



# Health Insurance

## Group Insurance Commission

<http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/oversight-agencies/gic/>

19 Staniford Street

Boston, MA 02114

617-727-2310

**Joanne Costa**

Benefits Coordinator

Office of Human Resources

508-999-8083

# GIC ENROLLMENT/CHANGE FORM (FORM-1)

Health, Basic Life, Optional Life, and Long Term Disability Insurance



REQUIRED INFORMATION						
Insured Information	GIC-ID (usually Soc. Sec. #)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Dept. ID # or Agency/Division #		
	Name – Last		First	MI		
Address	Street		City	State	Zip	
Contact Information	Home or Cell Phone ( )	Work Phone ( )	Email		Country (if not USA)	
Employment Information	Bargaining Unit/Union Name	HR/CMS or UMASS Employee ID #	<input type="checkbox"/> Full-time Hours/week:	<input type="checkbox"/> Part-time	Date of Hire / /	

REQUIRED	<b>Select all that apply:</b> <input type="checkbox"/> New Enrollment <input type="checkbox"/> Adding Dependent(s) <input type="checkbox"/> Dropping Dependent(s) <input type="checkbox"/> Decline GIC Health Insurance <input type="checkbox"/> Decline All GIC Coverage	<input type="checkbox"/> Annual Enrollment <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change	<b>Qualifying Status Change</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Divorce/Legal Separation <input type="checkbox"/> Change in Dependent Eligibility Status <input type="checkbox"/> Gain of Other Coverage	Date of Event: ___ / ___ / ___ <input type="checkbox"/> Involuntary Loss of Other Coverage <input type="checkbox"/> Return from FMLA or Military Leave <input type="checkbox"/> Death of spouse/dependent <input type="checkbox"/> Spouse's Annual Enrollment <input type="checkbox"/> Moved out of health plan's service area
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HEALTH, BASIC LIFE, OPTIONAL LIFE AND LTD			Effective Date: ___ / 01 / ___
<input type="checkbox"/> Basic Life Only <input type="checkbox"/> Long Term Disability (LTD) <input type="checkbox"/> Basic Life and Health	<i>(For GIC Coordinator use only)</i> Annual Salary: \$ _____ Salary Effective Date: ___ / ___ / ___	<b>Cancel Coverage</b> <input type="checkbox"/> Long Term Disability (LTD) <input type="checkbox"/> Health Insurance <input type="checkbox"/> Optional Life Insurance	
<b>Health Plan</b> <input type="checkbox"/> Fallon Direct (HMO) <input type="checkbox"/> Fallon Select (HMO) <i>(Closed to New Members)</i> <input type="checkbox"/> Harvard Pilgrim Independence (POS) <i>(Closed to New Members)</i> <input type="checkbox"/> Harvard Pilgrim Primary Choice (HMO)	<input type="checkbox"/> Health New England (HMO) <input type="checkbox"/> NHP Prime-Neighborhood Health Plan (HMO) <input type="checkbox"/> Tufts Health Plan Navigator (POS) <i>(Closed to New Members)</i> <input type="checkbox"/> Tufts Health Plan Spirit (HMO-type)	<input type="checkbox"/> UniCare State Indemnity/Basic CIC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UniCare Community Choice (PPO-type) <input type="checkbox"/> UniCare/PLUS (PPO-type)	<b>Coverage Election</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family
<b>Optional Life</b> <b>Enrollment/Change:</b> <i>(check one)</i> <input type="checkbox"/> Automatic Increase – select multiple of salary <input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 5x <input type="checkbox"/> 6x <input type="checkbox"/> 7x <input type="checkbox"/> 8x Multiple Factor 2-8 times is allowed only with Automatic Increase. <input type="checkbox"/> Fixed Amount _____ Will not increase as your salary increases. No more than \$1,000 less than annual salary rounded down to the nearest \$1,000.	<b>Family Status Change:</b> <i>(Check one and complete Qualifying Status Change box above)</i> <input type="checkbox"/> Automatic Increase – select multiple of salary <input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> Fixed Amount _____ Will not increase as your salary increases. No more than \$1,000 less than annual salary rounded down to the nearest \$1,000.	<b>Please Check One:</b> <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker Yes, I have been tobacco free for the past 12 months and choose the lower optional life insurance rates.	

SPOUSE/DEPENDENT INFORMATION <i>(See instructions on back)</i>							
For Changes Only	LAST NAME	FIRST NAME	MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Add <input type="checkbox"/> Drop					/ /	<input type="checkbox"/> M <input type="checkbox"/> F	

FORMER SPOUSE INFORMATION – If Listed Above				Date of Divorce: ___ / ___ / ___
Are you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of your remarriage: / /	Has your former spouse remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of former spouse's remarriage: / /	
Address: Street		City	State	Zip

SIGNATURE REQUIRED	<b>AUTHORIZATION</b> – I have read the instructions on the reverse side of this form and authorize my employer, or direct my pension authority, to deduct from my payroll or pension check the amount required for the coverage I have selected. I understand that due to IRS regulations, my health insurance coverage elections are binding for the duration of the plan year and that I may only enroll in health insurance or change my coverage elections during the plan year if I experience a qualifying status change (examples include marriage, adoption/birth of a child, death of a dependent, and involuntary loss of other coverage). I understand that the GIC must receive any required documentation for health insurance changes within 60 days of the event. Family status change documentation for optional life enrollment and changes must be received by the GIC within 31 days of the qualifying event.			
	Signature of Applicant: _____		Date: _____	
	Signature of Authorized Official: _____		Date: _____	
For GIC Use Only	Entered	Verified	Political Subdivision	

(See over for Form-1 instructions)

PLEASE SIGN & DATE

## ENROLLMENT/CHANGE FORM (FORM-1) INSTRUCTIONS

For an overview of your GIC benefit options, see your GIC Benefit Decision Guide [mass.gov/gic/bdgs](http://mass.gov/gic/bdgs).

### Deadlines and Required Documentation

- **Required Documentation:** To add a spouse or dependent to coverage, documentation is required. Refer to dependent information section below for details.
- **New Hire:** Completed paperwork and required documentation must be received by your GIC Coordinator no later than your 10th calendar day of regular, benefit eligible employment. If you miss the deadline, you must wait until the next Annual Enrollment period to enroll in GIC basic life and health insurance benefits.
- **Annual Enrollment:** Completed paperwork and required documentation must be received by your GIC Coordinator (active employees) or the GIC (retirees and survivors) by the end of the Annual Enrollment period.
- **Qualifying Family Status Change for Optional Life:** State employees actively at work who have the following qualifying family status changes during the year may enroll in or increase their optional life insurance coverage without any medical review in an amount not to exceed four times their salary: marriage, birth/adoption, divorce and death of a spouse. Proof of the qualifying event and the completed form must be received by the GIC within 31 days of the qualifying event. You must already have basic life insurance for this option. Forms received after 31 days are subject to proof of good health.
- **Qualifying Status Change for Health Insurance:** State employees and retirees who have a qualified status change during the year can enroll in GIC health insurance or change from individual to family coverage or family to individual with proof of the family status change. Documentation of the event and the completed form must be received at the GIC within 60 days of the qualifying event. Forms and documentation received after 60 days are returned and you may re-apply during Annual Enrollment.
- **Return from FMLA or Military Leave:** If you voluntarily canceled GIC health insurance coverage at the beginning of your FMLA or military leave of absence, you can re-enroll in GIC basic life and health insurance coverage upon your return from leave. Optional Life and Long Term Disability are subject to evidence of insurability unless you are returning from a military leave. The enrollment form must be received at the GIC within 60 days of the return to work. Forms received after 60 days are returned and you may re-apply during Annual Enrollment.

### Work Hours and Eligibility

Active state employees must work at least 18.75 hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek and must contribute to your Employer's public sector retirement system. For GIC purposes, OBRA is not such a retirement system. For additional eligibility details, refer to the GIC's Regulations: [mass.gov/gic/regulations](http://mass.gov/gic/regulations).

### Long Term Disability

New state employees can enroll within 10 days of hire in Long Term Disability without providing evidence of good health. Current active state employees can apply at any time, but are subject to proof of good health.

