New GIC-Eligible Employee Information
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
U-Cards

You can obtain your UCard once your employment record has been activated in HR Direct or if/when your department has sponsored you for a Non-Student, Non-Employee / NENS account.*

Unless you have a NENS, once you have received your first university salary payment / paycheck:

- Submit a photo online at: www.umass.edu/ucard/content/ucard-photo-upload-online-photo-submission

- Once the Ucard Office has received notice that their photo has been approved, schedule an appointment online to pick your UCard up: www.umass.edu/ucard/content/scheduling-appointment-pick-your-card

* NENS accounts are often established for teaching faculty to provide advance access to SPIRE.
HR Direct & Microsoft Authenticator

• Enroll in Microsoft Two-Step Login to ensure access to HR Direct
  https://mysignins.microsoft.com/security-info to sign up for access

• Visit SPIRE to sign up for Campus Alerts/Weather Closures -
  www.umass.edu/emergency/emergency-notifications/sign-umass-alerts
Transferring from another Massachusetts State Agency?

- We require a completed Transfer Form from your prior agency’s HR department. 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 (if applicable).

- Transferring employees must complete a paper insurance enrollment forms. If your current health insurance is through the MA Group Insurance Commission (GIC) health insurance plans can be changed during open enrollment (April with a July 1st effective date).
### Checklist of New, GIC-Eligible Employees

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

I have read, understood and acknowledge my responsibility to submit the following forms and documents.

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

I hereby agree to the terms and conditions outlined above.

Signature: ____________________________

Printed Name: ____________________________

Note: International employees will receive an email regarding the University's Glacier international tax information program. Please use that program to help us ensure taxes are withheld appropriately.

---

**University of Massachusetts Amherst**

Checklist for New, GIC-Eligible Employees

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

I have received a notice from the University informing me of the summary of benefits. Please use that program to help us ensure taxes are withheld appropriately.

Signature: ____________________________

Printed Name: ____________________________

Note: International employees will receive an email 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
Required Payroll Forms

Checklist for New, GIC-Eligible Employees

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

I have received, read, understood and acknowledge my responsibilities and Commonwealth requirements. I received include but are not limited to the following:

- Principles of Employee Conduct Policy
- Statement Against Sexual Harassment
- Statement Against Discrimination, Harassment and Related Interventions
- Drug Free Workplace Policy
- Campus Safety
- Electronic Funds Transfer (EFT) Policy
- Health Insurance Portability and Accountability Act (HIPAA)
- Confidentiality
- Public Records
- Equal Employee Opportunity Notice

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 online training program and return the certificate of completion to Human Resources.
- Within the first six (6) months of employment, I will register, attend, and complete 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

UMassAmherst
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

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**

- 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.
- 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 military or service member 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 VERA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from your employment in order to perform service in the uniformed services, you may be entitled to be reemployed by your employer in the position you would have held without reasonable certainty that the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), Call-Pac, at 1-800-4-US-VETS.

**Self-Identification**

If you are employed in the following categories, please check the box(es) that apply to your veteran status.

- Not a veteran
- Recently separated veteran
- Military Discharge Date (MM/DD/YYYY)
- Active Duty
- Military Campaign Badge Veteran
- Armed Forces Service Medal Veteran
- [optional boxes for other categories]

Please indicate your veteran status by checking the appropriate box(es).

Year: ________

Today’s Date: ________
Voluntary Self-Identification of Veterans

**Definition**

This definition is stated under the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Post-9/11 GI Bill of Rights Act of 2008, and 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment veterans. The classifications are defined as follows:

- **Recently separated veteran**: one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because a service-connected disability.

- **Active duty service in a campaign or defense veteran**: means a veteran who, while serving in the ground, naval or air service, participated in a United States military operation or a national defense campaign for a period of not less than 30 days.

- **Protected veterans** may have additional rights under VEVRAA, including the following:
  - Persons eligible for or receiving compensation for a service-connected disability.
  - Persons eligible for or receiving compensation for a service-connected disability.
  - Members of the Armed Forces who were honorably discharged or a reserve or National Guard who was called to active duty under an order from the President.
  - Members of the Armed Forces who were honorably discharged or a reserve or National Guard who was called to active duty under an order from the President.

**Self-Identification**

As a Government contractor, we are required to report veterans 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
  - 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

Your Name / Z# ............................ Today’s Date
Massachusetts M-4 Employee’s Withholding Exemption Certificate

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
Federal W-4 Employee’s Withholding Certificate

Steps 2, 3 and 4 are optional:
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.
I-9 Employment Eligibility Verification

If a preparer/translator is used, they must complete.
I-9 Employment Eligibility Verification

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.

