Spouse</td>
<td>The following changes may be made to your health plan within 60 days of the death of a spouse</td>
</tr>
<tr>
<td>Return from FMLA</td>
<td>The following changes may be made to your health plan within 60 days of return from approved FMLA</td>
</tr>
</tbody>
</table>

**Learn More**
GIC Prescription Coverage

The prescription drug coverage is through Express Scripts (and Accredo for specialty drugs) and is the same under all GIC health insurance plans.
GIC Flexible Spending Accounts

What are Flexible Spending Accounts?

*Pre tax benefit for health & child care related expenses.*

**How can an FSA save you money?**

With an FSA, you set aside money every paycheck on an income tax-free basis. You use this money during the year to pay for eligible expenses — tax free.

**For example:**

<table>
<thead>
<tr>
<th>Breakdown of Paycheck &amp; Deductions</th>
<th>Not Participating in HCSA or DCAP Plan</th>
<th>Participating in HCSA or DCAP Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Yearly Pay</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>Health Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($2,000)</td>
</tr>
<tr>
<td>Dependant Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($4,000)</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$50,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Sample Income Tax Withholdings of 25%</td>
<td>($7,500)</td>
<td>($6,000)</td>
</tr>
<tr>
<td>Yearly Health Care Expenses</td>
<td>($2,000 post-tax)</td>
<td>$2,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Yearly Daycare Expenses</td>
<td>($4,000 post-tax)</td>
<td>$4,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Net Available Income</td>
<td>$16,500</td>
<td>$18,000</td>
</tr>
</tbody>
</table>

Who is eligible and when do I enroll?

Active state employees who are eligible for GIC benefits may enroll in a Health Care and/or Dependent Care FSA. FSA Enrollment for the 2022 Plan Year: April 7 – May 5, 2021

**FSA Enrollment for the 2022 Plan Year: April 7 – May 5, 2021**

During the GIC’s spring 2021 Annual Enrollment period, you may enroll in one or both FSAs for the plan year of July 1, 2021 – June 30, 2022. You must re-enroll every year.

- New State Employees and Changes in Status: New state employees and employees who experience a qualifying status change during the year may enroll for partial-year benefits. For the Health Care FSA, new hire participation begins at the same time as other GIC benefits. For the Dependent Care FSA, participation begins on the first day of employment.

**What else do I need to know?**

In exchange for the tax savings these programs offer, the IRS imposes a use it or lose it rule. This means that you must use all the money in your account by the end of the plan year, or you lose that money, subject to the grace period.

- **2½-Month Grace Period:** If you still have money left in your FSA at the end of the plan year, you have an additional 2½ months to incur eligible claims and submit them for reimbursement. For the 2022 plan year, you have until September 15, 2022 to incur claims and until October 15, 2022 to submit them.

- **Administrative Fee:** You pay a $100.00 monthly administrative fee regardless of whether you enroll in one or both FSAs.

<table>
<thead>
<tr>
<th>KEY FSA DATES</th>
<th>Open Enrollment: April 7 – May 5, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021 Plan Year</td>
<td>2022 Plan Year</td>
</tr>
<tr>
<td>Plan Year: July 1, 2021 – June 30, 2021</td>
<td>Plan Year: July 1, 2021 – June 30, 2022</td>
</tr>
<tr>
<td>2½-month Grace Period: July 1, 2022 – September 15, 2022</td>
<td>2½-month Grace Period: July 1, 2022 – September 15, 2022</td>
</tr>
<tr>
<td>Claim filing deadline: October 15, 2021</td>
<td>Claim filing deadline: October 15, 2022</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts (FSAs)

Health Care Spending Account (HCSA) & Dependent Care Assistance Plan (DCAP)

Newly benefited employees have 21 calendar days of hire to enroll online at www.benstrat.com/gic-fsa/

* HCSA - Minimum enrollment is $250 or maximum enrollment of $2,750/year.
* DCAP - Maximum enrollment of $5,000/year (or $2,500 if married and filing separate tax returns).

• **Administrative Fee:** You pay a $1.00 monthly administrative fee regardless of whether you enroll in one or both FSAs.
GIC Employee Assistance Program

Confidential assistance is also available through the UMass Amherst Faculty Staff Assistance Program – telephone 413-545-0350
Sick Leave Banks

- Can provide full salary replacement if you are on approved leave due to your own non-work-related illness or injury and have exhausted much of your accrued paid leave (e.g., sick time, vacation time, etc.).