### Optional Life Insurance

New state employees can enroll within 10 days of hire in Optional Life Insurance for a coverage amount of up to eight times your salary without the need for any medical review. Current active state employees can apply at any time, but must have basic life insurance and are subject to proof of good health. If you select an amount of Optional Life Insurance that is a multiple of your salary of two to eight times, up to \$1.5 million maximum, you will be enrolled in the Automatic Increase; your Optional Life Insurance coverage will increase automatically after an increase in your salary. If you elect to change from a fixed amount (where your coverage does not increase as your salary increases) to Automatic Increase, you will be subject to proof of good health.

### Dependent Information and Required Documentation

In order to enroll your eligible spouse, former spouse and/or dependents in GIC health insurance, you must enter their information in the spouse/dependent box and provide a copy of a marriage certificate, birth certificate or hospital announcement letter (newborns only), separation agreement, divorce decree, certificate of appointment as legal guardian, etc., for each person you list as a dependent. If covering a former spouse, also complete the former spouse information section. Failure to provide required documentation with this enrollment/change form will result in your spouse/dependent not being covered. If you are deleting a spouse or dependent under age 19, you must do so during Annual Enrollment or within 60 days of a qualifying event. Under federal health care reform, Social Security Numbers must be provided for each spouse/dependent to be covered under the health plan. For a newborn only, the Social Security Number can be provided at a later date. Please indicate the exact date of birth for each dependent. To cover a dependent age 19 to 26, you must also provide a completed Dependent Age 19 to 26 Enrollment and Change Form.

### Form and Documentation Submission

Incomplete forms and insufficient required documentation may result in no coverage or a delayed effective date.

**Active employees:** Return completed form and documentation to your GIC Coordinator.

**Retirees:** Return completed form to the GIC, P.O. Box 8747, Boston, MA 02114

# GIC LIFE INSURANCE BENEFICIARY FORM-319

For one to three beneficiaries



Insured GIC ID (Usually Soc. Sec. No.):		Agency/Division	
Insured Name: First		M.I.	Last
Street Address			
City		State	Zip Code
Country (if not USA)			

**YOU MUST READ INSTRUCTIONS ON BACK BEFORE COMPLETING FORM - PRINT CLEARLY IN CAPITAL LETTERS**

BENEFICIARY #1				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
Street Address <input type="checkbox"/> Same as Insured				
City	State	Zip Code	Country (if not U.S.A.)	
Social Security Number	Date of Birth	Phone Number (Optional)		<b>% OF PROCEEDS</b> (Do Not Put \$ Amount)

BENEFICIARY #2				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
Street Address <input type="checkbox"/> Same as Insured				
City	State	Zip Code	Country (if not U.S.A.)	
Social Security Number	Date of Birth	Phone Number (Optional)		<b>% OF PROCEEDS</b> (Do Not Put \$ Amount)

BENEFICIARY #3				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
Street Address <input type="checkbox"/> Same as Insured				
City	State	Zip Code	Country (if not U.S.A.)	
Social Security Number	Date of Birth	Phone Number (Optional)		<b>% OF PROCEEDS</b> (Do Not Put \$ Amount)

I hereby make the above designation of beneficiary revoking any and all previous beneficiary nominations and make the above nomination of beneficiary with respect to all insurance provided now or at any time in the future under the group insurance policy(ies). I still reserve the privilege of making other and future changes subject to the policy provisions.

If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiary(ies) as survive me, unless otherwise provided herein. If no designated beneficiary(ies) survive me, settlement will be made as provided in the policy in the following order: to the spouse, then to the children, then to the parents, then to the siblings, then to the estate.

Signature of Insured

Date

PLEASE SIGN & DATE

**PLEASE MAKE A COPY OF THIS COMPLETED FORM AND FILE WITH YOUR IMPORTANT RECORDS.**

For GIC Use Only	Entered	Verified
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Please return form to: Group Insurance Commission, P.O. Box 8747, Boston, MA 02114

(See over for Form-319 instructions)

# GIC LIFE INSURANCE BENEFICIARY FORM-319 INSTRUCTIONS

**PLEASE READ ALL INSTRUCTIONS AND EXAMPLES CAREFULLY BEFORE COMPLETING THIS FORM.**

1. Please print all beneficiary information clearly in capital letters on the lines provided, indicating your beneficiary's name, relationship, Social Security number, date of birth, address and the percentage of proceeds to be paid to each beneficiary. Incomplete forms will be returned. Refer to the samples illustrated to the right to assist you in the completion of your form.
2. If you do not provide a percentage of proceeds for your beneficiaries, the proceeds will be divided equally among all listed beneficiaries. If you provide a percentage for some but not all of the listed beneficiaries, your form will be returned to you to complete. **DO NOT PUT A DOLLAR AMOUNT IN THE "% of Proceeds" BOX.**
3. Use this form to designate up to three beneficiaries. If you wish to list more than three beneficiaries, an estate or trust, **DO NOT** use this form. Instead, you must obtain a GIC Life Insurance Beneficiary Form G-500 from your GIC Coordinator and use that form to list all your beneficiaries. If you are a retiree and need a G-500, please call 617.727.2310 Ext. 1.
4. If you list beneficiaries who have the same last name as you, **DO NOT** write their last name. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who has the same last name as yours.
5. If you list beneficiaries who live at the same address as you, **DO NOT** write in their address. Instead, simply mark an "X" in the "Same as Insured" box for each beneficiary who lives at your address.
6. Please sign and date the form clearly, in ink, where indicated. Keep a copy of the completed form with your important papers.
7. Please return this completed form to the Group Insurance Commission, P.O. Box 8747, Boston, MA 02114.
8. The effective date of an enrollee's life insurance beneficiary designation is the date that the GIC receives the completed beneficiary form.

BENEFICIARY #1						RELATIONSHIP
First Name JOHN	M.I. Q	Last Name SMITH	<input checked="" type="checkbox"/> Same as Insured			<input checked="" type="checkbox"/> Spouse
Street Address <input type="checkbox"/> Same as Insured 100 YOUR STREET RD						<input type="checkbox"/> Parent
City YOUTOWN						<input type="checkbox"/> Child
State MA						<input type="checkbox"/> Brother/Sister
Zip Code 01234						<input type="checkbox"/> Other, specify:
Social Security Number 123-45-6789		Date of Birth 10/10/1960		Phone Number (Optional) 617-123-4567		<b>% OF PROCEEDS</b> <small>(Do Not Put \$ Amount)</small> 100%

BENEFICIARY #2						RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured			<input type="checkbox"/> Spouse
Street Address <input type="checkbox"/> Same as Insured						<input type="checkbox"/> Parent
City						<input type="checkbox"/> Child
State						<input type="checkbox"/> Brother/Sister
Zip Code						<input type="checkbox"/> Other, specify:
Social Security Number		Date of Birth		Phone Number (Optional)		<b>% OF PROCEEDS</b> <small>(Do Not Put \$ Amount)</small>

BENEFICIARY #3						RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Same as Insured			<input type="checkbox"/> Spouse
Street Address <input type="checkbox"/> Same as Insured						<input type="checkbox"/> Parent
City						<input type="checkbox"/> Child
State						<input type="checkbox"/> Brother/Sister
Zip Code						<input type="checkbox"/> Other, specify:
Social Security Number		Date of Birth		Phone Number (Optional)		<b>% OF PROCEEDS</b> <small>(Do Not Put \$ Amount)</small>

BENEFICIARY #1						RELATIONSHIP
First Name BETH	M.I.	Last Name JONES	<input type="checkbox"/> Same as Insured			<input type="checkbox"/> Spouse
Street Address <input type="checkbox"/> Same as Insured 100 YOUR STREET RD						<input type="checkbox"/> Parent
City YOUTOWN						<input checked="" type="checkbox"/> Child
State MA						<input type="checkbox"/> Brother/Sister
Zip Code 01234						<input type="checkbox"/> Other, specify:
Social Security Number 123-45-6789		Date of Birth 12/12/1986		Phone Number (Optional) 617-123-4567		<b>% OF PROCEEDS</b> <small>(Do Not Put \$ Amount)</small> 50%