**LIST A**
Documents that Establish Both Identity and Employment Authorization

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport with a temporary I-515 stamp (or temporary I-551 printed notation on a machine-readable immigrant visa)
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status, if the alien: a. Is a foreign passport; and b. At Form I-443 or Form I-444 that has the following:
   (1) The same name as the passport;
   (2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not expired and the proposed employer is not in conformity with any restrictions or limitations identified on the form.
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.

**LIST B**
Documents that Establish Identity

1. Driver’s license or ID card issued by a State or other territory of the United States providing it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided that it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. Social Security card with a photograph
4. U.S. Military card or draft record
5. Military dependent ID card
6. U.S. Coast Guard Merchant Marine Card
7. U.S. Native American Tribal Document
8. Driver’s license issued by a Canadian government authority
9. For persons under age 18 who are unable to present a document listed above:
   10. School record or report card
   11. Clinic, doctor, or hospital record
   12. Day-care or nursery school record

**LIST C**
Documents that Establish Employment Authorization

1. A Social Security Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH AUTHORIZATION
2. Certificate of baptism issued by the Department of State (Form DS-1570, FS-544, FS-345)
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
4. Native American Tribal Document
5. U.S. Citizen ID Card (Form I-137)
6. Verification Card for Use of Hispanic Citizen in the United States (Form I-176)
7. Employment authorization document issued by the Department of Homeland Security

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

University of Massachusetts Amherst

Direct Deposit Authorization Form

Name (Last Name, First Name): ____________________________

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

Action Requested (check one) □ Direct Deposit □ Change □ Withdrawal □ Transaction

Bank Name: ____________________________

Routing #: ____________________________

Account #: ____________________________

Checking or Savings: ____________________________

Date: ____________________________

If depositing into more than one (1) bank:

Bank Name: ____________________________

Routing #: ____________________________

Account #: ____________________________

Checking or Savings: ____________________________

Date: ____________________________

If depositing into more than one (1) bank:

Bank Name: ____________________________

Routing #: ____________________________

Account #: ____________________________

Checking or Savings: ____________________________

Date: ____________________________

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 entitled are not 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 unable 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 the authorization will override any previous authorization and will remain in effect until replaced by an updated direct deposit authorization.

I understand that 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 insurance cost?

- Non-Unit Employees: the cost is **$22.80/ mo.** for individual coverage and **$45.60/ mo.** For family coverage. This is a Post-Tax deduction.

- Unionized positions: there is no monthly cost to the employee.

How to enroll? For Employees in positions represented by:

- **USA/MTA, MSP/MTA & Non-Unit Employees:** enrollment form is provided with your hiring forms.

- **AFSCME & PSU/MTA:** plan information and dental/vision enrollment forms will be mailed to your home address by MA Public Employees’ Fund during your fifth month of employment.
GIC Health Insurance

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

*** 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. ***

www.umass.edu/humres/gic-benefit-decision-guide-0
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?
How to choose? #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
Insurance Carrier
Contact Information:

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PLAN CARRIERS</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllWays Health Partners</td>
<td>1.866.567.9175</td>
<td>allwayshealthpartners.org/gic-member</td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care</td>
<td>1.866.874.0817</td>
<td>harvardpilgrim.org/gic</td>
</tr>
<tr>
<td>Health New England</td>
<td>1.800.842.4464</td>
<td>healthnewengland.org/gic</td>
</tr>
<tr>
<td>Tufts Health Plan</td>
<td>1.800.870.9488</td>
<td>tuftshealthplan.com/gic</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan</td>
<td>1.833.663.4176</td>
<td>unicaremass.com</td>
</tr>
</tbody>
</table>

PHARMACY BENEFITS
Express Scripts 1.855.283.7679 express-scripts.com/gicRx

OTHER BENEFITS
Health Care Spending Account (HCFA) and Dependent Care Assistance Program (DCAF) 1.877.353.9442 benstrat.com/gic-fsa
Life/A&D Insurance 1.877.355.6277 metlife.com/gicbenefits
Long Term Disability 1.877.355.6277 metlife.com/gicbenefits

Flexible Spending Accounts (FSAs) 1.877.353.9442 benstrat.com/gic-fsa

ADDITIONAL RESOURCES
Annual Enrollment bit.ly/GICEnrollment
Qualifying Events for GIC Coverage bit.ly/MassGICQualifyingEvents
Retirement & GIC Benefits bit.ly/GICRetirement
GIC COVID-19 Information bit.ly/GIC-covid19
Mass4YOU (Employee Assistance Program - EAP) 1.844.263.1982 TTY Support: 711 +1.844.263.1982 liveandworkwell.com (access code: mass4you)