- Some banks can also provide income security during an approved parental leave or if you are on leave to care for a family member with a serious health condition (this differs by bargaining unit).

- Applications for income security are reviewed by a Committee of management and union representatives.

- Refer to your collective bargaining agreement for detailed information (online at www.umass.edu/humres > HR Library).
Sick Leave Banks

- **Non-unit, USA/MTA** and **PSU/MTA** employees are automatically enrolled in sick leave bank.

- Sick Leave Bank membership is voluntary for employees covered by the following collective bargaining agreements:
  - **AFSCME** employees may join the Sick Leave Bank during October open enrollment (watch for e-mail from Human Resources).
  - **IBPO** and **NEPBA** may enroll or decline membership upon hire & may join the Sick Leave Bank during August open enrollment (watch for e-mail from Human Resources).
  - **MSP** may establish Sick Leave Bank membership at any time.
GIC Long-Term Disability

Long Term Disability (LTD)

What is it?

LTD insurance is an income replacement program that financially protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job. Effective July 1, 2021, MetLife is the GIC’s Long Term Disability (LTD) Carrier. If you are unable to work for 90 consecutive days due to illness or injury, this program provides income replacement. Benefits include:

- A tax-free benefit of 55% of a participant’s gross monthly salary, up to a maximum benefit of $10,000 per month, up to age 65. If a participant is disabled on or after age 62, benefits may continue after age 65;
- A benefit for partial disabilities;
- A 36-month benefit for behavioral health disabilities;
- A rehabilitation and return-to-work assistance benefit;
- A dependent care expense benefit; and
- Partial benefits, even if you are receiving other income benefits, with a minimum of $100 or 10% of your gross monthly benefit amount – whichever is higher.

Eligibility and Enrollment

Active state employees who are eligible for GIC benefits are eligible for LTD.

Current State Employees: All eligible employees can apply for LTD coverage during Annual Enrollment, or at any time during the year. You must provide proof of good health for MetLife’s approval to enter the plan.

New State Employees: Eligible employees may enroll in LTD without providing evidence of good health.
GIC Long-Term Disability

You may enroll upon initial eligibility or may apply at any time. Applications for coverage after initial eligibility are approved or denied by the insurance company based on medical evidence of insurability.
GIC Optional Life Insurance

You may enroll upon initial eligibility or may apply at any time. Applications for coverage after initial eligibility are approved or denied by the insurance company based on medical evidence of insurability.

You may enroll upon initial eligibility or may apply at any time. Applications for coverage after initial eligibility are approved or denied by the insurance company based on medical evidence of insurability.

GIC Optional Life Insurance

Life Insurance and Accidental Death & Dismemberment (AD&D)

Insured by MetLife, Life and AD&D insurance help provide for your beneficiary’s well-being in the event of a serious accident or death. This benefit is paid to your designated beneficiary(ies).

- **Basic Life Insurance**: The Commonwealth offers $5,000 of Basic Life Insurance.
- **Optional Life Insurance**: You may buy additional coverage of up to eight times your annual salary, to a maximum benefit of $1.5 million. You pay the full cost of this benefit.

This is term insurance, which means that it is in effect for as long as you are eligible for coverage through your employment, and premium rates increase as you age. It has no cash value. Benefits are paid to your beneficiary(ies), so it is important to keep your beneficiary designation up to date.

Optional Life Insurance

You must be enrolled in basic life insurance in order to be eligible for optional life insurance.

- **New State Employees**: You may enroll in optional life insurance within 10 days of employment without providing evidence of good health.
- **Current Employees During the Year**: State employees actively at work may apply for the first time or apply to increase their coverage at any time during the year. After you apply, you will receive instructions for completing a personal health application for MetLife’s review and approval. The GIC will determine the effective date if MetLife approves your application.

**Current Employees with a Qualified Family Status Change**

If you experience a qualified family status change during the year, you may enroll in or increase your optional life insurance amount without providing proof of good health. You must provide the GIC with proof of your status change within 60 days. Total optional life insurance coverage is limited to up to four times your salary.