BENEFICIARY #2						RELATIONSHIP
First Name MATTHEW	M.I. J	Last Name	<input checked="" type="checkbox"/> Same as Insured			<input type="checkbox"/> Spouse
Street Address <input type="checkbox"/> Same as Insured 100 YOUR STREET RD						<input type="checkbox"/> Parent
City YOUTOWN						<input type="checkbox"/> Child
State MA						<input type="checkbox"/> Brother/Sister
Zip Code 01234						<input type="checkbox"/> Other, specify:
Social Security Number 123-45-6789		Date of Birth 11/11/1988		Phone Number (Optional) 617-123-4567		<b>% OF PROCEEDS</b> <small>(Do Not Put \$ Amount)</small> 50%

- If you list two or more beneficiaries with a specific percentage designated to each, proceeds will be paid as you designated. If one of the beneficiaries dies before you, proceeds will be paid to the remaining beneficiary(ies).
- If you list more than one beneficiary and indicate 100% for each one, this means that when you die, the first beneficiary will receive 100% of the proceeds. However, if the first beneficiary dies before you, the second designated beneficiary will receive 100% of the proceeds. If the second beneficiary also dies before you, your third beneficiary will receive 100% of the payment.
- If all designated beneficiaries die before you, payment will be made according to the terms of your life insurance policies in effect at the time of your death.

(See over for Beneficiary Form-319)



### **Required Documents for GIC Coverage**

#### **If you are planning to cover yourself only:**

- There is no documentation needed unless you are a retiree or survivor who is (and/or whose spouse is) age 65 or over (*see Additional Documents for Retirees and Survivors section below*)

#### **If you are planning to cover a current and/or former spouse, you will need the following:**

- If you are married – Copy of Certified Marriage Certificate

If you are divorced or legally separated, the following sections of the Separation Agreement are required. Note that that if you were divorced prior to March 27, 1985, your former spouse is not eligible for GIC coverage:

- Divorce Absolute Date
- Signature Page
- Health Insurance Provisions
- Your Former Spouse's Last Known Address

#### **If you are planning to cover dependent children, you will need the following:**

- Dependent Child Coverage – Copy of Certified Birth Certificate (*must have parent/child relationship listed*)
- Dependent Age 19-26 – Complete a Dependent Age 19-26 Application for coverage (*form available on the GIC's website*)
- Handicapped Dependent – complete Handicapped Dependent form (*form available on the GIC's website*)
- Adoption – Copy of Adoption Placement Letter
  - Letter must be on Adoption Agency Letterhead and include the following:
    - Name of Adoptive Parents
    - Name of Adopted Child
    - Date Child Placed in the Home
- Grandchild – Copy of Court Guardianship Appointment
  - However, if grandchild is a dependent of a dependent under age 19, copy of grandchild's certified (*Long Form*) birth certificate

Documents such as marriage certificates and birth certificates can be obtained by contacting the Clerk's Office of the town in which the event occurred.

Adoption verification and Grandchild verification information can be obtained by contacting the adoption agency used or the Clerk of Court's office in the town in which the event occurred.

We encourage you to contact the appropriate offices as soon as possible. There may be a waiting period to obtain information.

### ***Additional Required Documents for Retirees and Survivors***

#### **If you and/or your spouse are on Medicare, you will need the following documentation:**

- See above for spousal and dependent coverage
- Photocopy of Medicare Card (include a copy of spouse's card if applicable)
- Photocopy of your latest 1099 or Benefit Verification Letter printed off Social Security's website stating how your monthly Part B premium is paid (e.g., you are being directly billed by Social Security or it is being deducted from your Social Security check). Include this same documentation for your spouse, if applicable.

#### **If you and/or your spouse are over age 65 and Medicare eligible, but not enrolled in Medicare, you will need the following:**

- See above for spouse and dependent coverage
- Between January 1 and March 31, you must enroll in Medicare Part A and Part B and send to the GIC the document listed above (third bullet) for retirees in Medicare
- During the GIC spring open enrollment you must enroll in a GIC Medicare plan

#### **If you and/or your spouse are over age 65 and *not eligible* for Medicare you will need the following documentation:**

- See above for spousal and dependent coverage
- Social Security Denial Letter stating that you or your spouse is not eligible for Medicare Part A for free. 9/3/14



**YOU ARE RECEIVING THIS NOTICE AS REQUIRED BY THE NEW NATIONAL HEALTH REFORM LAW  
(ALSO KNOWN AS THE AFFORDABLE CARE ACT OR ACA)**

On January 1, 2014, the Affordable Care Act (ACA) will be implemented in Massachusetts and across the nation. The ACA will bring many benefits to Massachusetts and its residents, helping us expand coverage to more Massachusetts residents, making it more affordable for small businesses to offer their employees healthcare, and providing additional tools to help families, individuals and businesses find affordable coverage. This notice is meant to help you understand health insurance Marketplaces, which are required by the ACA to make it easier for consumers to compare health insurance plans and enroll in coverage. In Massachusetts, the state Marketplace is known as the Massachusetts Health Connector. While you may or may not qualify for health insurance through the Health Connector, it may still be helpful for you to read and understand the information included here.

**Overview:** When key parts of the national health reform law take effect in January 2014, there will be an easy way for many individuals and small businesses in Massachusetts to buy health insurance: the Massachusetts Health Connector. This notice provides some basic information about the Health Connector, and how coverage available through the Health Connector relates to any coverage that may be offered by your employer. You can find out more by visiting: [MAhealthconnector.org](http://MAhealthconnector.org), or for non-Massachusetts residents, [Healthcare.gov](http://Healthcare.gov) or (1-800-318-2596; TTY: 1-855-889-4325).

**What is the Massachusetts Health Connector?** The Health Connector is our state's health insurance Marketplace. It is designed to help individuals, families, and small businesses find health insurance that meets their needs and fits their budget. The Health Connector offers "one-stop shopping" to easily find and compare private health insurance options from the state's leading health and dental insurance companies. Some individuals and families may also qualify for a new kind of tax credit that lowers their monthly premium right away, as well as cost sharing reductions that can lower out-of-pocket expenses. This new tax credit is enabled by §26B of the Internal Revenue Service (IRS) Code.

Open enrollment for individuals and families to buy health insurance coverage through the Health Connector begins Oct. 1, 2013, for coverage starting as early as Jan. 1, 2014. (And in future years, open enrollment will begin every Oct. 15.) You can find out more by visiting [MAhealthconnector.org](http://MAhealthconnector.org) or calling **1-877-MA ENROLL** (1-877-623-6765).

**Can I qualify for federal and state assistance that reduces my health insurance premiums and out-of-pocket expenses through the Health Connector?**

Depending on your income, you may qualify for federal and/or state tax credits and other subsidies that reduce your premiums and lower your out-of-pocket expenses if you shop through the Health Connector. You can find out more about the income criteria for qualifying for these subsidies by visiting [MAhealthconnector.org](http://MAhealthconnector.org) or calling **1-877-MA ENROLL** (1-877-623-6765).

**Does access to employer-based health coverage affect my eligibility for subsidized health insurance through the Health Connector?**

An offer of health coverage from the Commonwealth of Massachusetts, as the employer, could affect your eligibility for these credits and subsidies through the Health Connector. If your income meets the eligibility criteria, you will qualify for credits and subsidies through the Health Connector if:

- **The Commonwealth of Massachusetts does not offer coverage to you**  
Or
- **The Commonwealth of Massachusetts offers you coverage, but:**

- o The coverage the Commonwealth of Massachusetts provides you (not including other family members) would require you to spend more than 9.5 percent of your household income for the year; or
- o The coverage the Commonwealth of Massachusetts provides does not meet the "minimum value" standard set by the new national health reform law (which says that the plan offered has to cover at least 60 percent of total allowed costs)

If you purchase a health plan through the Health Connector instead of accepting health coverage offered by the Commonwealth of Massachusetts please note that you will lose the employer contribution (if any) for your health insurance. Also, please note that the amount that you and your employer contribute to your employer-sponsored health insurance is often excluded from federal and state income taxes. Health Connector premiums have different tax treatment.