# 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.
GIC Qualifying Status Changes:

- **Marriage**: The following changes may be made to your health plan within 60 days of marriage. Learn More.
- **Birth/Adoption**: The following changes may be made to your health plan within 60 days of birth or adoption. Learn More.
- **Death of Spouse**: The following changes may be made to your health plan within 60 days of the death of a spouse. Learn More.
- **Spouse Annual Enrollment**: The following changes may be made to your health plan within 60 days of your spouse’s Annual Enrollment. Learn More.
- **Involuntary Loss of Coverage**: The following changes may be made to your health plan within 60 days of involuntary loss of either coverage. Learn More.
- **Gain of Other Coverage**: The following changes may be made to your health plan within 60 days of gain of other coverage. Learn More.
- **Return from FMLA**: The following change may be made to your health plan within 60 days of return from approved FMLA leave. Learn More.
- **Moving Out of the Service Area**: The following change may be made to your health plan if you or your dependent(s) live outside of your health plan’s service area. Learn More.
- **Going on Unpaid Approved Leave of Absence**: The following changes may be made to your health plan within 30 days of going on approved unpaid leave of absence. 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.
What are Flexible Spending Accounts?

Pre tax benefit for health & child care related expenses.

GIC Flexible Spending Accounts

Flexible Spending Accounts (FSAs)

<table>
<thead>
<tr>
<th>KEY FSA DATES</th>
<th>Open Enrollment: April 6 – May 4, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year:</td>
<td>July 1, 2021 – June 30, 2022</td>
</tr>
<tr>
<td></td>
<td>2½ month Grace Period: July 1, 2022 –</td>
</tr>
<tr>
<td></td>
<td>September 15, 2022</td>
</tr>
<tr>
<td></td>
<td>Claim filing deadline: October 15, 2022</td>
</tr>
<tr>
<td></td>
<td>2½ month Grace Period: July 1, 2023 –</td>
</tr>
<tr>
<td></td>
<td>September 15, 2023</td>
</tr>
<tr>
<td></td>
<td>Claim filing deadline: October 15, 2023</td>
</tr>
</tbody>
</table>

How can an FSA save you money?

With an FSA, you set aside money every paycheck on an income tax-free basis. You can 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>$18,000</td>
</tr>
<tr>
<td>Health Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($2,000)</td>
</tr>
<tr>
<td>Dependent Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($4,000)</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$30,000</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>

New Health Care Savings Account (HCSA) rule

HCSA funds can now be used to purchase Over-The-Counter (OTC) medications and some medical supplies without a prescription.

QUESTIONS? CONTACT BENEFIT STRATEGIES

benstrat.com/gic-fsa    Toll Free: 1.877.FlexGIC (1.877.353.9442)
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 $2,850/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.
Employee Assistance Programs

Confidential assistance is available through the UMass Amherst Employee Counseling and Consultation Office (ECCO)– telephone 413-545-0350

Mass4YOU: Employee Assistance Program (EAP)

Mass4YOU is a free Employee Assistance Program available to all state and municipal employees and their families who are eligible for GIC benefits administered through Optum health.

GIC health insurance coverage is not required to access the many Mass4YOU work/life and other support services. Through Mass4YOU, GIC benefits-eligible employees and their families can find easy access to a comprehensive suite of free, confidential support available 24/7, including:

- Three in-person virtual, telephone, or in-person therapy visits per issue, per year
- 30-minute telephone or in-person legal or mediation consultation per issue per year
- Guidance from a financial advisor to help with debt, foreclosure, financial planning, and more
- Referrals for a variety of Work-Life convenience services: child care, elder care and more
- Access to Mass4YOU’s 24/7 confidential substance abuse treatment helpline and a licensed clinician

No formal enrollment is required. Stay up-to-date on all Mass4YOU benefits by providing the GIC with your email at bit.ly/MyGICLinkOnlineForms.

QUESTIONS?
CONTACT MASS4YOU

liveandworkwell.com:
Enter access code mass4you
1.844.263.1982 | TTY Support: 711 +1.844.263.1982
Substance Use Treatment Helpline: 1.855.780.5955
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 Bank Membership

- **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)

LTD insurance, offered by MetLife, 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. 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 the age of 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.
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.