**Optional Life Insurance Non-Smoker Benefit**

At initial enrollment or during Annual Enrollment, if you have been tobacco-free, you are eligible for reduced non-smoker optional life insurance rates. Tobacco-free means you have not smoked cigarettes, cigars or a pipe, used snuff or chewing tobacco or any nicotine delivery system for the previous 12 months. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during Annual Enrollment take effect effective July 1, 2021.
GIC Optional Life Insurance

### Optional Life Insurance Rates (Including AD&D)

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>NON-SMOKER RATE</th>
<th>SMOKER RATE</th>
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</thead>
<tbody>
<tr>
<td>Under Age 35</td>
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<tr>
<td>35 - 44</td>
<td>$0.05</td>
<td>$0.12</td>
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<td>45 - 49</td>
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<td>50 - 54</td>
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<td>55 - 59</td>
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<td>60 - 64</td>
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<tr>
<td>70 and over</td>
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<td>$2.49</td>
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MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2021

Per $1,000 of Coverage
Long Term Disability and Optional Life Insurance

Important Resources if enrolling:

- Claim phone number: (877-355-6277)

- Website: https://www.metlife.com/giccoordinators/
# My GIC Link

<table>
<thead>
<tr>
<th>Personal Information</th>
<th>Enrollee Information</th>
<th>Contact Information</th>
<th>Employer Information</th>
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<tr>
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</tr>
</tbody>
</table>
Dental/Vision Via the GIC is not a benefit to UMass Employees
GIC Enrollment Link -- Don’t Forget!

• If you do not receive your GIC Link within 10 days of your hire date, please alert us right away by emailing MYGIC@umass.edu

• This is very important – if you miss the 21 day deadline for benefits, you will need to wait until Open Enrollment in the Spring to enroll in Health Care and all other GIC Benefits.
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)
- DentalVision/Diabetes: University employees are not eligible for dental vision insurance through the GIC
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

You are required to complete 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 GIC 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 elect to 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 cannot 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.

Sign and date this to acknowledge that you have received information about the GIC benefits that are available to you as an employee of the University.
Statement Concerning Your Employment in a Job Not Covered by Social Security

Wet signature required!
Mandatory Retirement Plan(s)

Retirement contributions defined under Massachusetts General Law

- **Massachusetts State Employees’ Retirement System / MSERS**
  Defined benefit plan / “pension” plan administrated by the Massachusetts State Retirement Board

  All Benefited employees are eligible

- **Optional Retirement Program / ORP**
  Defined contribution plan administrated by the Massachusetts Department of Higher Education Retirement Plans Unit

  Positions **not subject** to overtime are eligible.
  (MSP/MTA, PSU/MTA Unit A, IBPO, Non-Unit Exempt)
Ten (10) full-time equivalent year vesting

Retirement income calculated based on:
- Age when you retire (draw the pension)
- Full-time years/months of creditable MSERS service
- Average of highest five (5) consecutive years of salary

Commonwealth owns investment risk.

May be eligible to “purchase” service toward retirement (eg, U.S. military service, non-benefited service to the Commonwealth, out-of-state teaching service, etc.)
MA State Employees’ Retirement System
Enrollment Form

Original wet signature is required. Please upload a copy of your completed form.

UMass Amherst
181 Presidents Dr.
325 Whitmore Bldg.
Amherst, MA 01003
Notice of ORP Eligibility

ORP means: “optional retirement program”. It is a defined contribution plan administered by the Massachusetts Department of Higher Education Retirement Plans Unit.

Positions that are not subject to overtime are eligible to participate in ORP. (MSP, PSU-Unit A, IBPO and Non-Unit Exempt).

Your Notice of ORP Eligibility is in form of an attachment to your zoom invite email.

This document requires a wet signature.
Optional Retirement Program
(if eligible; www.mass.edu/forfacstaff/orp/enrollment.asp)

- 180 days to enroll (enrollment is irrevocable)
- Employer contributes 4.3% match into your account
- Invest with Fidelity or TIAA
- Immediately vested
- Retirement income is based solely on the balance of your account when you retire.

You own the investment risk and reap any corresponding reward.

- Life & Long-term Disability insurances
Optional Retirement Program (if eligible)

Consider carefully

Can enroll in MSERS and move to ORP within 180 day election period.

If move from MSERS to ORP you can roll your MSERS contributions to the ORP. No matching contributions on funds rolled into the ORP.
Optional Retirement Program
(if eligible)
Forms!

Enrolling in the Optional Retirement Program (ORP)

As an employee of the Commonwealth of Massachusetts, you must enroll in either the State Employees' Retirement System (SERS) or the Optional Retirement Program (ORP) before you can be entered in the Payroll system. If you choose to take advantage of the 180-day ORP enrollment period, you must temporarily enroll in the State Employees' Retirement System and you may transfer your contributions to your ORP account upon enrollment in the ORP.