As part of considering whether the ACA and Marketplaces will affect you as an employee it is important to understand what the Commonwealth of Massachusetts offers you.

- i The Commonwealth offers benefited employees health coverage through the Group Insurance Commission. To be eligible for GIC health insurance, a state employee must work a minimum of 18  $\frac{3}{4}$  hours in a 37.5 hour workweek or 20 hours in a 40 hour workweek. The employee must contribute to a participating GIC retirement system, such as the State Board of Retirement, a municipal retirement board, the Teachers Retirement Board, the Optional Retirement Pension System for Higher Education, a Housing, Redevelopment Retirement Plan, or another Massachusetts public sector retirement system (OBRA is not such a public retirement system for this purpose (<http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/>)).
- i Temporary employees, contractors, less-than-half time part time workers, and most seasonal employees are not eligible for GIC health insurance benefits. These employees are offered a Section 125 Plan through the Commonwealth. These plans allow employees the ability to purchase health insurance on a pre-tax basis. This Massachusetts law (956 CMR 4.00, authorized by M.G.L. c. 176Q, §16) requires employers to provide an option for their employees to buy health insurance with pre-tax income, even if those employees do not qualify for a health insurance plan offered by the employer. This is done by setting up a payroll deduction that lets employees make a health insurance premium payment with pre-tax dollars. The Commonwealth § employees can enroll in the Section 125 plan that is administered through Mosaic, Inc. ([www.mosaicix.com](http://www.mosaicix.com)).

If there is any confusion around your employment status and what you are eligible for, please email [healthmarketplacenotice@massmail.state.ma.us](mailto:healthmarketplacenotice@massmail.state.ma.us) or contact your HR department or GIC Coordinator.





## **Affordable Care Act- Health Insurance Marketplaces Question and Answers**

### **1) Why am I receiving this notice about health insurance marketplaces?**

The federal Affordable Care Act (ACA) requires that all employees receive this notice to help you understand health insurance Marketplaces, which were set up to make it easier for consumers to compare health insurance plans and enroll in coverage. In Massachusetts, the state Marketplace is known as the Massachusetts Health Connector. When key parts of the national health reform law take effect in January 2014, the Health Connector will provide an easy way for many individuals and small businesses in Massachusetts to buy health insurance. This notice provides some basic information about the Health Connector, and how coverage available through the Health Connector relates to any coverage that may be offered by your employer. You can find out more by visiting: [MAhealthconnector.org](http://MAhealthconnector.org), for non-Massachusetts residents, [Healthcare.gov](http://Healthcare.gov) or (1-800-318-2596; TTY: 1-855-889-4325).

### **2) What is the ACA provision that requires this notice?**

The Commonwealth of Massachusetts is required by law (§ 1512 of the ACA, which creates 29 U.S.C. 218b) to provide you the information contained in this notice. On January 1, 2014, the Affordable Care Act (ACA) will be implemented in Massachusetts and across the nation. The ACA will bring many benefits to Massachusetts and its residents, helping us expand coverage to more Massachusetts residents, making it more affordable for small businesses to offer their employees' healthcare, and providing additional tools to help families, individuals and businesses find affordable coverage.

### **3) What is the Massachusetts Health Connector?**

The Health Connector is our state's health insurance Marketplace. It is designed to help individuals, families, and small businesses find health insurance that meets their needs and fits their budget. The Health Connector offers "one-stop shopping" to easily find and compare private health insurance options from the state's leading health and dental insurance companies. Some individuals and families may also qualify for a new kind of tax credit that lowers their monthly premium right away, as well as cost sharing reductions that can lower out-of-pocket expenses. This new tax credit is enabled by §26B of the Internal Revenue Service (IRS) Code.

Open enrollment for individuals and families to buy health insurance coverage through the Health Connector begins Oct. 1, 2013, for coverage starting as early as Jan. 1, 2014. (And in future years, open enrollment will begin every Oct. 15.) You can find out more by visiting [MAhealthconnector.org](http://MAhealthconnector.org) or calling 1-877-MAENROLL (1-877-623-6765).

### **4) Am I eligible for shopping in the Marketplace (the Health Connector)?**

You may or may not qualify for health insurance through the Health Connector. If you are offered coverage by the Commonwealth of Massachusetts that is considered “affordable” and meets a “minimum value” standard according to federal definitions (see below), you most likely will not qualify for the subsidized coverage offered through the Health Connector described in this notice. Most benefitted state employees may not shop for subsidized coverage in the Marketplace; the exception is that some employees who live outside Massachusetts may be eligible. However, it may still be helpful for you to read and understand the information in the notice and Q&As.

**5) Can I qualify for federal and state assistance that reduces my health insurance premiums and out-of-pocket expenses through the Health Connector?**

Depending on your income, you may qualify for federal and/or state tax credits and other subsidies that reduce your premiums and lower your out-of-pocket expenses if you shop through the Health Connector. You can find out more about the income criteria for qualifying for these subsidies by visiting the [MAhealthconnector.org](http://MAhealthconnector.org) or by calling 1-877-MAENROLL (1-877-623-6765).

**6) Does access to employer-based health coverage affect my eligibility for subsidized health insurance through the Health Connector?**

An offer of health coverage from the Commonwealth of Massachusetts could affect your eligibility for these credits and subsidies through the Health Connector. If your income meets the eligibility criteria, you will qualify for credits and subsidies through the Health Connector if:

- i You are not eligible for health benefits through the Commonwealth of Massachusetts in its role as your employer, or
- i You are eligible for health benefits through the Commonwealth of Massachusetts in its role as your employer, but:
  - o The individual premium for the least expensive health plan for which you are eligible costs more than 9.5 percent of your household income for the year; or
  - o The coverage the Commonwealth of Massachusetts provides does not meet the "minimum value" standard set by the new national health reform law (which says that the plan offered has to cover at least 60 percent of total allowed costs). Please note that in 2014, all GIC plans meet “minimum value” standards.

If you purchase a health plan through the Health Connector instead of accepting health coverage offered by the Commonwealth of Massachusetts, please note that you will lose the employer contribution for your health insurance. Also, please note that the amount that you and your employer contribute to your employer-sponsored health insurance is often excluded from federal and state income taxes.

**7) Am I eligible for GIC health benefits?**

The Commonwealth offers benefitted employees health coverage through the Group Insurance Commission (GIC). To be eligible for GIC health insurance, a state employee must work a minimum of 18¾ hours in a 37.5 hour workweek or 20 hours in a 40 hour workweek. The employee must contribute to a participating GIC retirement system, such as the State Board of Retirement, a municipal retirement board, the Teachers Retirement Board, the Optional Retirement Pension System for Higher Education, a Housing, Redevelopment Retirement Plan, or another Massachusetts public sector retirement system (OBRA is not such a public retirement system for this purpose (<http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/>)).

**8) Am I eligible for a Section 125 Plan?**

Temporary employees, contractors, less-than-part time workers, and most seasonal employees are not eligible for GIC health insurance benefits. These employees must be offered a Section 125 Plan through their employer. These plans allow employees the ability to purchase health insurance on a pretax basis. This Massachusetts law (956 CMR 4.00, authorized by M.G.L. c. 176Q, §16) requires employers to provide an option for their employees to buy health insurance with pre-tax income, even if those employees do not qualify for a health insurance plan offered by the employer. This is done by setting up a payroll deduction that lets workers make a health insurance premium payment with pre-tax dollars. The Commonwealth's employees can enroll in the Section 125 plan that is administered through Mosaic, Inc. ([www.mosaicix.com](http://www.mosaicix.com)).

**9) Who should I contact if I have questions about my employment status, eligibility, or any other information?**

If you have questions or need further information, send an email to [healthmarketplacenotice@massmail.state.ma.us](mailto:healthmarketplacenotice@massmail.state.ma.us) or contact your HR department or GIC Coordinator.

**Office of Human Resources (508) 999 - 8083**



The Commonwealth of Massachusetts

Employer ID # 6585000

UMass Employer ID# 658511

### WHEN DOES COVERAGE BEGIN?

For new employees coverage begins on the first day of the month following 60 calendar days from the date of employment, or two calendar months, whichever comes first.