MONTHLY LTD RATES EFFECTIVE JULY 1, 2022

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>EMPLOYEE PREMIUM - Per $100 of Monthly Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 24</td>
<td>$0.06</td>
</tr>
<tr>
<td>25 - 29</td>
<td>$0.07</td>
</tr>
<tr>
<td>30 - 34</td>
<td>$0.11</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.13</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.30</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.40</td>
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<tr>
<td>50 - 54</td>
<td>$0.48</td>
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<tr>
<td>55 - 59</td>
<td>$0.60</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$0.58</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$0.33</td>
</tr>
<tr>
<td>70 and over</td>
<td>$0.20</td>
</tr>
</tbody>
</table>

QUESTIONS? CONTACT METLIFE

metlife.com/gicbenefits  1.877.355.6277
GIC Optional Life Insurance

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

Life and AD&D insurance, offered by MetLife, 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.

- **Current State Employees**: 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.
- **New State Employees**: You may enroll in optional life insurance within 10 days of employment without providing evidence of good health.

**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, 2022.

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

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>NON-SMOKER RATE</th>
<th>SMOKER RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 35</td>
<td>$0.04</td>
<td>$0.10</td>
</tr>
<tr>
<td>35 - 44</td>
<td>$0.05</td>
<td>$0.12</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.06</td>
<td>$0.19</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$0.13</td>
<td>$0.31</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$0.20</td>
<td>$0.49</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$0.29</td>
<td>$0.73</td>
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<tr>
<td>65 - 69</td>
<td>$0.67</td>
<td>$1.37</td>
</tr>
<tr>
<td>70 and over</td>
<td>$113</td>
<td>$2.49</td>
</tr>
</tbody>
</table>

MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2022
Per $1,000 of Coverage

QUESTIONS?
CONTACT METLIFE
metlife.com/gicbenefits  1.877.355.6277
GIC Long Term Disability and Optional Life Insurance

Important Resources:

- **Claim phone number:** (877-355-6277)
- **Website:** www.metlife.com/gicbenefits
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.
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 by 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.

  ORP eligible positions are those not subject to overtime, generally those represented by (MSP/MTA, PSU/MTA Unit A, IBPO & Non-Unit exempt positions.)
MA State Employees’ Retirement System

- 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
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.**

ORP **means**: “optional retirement program”. It is a defined contribution plan administered by the Massachusetts Department of Higher Education Retirement Plans Unit.
Optional Retirement Program
(if eligible; [www.mass.edu/forfacstaff/orp/enrollment.asp](http://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
- Ten year vesting for retiree health benefits
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.

### Comparison of Key Features

<table>
<thead>
<tr>
<th>Description</th>
<th>ORP</th>
<th>SERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Type</strong></td>
<td>Defined Contribution</td>
<td>Defined Benefit</td>
</tr>
<tr>
<td><strong>Internal Revenue Code Section</strong></td>
<td>401(a)</td>
<td>401(a)</td>
</tr>
<tr>
<td><strong>Vesting</strong></td>
<td>Immediate 100%</td>
<td>After 10 years of creditable service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>ORP</th>
<th>SERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contribution Rate</strong></td>
<td>9% of annual regular salary to $30,000, plus 11% of annual regular salary above $30,000</td>
<td>9% of annual regular salary to $30,000, plus 11% of annual regular salary above $30,000</td>
</tr>
<tr>
<td><strong>Contribution from the Commonwealth</strong></td>
<td>5% employer match</td>
<td>Commonwealth ensures full funding for promised benefits</td>
</tr>
<tr>
<td><strong>Plan Investments</strong></td>
<td>Participants select the investments for their own accounts</td>
<td>Commonwealth manages all investments</td>
</tr>
</tbody>
</table>
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/orp/enrollment.
2. Establish your provider account online by going to the ORP Enrollment Center at www.mass.edu/orp/enrollment 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 413-545-6113 or the Massachusetts Department of Higher Education at 617-994-8976.

Forms and instructions for ORP can be found here:
www.mass.edu/forfacstaff/orp/enrollment.asp
Please write your bargaining unit at the top!

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) is required upon turning in your paperwork.

• If you need more time to decide about ORP, or more time to complete the ORP enrollment process, you may enroll in MSERS and have 180 days to change to the ORP.

• Regardless of your choice of program, the ORP Notice of Eligibility is required, and part of your paperwork.

Eligible for MSERS?

The completed MSERS form is required upon turning in your paperwork.
Voluntary Retirement Plans
www.umass.edu/humres/retirement-benefits

University 403(b) Plan

Massachusetts 457(b) Deferred Compensation “SMART” Plan
Additional Benefits

- Tuition Discount
- Corestream
- Library access

Visit the UMass HR Employee Discounts and Perks Webpage for more information! [www.umass.edu/humanresources/employee-discounts-perks](http://www.umass.edu/humanresources/employee-discounts-perks)
Unions representatives 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

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