IF/WHEN YOU CHOOSE TO ENROLL IN THE ORP, YOU MUST COMPLETE THE FOLLOWING FOUR STEPS:

1. Choose an ORP provider. Information on the available providers is available at www.mass.edu/orpenrollment.

2. Establish your provider account online by going to the ORP Enrollment Center at www.mass.edu/orpenrollment and, upon completion of that process, print the confirmation page that shows you have enrolled on a Massachusetts ORP. (Please note that you must open a new provider account specific to the ORP even if you already have an account with that provider.)

3. Complete the Department of Higher Education enrollment forms (ORP Enrollment/Change Form, Standard Insurance Form, and Form SSA-1945) which are included in your Enrollment Guide or may be downloaded from the ORP website.

4. Return the Enrollment Forms with a copy of the confirmation page from step 2 to Human Resources, 325 Whitmore Administration Building before the end of your enrollment period.

Notes:

- If you are establishing an account with TIAA, you will be required to enter the access code MU87.
- If you are establishing your account prior to your hire date and encounter an error, you may use the current date. This will not impact the effective date of your contributions.

An overview of the Optional Retirement Program and complete instructions for enrollment are included in the Enrollment Guide that has been provided to you. If you have any questions, you may contact your Benefits Administrator at 413-545-6133 or the Massachusetts Department of Higher Education at 617-994-0976.

Forms and instructions for ORP can be found here: https://www.mass.edu/forfa cstaff/orp/enrollment.asp
1. Please check off the retirement plan that you are enrolling in and provided when handing in your forms.

* **MSERS requires original wet signature.**
* **ORP requires confirmation of enrollment & original wet signature.**

2. Social Security Statement **requires Original Wet Signature.**

3. Notice of University Gap. Applicable if base salary is more than $185,600.00 per year. If this does not apply, please check off N/A.

4. Employee Acknowledgement form

5. Dental: MSP, USA, Non Unit please attach application confirming enrollment of declination.

**PSU, AFSCME, NEPBA and IBPO – will receive your enrollment in the mail.**

If enrolling family members, please attach a copy of Marriage and Birth Certificates to the enrollment form.
Eligible for Both ORP & MSERS?

- **IMPORTANT:** One set of completed retirement forms (Either MSERS, or ORP) required upon turning in your paperwork.
- If you need more time to decide about ORP, or more time to complete the enrollment process, you will be required to start with MSERS and then you have 180 days to switch to ORP.
- Regardless of your choice of program, the ORP Notice of Eligibility is required, and part of your paperwork.

Not ORP eligible?

- The completed MSERS form is required upon turning in your paperwork.
Voluntary Retirement Plans

University 403(b) & 457 Deferred Compensation Plan (SMART Plan)

University of Massachusetts 403(b) Elective Deferral Savings Plan

As an employee of the University of Massachusetts, you have valuable retirement investment options available to you, one of which is the University of Massachusetts 403(b) Elective Deferral Savings Plan. It makes it easy to save and invest more for retirement with special tax advantages and the convenience of regular payroll deductions.

By saving just a little more from each paycheck now, you can make a big difference in the amount you could have to work with when you retire. Your participation in the University of Massachusetts 403(b) Elective Deferral Savings Plan is a significant step toward helping you prepare for your retirement goals.

By saving just a little more from each paycheck now, you can make a big difference in the amount you could have to work with when you retire. Your participation in the University of Massachusetts 403(b) Elective Deferral Savings Plan is a significant step toward helping you prepare for your retirement goals.

For one time deferrals of sick and vacation time:

Paycheck Contribution Form

Visit mass-smart.com or call 877-457-1930 for more information on the SMART Plan. You may also contact your local SMART Plan representative below for more information.

https://www.umass.edu/humres/retirement-benefits
Additional Benefits

- Tuition Discount
- Corestream
- Library access

Visit the UMass HR Employee Discounts and Perks Webpage for more information! [https://www.umass.edu/humres/employee-discounts-perks](https://www.umass.edu/humres/employee-discounts-perks)
Your Unions are Here!

• After the presentation, I will direct you to the breakout room for your union.

• There will be representatives for each union here to answer any questions you have about your union membership.

• PSU Union is conducting their talks with members remotely. They will contact you VIA email.
We’re Here To Help!
UMass Amherst Human Resources Employee Service Center

https://www.umass.edu/humres/employee-service-center

325 Whitmore Administration Building
181 President’s Drive
Amherst MA 01003

Open:
Mon/Tue/Wed/Fri 8:30am – 5:00pm
Thursdays 10:00am – 5:00pm

Thank You & Questions