#### EFFECTIVE COVERAGE DATES FOR NEW EMPLOYEES

If the date of employment is from .....	Coverage begins on:
January 2 to February 1 .....	April 1
February 2 to March 2 .....	May 1
March 3 to April 2 .....	June 1
April 3 to May 2 .....	July 1
May 3 to June 2 .....	August 1
June 3 to July 3 .....	September 1
July 4 to August 2 .....	October 1
August 3 to September 2 .....	November 1
September 3 to October 2 .....	December 1
October 3 to November 2 .....	January 1
November 3 to December 3 .....	February 1
December 4 to January 1 .....	March 1

***Employees who did not enroll in a health insurance plan when first eligible, may enroll during Annual Enrollment. Coverage will begin July 1 following Annual Enrollment.***

-----For Human Resources use only-----

- BENEFIT GUIDE
- FORM 1
- BENEFICIARY FORM
- INSURANCE DATA FORM (if family health plan)
- COVERAGE CHANGES
- OPTIONAL LIFE INSURANCE BROCHURE
- ACKNOWLEDGEMENT FORM
- ACA HANDOUT

I \_\_\_\_\_ UNDERSTAND THAT THE FORMS LISTED ON THIS SHEET MUST BE RETURNED TO THE HUMAN RESOURCES OFFICE NO LATER THAN \_\_\_\_\_ WHICH IS TWO WEEKS FROM MY HIRE DATE.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note. Once you are hired into the payroll system you will be able to enter your information. Please ensure that you have returned all required documentation so that we may assist in expediting this process.



# State Employee Acknowledgement Form *For GIC Eligible Employees*

You are responsible for familiarizing yourself with your benefit options and making your elections within 10 days of the date of hire:

- Basic Life Insurance
- Basic Life & Health Insurance
- Summary of Benefits and Coverage ([www.mass.gov/gic/sbc](http://www.mass.gov/gic/sbc))
- Optional Life Insurance
- Long Term Disability (LTD)
- Dental/Vision (*if eligible*)
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

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

I hereby acknowledge that I have reviewed the most recent GIC *Benefit Decision Guide* and understand my benefit options before I made my benefit elections. I understand that if I enroll in GIC basic life or basic life and health insurance, my premiums will be deducted on a pretax basis unless I elect post tax benefits.

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.

# GIC BENEFIT COVERAGE CHANGES



## **FAMILY COVERAGE**

In addition to GIC's Insurance Enrollment and change Form 1 and Insurance Data Form (IDF), GIC requires certified documents; (e.g. a marriage certificate for a spouse and birth certified for dependent children) or whenever an employee, including new hires, elects family coverage or changes coverage (e.g. life insurance only to life and family health or individual to family)

For example, if an insured wishes to add a newborn child to an existing family membership, in addition to the GIC Insurance Data Form, GIC requires a certified birth certificate or a hospital statement for the newborn child. If the insured wants to add a spouse to an existing family membership, in addition to the GIC Insurance Data Form, GIC requires a certified marriage certificate. If the insured already has a spouse on file from whom he/she is divorced, GIC also requires a copy of the divorce decree. In particular we need the page with the absolute date and the section on health insurance. We also need the former spouse's home address.

## **INDIVIDUAL COVERAGE**

Whenever an employee with family coverage wants to change to individual coverage because of divorce, death of the spouse, or the spouse has his/her own coverage, along with the GIC Insurance Enrollment Change Form 1, GIC requires specific documentation. In the case of divorce, GIC requires a copy of the divorce decree. In particular we need the page with the absolute date and the section on health insurance. We also need the former spouse's home address. In the case of a death, GIC requires a certified copy of the death certificate. In the case where other health insurance coverage is available, GIC needs verification of the other health coverage. If the change is because a dependent child is no longer eligible for coverage, GIC requires only the Form 1.

## **DIVORCE NOTIFICATION**

Whenever an insured with family coverage divorces, GIC must notified so that we can determine if the former spouse is eligible to remain covered under the employee's family plan. Notification must include a copy of the divorce decree. In particular we need the page with the absolute date and the section on health insurance. We also need the former spouse's home address.

Whenever an insured wants to add a former spouse to his/her coverage, along with a written request for coverage, GIC requires a copy of the divorce decree. In particular we need the page with the absolute date and the section on health insurance. We also need the former spouse's home address.

GIC will determine the effective date of coverage for the former spouse and notify both the insured and former spouse in writing.



# Pension

## Massachusetts State Retirement Board

<https://www.mass.gov/orgs/massachusetts-state-retirement-board-msrb>

1 Winter Street

Boston, MA 02108

617-367-9333

**Joanne Costa**

Benefits Coordinator

Office of Human Resources

508-999-8083



THE COMMONWEALTH OF MASSACHUSETTS  
**State Board of Retirement**  
 ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

**COMMONWEALTH AGENCY  
 NEW MEMBER  
 ENROLLMENT FORM**

**SECTION A TO BE COMPLETED BY MEMBER - SECTION B TO BE COMPLETED BY AGENCY**  
 PLEASE RETURN COMPLETED FORM TO THE MASSACHUSETTS STATE RETIREMENT BOARD

**SECTION A - TO BE COMPLETED BY MEMBER**

**1. MEMBER INFORMATION**

Name (Print)			Former Name		SSN	
Street Address			Date of Birth		Gender: M <input type="checkbox"/>	
City	State	Zip Code	Phone Number		F <input type="checkbox"/>	
E-Mail						
Marital Status:						
<input type="checkbox"/> Married	<input type="checkbox"/> Single	If <b>Divorced</b> , are you subject to a Qualified Domestic Relations Order?				
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced					
				Spouse Name		
Are you a Veteran?		The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.			Employment Position	
<input type="checkbox"/> Yes	<input type="checkbox"/> No				Start Date	
Dates of Military Service		to			Agency or Department	
A copy of your military discharge may be requested				Agency Phone Number		

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

Retirement System	Start Date	End Date	Was a Refund Taken?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**3. ARE YOU CURRENTLY OR HAVE YOU EVER RECEIVED A RETIREMENT ALLOWANCE FROM ANOTHER PUBLIC RETIREMENT SYSTEM?**  Yes  No

**4. STATEMENT AND SIGNATURE OF MEMBER**

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

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ *Continued on reverse*



**SECTION A (CONTINUED)**

**5. BENEFICIARY INFORMATION**

Beneficiary or beneficiaries nominated will receive in the proportion designated any amount due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member.

**A beneficiary blank with corrections or erasures is not acceptable**

Give Complete Name and Address of Each Beneficiary			
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:

*\*Must Total 100% - If Contingent Please Specify*

**6. PLEASE SIGN BELOW**

<b>Member Signature</b>	<b>Date</b>
	<b>Witness may not be beneficiary</b>
<b>Witness Signature</b>	

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

**SECTION B - TO BE COMPLETED BY THE AGENCY**

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

State Police Start Date: \_\_\_\_\_ Date of First Deduction: \_\_\_\_\_  New  Transfer

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

Service Status:  Full-Time  Part-Time \_\_\_\_\_%  Temp/Sub \_\_\_\_\_  Other \_\_\_\_\_

<b>Authorized Signature</b>	<b>Date</b>
University of Massachusetts Dartmouth #1274	
Agency and Payroll Number	

## Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

Employer Name COMMONWEALTH OF MASSACHUSETTS

Employer ID# 04-600-2284

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

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

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

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

### For More Information

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

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

 PLEASE SIGN  
& DATE

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

## **Information about Social Security Form SSA-1945**

### **Statement Concerning Your Employment in a Job Not Covered by Social Security**

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

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

Employers must:

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

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

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto:oplm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

## Additional Pension Plans for Employees

### **University of Massachusetts 403(b) Elective Deferral Savings Plan**

The University's 403(b) Plan provides a unique savings opportunity to University of Massachusetts employees. Your contributions to the plan are made through payroll deduction, making regular savings easy for you. There is no contribution from the University. The payroll system reduces your pay by the amount of your contribution before it applies Federal and Massachusetts state income taxes to your check.

Your contribution is sent directly to the plan carrier (also referred to as "plan provider"), which you select from among the University's approved providers, where it will be invested according to your instructions. Your plan carrier will maintain an account that you own. You will direct how the carrier manages your investments. For more information about the University's 403(b) Retirement Plan, visit these links:

<http://www.umassp.edu/employee-center/403b-opening-an-account>

<http://www.umassp.edu/employee-center/frequently-asked-questions-403b>

### **Commonwealth of Massachusetts 457 Deferred Compensation Plan (*SMART Plan*)**

Massachusetts Deferred Compensation SMART PLAN is a retirement savings, 457(b), deferred compensation plan. The plan allows employees to save and invest before tax dollar through salary deferrals. University employees may contribute up to the maximums for both the University's 403(b) Plan and the SMART Plan.

Visit [www.mass-smart.com](http://www.mass-smart.com) or call 877-457-1900 for more information on the SMART Plan. You may also contact your local SMART Plan representative below for more information.

Smart Plan Representative	Work Location	Contact Number
Vito DeSimone	Dartmouth Campus	(401) 439-3715

For additional information you may also contact the University's System Human Resources Office at (774) 455-7586.



# Conflict of Interest & State Ethics

## Memo to Campus Community

As a result of Governor Patrick signing into law Chapter 28 of the Acts of 2009, An Act to Improve the Laws Relating to Campaign Finance, Ethics and Lobbying (the "Bill") on July 1, 2009, employees of the University of Massachusetts Dartmouth must comply with the new mandatory requirements.

### Summary of the Conflict of Interest Law

On or before December 28, 2009, and on an annual basis thereafter, all current state employees must be provided with a summary of the Conflict of Interest Law. Every public employee must sign a written acknowledgement that s/he has received the summary.

This summary is accessible on the Human Resources website at <http://www.umassd.edu/hr/employeeresources/newemployeeessentials/>

Please review the Summary and sign the acknowledgement page and return it to Human Resources. Alternatively, an e-mail acknowledging receipt of the summary can be sent to [humanresources@umassd.edu](mailto:humanresources@umassd.edu)

### Mandatory Online Training Program

All current state employees, including Visiting Lecturers and temporary hires, must complete the online training provided by the State Ethics Commission no later than 30 days after their date of hire. The link to online training is provided below.

<https://el.lawroom.com/toolbox/#/my-courses>

Thank you in advance for complying with these state mandates.

If you have any questions, please contact **Sue Wilbur** at Ext. 8080.

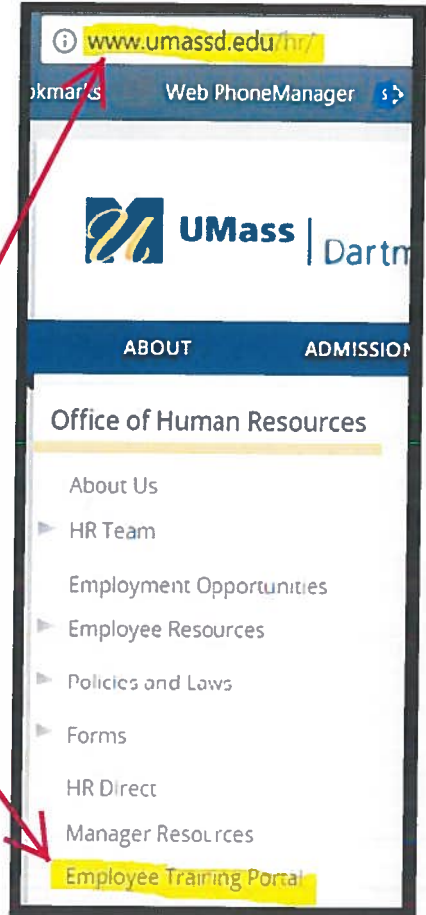


### State Ethics Commission Online Training

The Ethics Reform Bill (Chapter 28 of the Acts of 2009) made changes to the Conflict of Interest Law (M.G.L. Chapter 268A). One of the changes requires that all employees of the University of Massachusetts Dartmouth, including visiting lecturers and temporary employees, complete online training provided by the State Ethics Commission no later than 30 days after day of hire.

The training link can be found on our website

If you have any questions, please contact Sue Wilbur at 508 999-8080 or by email at [swilbur@umassd.edu](mailto:swilbur@umassd.edu).



\*\*\*\*\*

I understand that I am required to complete online training provided by the State Ethics Commission no later than **30 days** after my date of hire.

\_\_\_\_\_  
Employees Name



\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Date



## Summary of the Conflict of Interest Law for State Employees

This summary of the conflict of interest law, General Laws chapter 268A, is intended to help state employees understand how that law applies to them. This summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation. State employees can obtain free confidential advice about the conflict of interest law from the Commission's Legal Division. State agency counsel may also provide advice.

The conflict of interest law seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public's trust and confidence in that service by placing restrictions on what state employees may do on the job, after hours, and after leaving public service, as described below. The sections referenced below are sections of G.L. c. 268A.

When the Commission determines that the conflict of interest law has been violated, it can impose a civil penalty of up to \$10,000 (\$25,000 for bribery cases) for each violation. In addition, the Commission can order the violator to repay any economic advantage he gained by the violation, and to make restitution to injured third parties. Violations of the conflict of interest law can also be prosecuted criminally.

### **I. Are you a state employee for conflict of interest law purposes?**

You do not have to be a full-time, paid state employee to be considered a state employee for conflict of interest purposes. Anyone performing services for a state agency or holding a state position, whether paid or unpaid, including full- and part-time state employees, elected officials, volunteers, and consultants, is a state employee under the conflict of interest law. An employee of a private firm can also be a state employee, if the private firm has a contract with the state and the employee is a "key employee" under the contract, meaning the state has specifically contracted for her services. The law also covers private parties who engage in impermissible dealings with state employees, such as offering bribes or illegal gifts.

### **II. Applying for State Employment. (See Section 6B)**

State agencies reviewing employment applications are required to request, and applicants for state employment are required to disclose, information about applicants' family members who are already employed by the state. Every applicant for state employment must disclose, in writing, the names of any state employee who is related to the applicant as spouse, parent, child, sibling, or the spouse of the applicant's parent, child, or sibling.

### **III. On-the-job restrictions.**

#### **(a) Bribes. Asking for and taking bribes is prohibited. (See Section 2)**

A bribe is anything of value corruptly received by a state employee in exchange for the employee being influenced in his official actions. Giving, offering, receiving, or asking for a bribe is illegal.



Bribes are more serious than illegal gifts because they involve corrupt intent. In other words, the state employee intends to sell his office by agreeing to do or not do some official act, and the giver intends to influence him to do so. Bribes of any value are illegal.

**(b) Gifts and gratuities. Asking for or accepting a gift because of your official position, or because of something you can do or have done in your official position, is prohibited. (See Sections 3, 23(b)(2), and 26)**

State employees may not accept gifts and gratuities valued at \$50 or more given to influence their official actions or because of their official position. Accepting a gift intended to reward past official action or to bring about future official action is illegal, as is giving such gifts. Accepting a gift given to you because of the state position you hold is also illegal. Meals, entertainment event tickets, golf, gift baskets, and payment of travel expenses can all be illegal gifts if given in connection with official action or position, as can anything worth \$50 or more. A number of smaller gifts together worth \$50 or more may also violate these sections.

*Example of violation* : A highway inspector allows a pavement contractor to buy him lunch every day during a two-month road repaving project.

*Example of violation* : An industry association provides a free day's social outing, including a barbecue lunch, golf, a cocktail hour, and a clam bake, to a group of legislators.

**Regulatory exemptions** . There are situations in which a state employee's receipt of a gift does not present a genuine risk of a conflict of interest, and may in fact advance the public interest. The Commission has created exemptions permitting giving and receiving gifts in these situations. One commonly used exemption permits state employees to accept payment of travel-related expenses when doing so advances a public purpose and a written disclosure is made. Another commonly used exemption permits state employees to accept payment of costs involved in attendance at educational and training programs. Other exemptions are listed on the Commission's website.

*Example where there is no violation* : A non-profit concerned with preventing domestic violence offers to pay the travel expenses of an assistant district attorney to a conference on prosecuting domestic violence cases. The attorney fills out a disclosure form and obtains prior approval from his appointing authority.

*Example where there is no violation* . A professional engineers' association offers a continuing education seminar of substantial value and waives the registration and materials fees for state employees who are engineers. The state engineers must make a disclosure only if the sponsoring entities have official business before them during the six months before and after the seminar.

**(c) Misuse of position. Using your official position to get something you are not entitled to, or to get someone else something they are not entitled to, is prohibited. Causing someone else to do these things is also prohibited. (See Sections 23(b)(2) and 26)**

A state employee may not use her official position to get something worth \$50 or more that would not be

properly available to other similarly situated individuals. Similarly, a state employee may not use her official position to get something worth \$50 or more for someone else that would not be properly available to other similarly situated individuals. Causing someone else to do these things is also prohibited.

**Example of violation** : A state employee writes a novel on work time, using her office computer, and directing her secretary to proofread the draft.

**Example of violation** : The commissioner of a state agency directs subordinates to drive her wife to and from the grocery store.

**Example of violation** : An assistant attorney general avoids a speeding ticket by asking the police officer who stops him, "Do you know who I am?" and showing his state I.D.

**(d) Self-dealing and nepotism. Participating as a state employee in a matter in which you, your immediate family, your business organization, or your future employer has a financial interest is prohibited. (See Section 6)**

A state employee may not participate in any particular matter in which he or a member of his immediate family (parents, children, siblings, spouse, and spouse's parents, children, and siblings) has a financial interest. He also may not participate in any particular matter in which a prospective employer, or a business organization of which he is a director, officer, trustee, or employee has a financial interest. Participation includes discussing as well as voting on a matter, and delegating a matter to someone else.

A financial interest may create a conflict of interest whether it is large or small, and positive or negative. In other words, it does not matter if a lot of money is involved or only a little. It also does not matter if you are putting money into your pocket or taking it out. If you, your immediate family, your business, or your employer have or has a financial interest in a matter, you may not participate. The financial interest must be direct and immediate or reasonably foreseeable to create a conflict. Financial interests which are remote, speculative or not sufficiently identifiable do not create conflicts.

Neither general legislation nor home rule legislation are "particular matters" for purposes of the conflict of interest law. A state employee can participate in general legislation and home rule legislation even if she has a financial interest in such legislation, but state legislators and constitutional officers must file a disclosure if the matter will substantially affect their financial interests, and any state employee must file a disclosure if a reasonable person would think that the employee could be improperly influenced.

**Example of violation** : The chief administrative officer of a state agency, who has a balance of 900 hours in accumulated sick leave, proposes a plan by which the agency will pay employees for accumulated sick leave.

**Example of violation** : An employee of the Massachusetts Cultural Council is also the director of a non-profit corporation dedicated to increasing art in public spaces. The non-profit applies to the Council for a grant, and the employee participates in rating the applications received for that grant.

**Example of violation** : A state employee promotes his son to a position under his supervision.

**Example where there is no violation** : Proposed legislation under consideration by the State Senate will amend the General Laws with respect to insurance coverage of ocean front property. A State Senator owns ocean front property in Cape Cod. The Senator can discuss and vote on the legislation because it is general legislation, but must file a disclosure because the legislation will substantially affect her financial interest.

A state employee whose duties do not require her to participate in a particular matter may comply with the law by simply not participating in the particular matter in which she has a financial interest. She need not give a reason for not participating.

An appointed state employee may also comply with the law by filing a written disclosure about the financial interest with his appointing authority, and seeking permission to participate notwithstanding the conflict. If a state employee's duties would require him to participate in a matter in which he has a financial interest, this is the procedure he should use. The appointing authority may grant written permission to participate if she determines that the financial interest in question is not so substantial that it is likely to affect the integrity of the employee's services to the state. Otherwise, the appointing authority will assign the matter to someone else, or do it herself. Participating without disclosing the financial interest is a violation. Elected employees cannot use the disclosure procedure because they have no appointing authority.

**Regulatory exemptions** . The Commission has created exemptions permitting state employees to participate in particular matters notwithstanding the presence of a financial interest in certain very specific situations when permitting them to do so advances a public purpose. A person serving as a member of a state board pursuant to a legal requirement that the board have members with a specified affiliation may participate fully in determinations of general policy by the board, even if the entity with which he is affiliated has a financial interest in the matter. A state elected official may participate in a particular matter that involves a determination of general policy where her financial interest in the matter is shared with a substantial segment of the public, as defined in the Commission's regulation. Other exemptions are listed on the Commission's website.

**Example where there is no violation:** A state licensing board is required by its enabling legislation to have members with various specified affiliations, including members licensed by the board, and members involved in providing training required for licensure. Board members wish to participate in board discussions about imposing a continuing education requirement on licensees. Compliance with the proposed requirement will cost every licensee several hundred dollars per year. Board members who are licensees and who provide training required for licensure may participate in the determination of the continuing education requirement notwithstanding their financial interests in that matter, because it is a determination of general policy.

**(e) False claims. Presenting a false claim to your employer for a payment or benefit is prohibited, and causing someone else to do so is also prohibited. (See Sections 23(b)(4) and 26)**

A state employee may not present a false or fraudulent claim to his employer for any payment or benefit worth \$50 or more, or cause another person to do so.

**Example of violation** : A state agency manager directs his secretary to fill out time sheets to show him as present at work on days when he was skiing.

**(f) Appearance of conflict. Acting in a manner that would make a reasonable person think you can be improperly influenced is prohibited. (See Section 23(b)(3))**

A state employee may not act in a manner that would cause a reasonable person to think that she would show favor toward someone, or that she can be improperly influenced. Section 23(b)(3) requires a state employee to consider whether her relationships and affiliations could prevent her from acting fairly and objectively when she performs her duties for the state. If she cannot be fair and objective because of a relationship or affiliation, she should not perform her duties. However, a state employee, whether elected or appointed, can avoid violating this provision by making a public disclosure of the facts. An appointed employee must make the disclosure in writing to his appointing official.

*Example where there is no violation* : A state agency employee is engaged to be married to the owner of a business. The business owner submits a response to a request for proposals from the agency. A reasonable person could conclude that the employee might favor her fiance's response. The employee files a written disclosure with her appointing authority explaining her relationship with her fiance prior to the meeting at which responses to the RFP will be considered. There is no violation of Section 23(b)(3).

*Example where there is no violation* : The State House of Representatives is considering legislation which will create a general law that sets a maximum limit on insurance premiums paid by obstetricians. A State Representative is married to an obstetrician who will be affected by the proposed legislation. The Representative can participate in the matter but files a disclosure of his wife's interest to eliminate any appearance of a conflict. There is no violation.

**(g) Confidential information. Improperly disclosing or personally using confidential information obtained through your job is prohibited. (See Section 23(c))**

State employees may not improperly disclose confidential information, or make personal use of non-public information they acquired in the course of their official duties to further their personal interests.

#### **IV. After-hours restrictions.**

**(a) Taking a second paid job that conflicts with the duties of your state job is prohibited. (See Section 23(b)(1))**

A state employee may not accept other paid employment if the responsibilities of the second job are incompatible with his or her state job.

*Example* : A state police trooper may not work as a paid private security guard in the area where he serves because the demands of his private employment would conflict with his duties as a trooper.

*Example* : A State Senator may not take a second position counseling clients on how to receive favorable consideration in the Massachusetts Senate.

**(b) Divided loyalties. Receiving pay from anyone other than the state to work on a matter involving the state is prohibited. Acting as agent or attorney for anyone other than the state in a matter involving the state is also prohibited whether or not you are paid. (See Section 4)**

Because the Commonwealth is entitled to the undivided loyalty of its employees, a state employee may not be paid by other people and organizations in relation to a matter in which the state has an interest. In addition, a state employee may not act on behalf of other people and organizations or act as an attorney for other people and organizations if the state has an interest in a matter. Acting as agent includes contacting the state in person, by phone, or in writing; acting as a liaison; providing documents to the state; and serving as spokesman.

A state employee may always represent his own personal interests, even before his own state agency or board, on the same terms and conditions that would apply to other similarly situated members of the public.

Section 4 applies differently to State Senators and State Representatives than it does to other state employees, because they must frequently act on behalf of their constituents. Section 4 allows State Senators and State Representatives to perform constituent services, but prohibits them from appearing personally before state agencies for compensation other than their legislative salaries except on ministerial matters such as filing tax returns, permit and license applications, and incorporation papers, and in state court proceedings and quasi-judicial agency proceedings.

**Example of violation** : A state employee makes inquiries to another state agency about an investigation that the second state agency is conducting of his wife.

**Example of violation** : A state advisory commission member participates in matters at his agency that affect one of his private clients, and is compensated by the client for his work on its behalf.

**Example where there is no violation** : A State Senator is contacted by a constituent who has applied for benefits to a state agency, has not received a timely determination by the agency, and cannot get his calls to the agency returned. The Senator may call the agency on the constituent's behalf to inquire about the matter. The Senator's aide may also call the agency on the constituent's behalf to inquire about the matter without violating Section 4.

While many state employees earn their livelihood in state jobs, some state employees volunteer their time to the state or receive small stipends. Others may serve in a part-time state position which permits them to have other personal or private employment during normal working hours. In recognition of the need not to unduly restrict the ability of volunteers and part-time employees to earn a living, the law is less restrictive for these "special" state employees than for other state employees.

If a state position is a "special" state position, an employee holding that position may be paid by others, act on behalf of others, and act as attorney for others with respect to matters before state agencies other than his own, provided that he has not officially participated in the matter, and the matter is not now, and has not within the past year been, under his official responsibility, and is not pending before his own state agency.

**Example** : A part-time investigator for a state agency may work on her own time privately for a party litigating

a case with a different state agency, provided that she has not participated in or had responsibility for the litigated matter in her state position.

**(c) Inside track. Being paid by the state, directly or indirectly, under some second arrangement in addition to your job is prohibited, unless an exemption applies. (See Section 7)**

A state employee generally may not have a financial interest in a state contract, including a second state job. A state employee is also generally prohibited from having an indirect financial interest in a contract that the state has with someone else. This provision is intended to prevent state employees from having an "inside track" to further financial opportunities.

*Example of violation* : A paid state employee accepts paid employment with a second state agency.

*Example of violation* : A paid state employee buys a surplus computer from his agency.

*Example of violation* : A state employee wants to work for a non-profit that receives funding under a contract with the state. Unless she can satisfy the requirements of an exemption under Section 7, she cannot take the job.

There are numerous exemptions. Some exemptions apply only to special state employees. Specific exemptions may cover State Senators and State Representatives, teaching and related activities in state facilities, serving as an uncompensated volunteer in a second state position, providing services to state agency clients, and other specific situations. Please call the Ethics Commission's Legal Division for advice about a specific situation.

## **V. After you leave state employment. (See Section 5)**

**(a) Forever ban. After you leave your state job, you may never work for anyone other than the state on a matter that you worked on as a state employee.**

If you participated in a matter as a state employee, you cannot ever be paid to work on that same matter for anyone other than the state, nor may you act for someone else, whether paid or not. The purpose of this restriction is to bar former employees from selling to private interests their familiarity with the facts of particular matters that are of continuing concern to the state. The restriction does not prohibit former state employees from using the expertise acquired in government service in their subsequent private activities.

*Example of violation* : A former state employee works for a contractor under a contract that she helped to draft and oversee for the state.

**(b) One year cooling-off period. For one year after you leave your state job you may not participate in any matter over which you had official responsibility during your last two years of public service.**

Former state employees are barred for one year after they leave state employment from personally appearing before any agency of the state in connection with matters that were under their authority in their prior state positions during the two years before they left.

**Example** : A state employee negotiates a three-year contract with a company. The manager who supervised the employee, and had official responsibility for the contract but did not participate in negotiating it, leaves her job to work for the company to which the contract was awarded. The former manager may not call or write the state in connection with the company's work on the contract for one year after leaving the state.

A former state employee who participated as such in general legislation on expanded gaming and related matters may not become an officer or employee of, or acquire a financial interest in, an applicant for a gaming license, or a gaming licensee, for one year after his public employment ceases.

**(c) Partners. Your partners will be subject to restrictions while you serve as a state employee and after your state service ends.**

Partners of state employees and former state employees are also subject to restrictions under the conflict of interest law. If a state employee participated in a matter, or if he has official responsibility for a matter, then his partner may not act on behalf of anyone other than the state or provide services as an attorney to anyone but the state in relation to the matter.

**Example** : An architect serves on the state Architectural Access Board, and is responsible for every matter that comes before the Board. While he serves, his partners may not submit architectural plans for any clients seeking a variance from the Board.

**Example** : A former state agency general counsel joins a law firm as a partner. Her new partners cannot represent any private clients in connection with matters she litigated for the state for one year after her job with the state ended.

**Example** : A professional engineer formerly employed by a state agency joins an engineering firm organized as a partnership. His new partners cannot appear before his former agency in connection with matters that he worked on for the state for one year after his job with the state ended.

**(d) Legislative and executive agents. For one year after you leave your state job you may not act as a legislative or executive agent before your former agency.**

**Example of violation** : The chief of staff of a State Senator leaves his position. Three months later, he contacts his successor to lobby on behalf of a client.

\* \* \* \* \*

This summary is not intended to be legal advice and, because it is a summary, it does not mention every provision of the conflict law that may apply in a particular situation. You can find further information about how the law applies in many situations elsewhere on this website. You can also contact the Commission's Legal Division via this website, by telephone, or by letter.

Version 7: Revised May 10, 2013

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**ACKNOWLEDGMENT OF RECEIPT**



I, \_\_\_\_\_, hereby acknowledge that I  
*(first and last name)*

**received a copy of the summary of the conflict of interest law**

**for state employees on \_\_\_\_\_.**  
*(date)*

*State employees should complete the acknowledgment of receipt and return it to the Human Resource Department. Alternatively, state employees may send an e-mail acknowledging receipt of the summary to HUMANRESOURCES@umassd.edu.*





# For Your Information & Action



Computing & Information Technology Services  
UMass Dartmouth Logon Application

Return to: Access Management  
Library 320  
(508)999-8532

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please fill in appropriate box:

**FACULTY**

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

**Staff**

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

**Affiliate**

Title: \_\_\_\_\_

Dept: \_\_\_\_\_ Sponsor: \_\_\_\_\_

PLEASE SIGN & DATE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Required reading:  
<http://www.umassd.edu/cits/policies/emailpolicy/>  
<http://www.umassd.edu/cits/policies/responsibleuse/>

*For UMass Dartmouth CITS use only:*

*Logon ID:* \_\_\_\_\_ *Created By:* \_\_\_\_\_

*HR ID:* \_\_\_\_\_ *Date:* \_\_\_\_\_



### **UMassD Online Directory**

The University online directory contains the official contact information for faculty and staff. In order to be listed in this directory, you must submit your information via the website.

To enter your information, please have your UMass Dartmouth Logon (Email, username, and password) information, HR EmplID, phone extension, and office location ready.

Once you have all your information, go to the directory page at:

<http://www.umassd.edu/directory/> and click the “Directory Requests & Updates” link at the top left corner of the page.

You will be prompted to log in with your UMass Dartmouth logon information. Enter all of your information then click submit.

Your request will be submitted to the Telecom Team in CITS. Your information will be entered once it has been verified via the Human Resources system.

If you have any questions, please email [telecom@umassd.edu](mailto:telecom@umassd.edu) or call x8790.

October 2017

Dear Colleague,

The University of Massachusetts is committed to creating an environment where all faculty and staff are well trained in the various federal and state laws, regulations and University policies that impact their rights and obligations as members of the University community and as Massachusetts public employees. To that end, the University has engaged LawRoom/Campus Clarity as its Learning Management System to offer self-paced online training programs on a variety of topics, including campus safety, non-discrimination, harassment, and ethics.

Upon receipt of an email notification from LawRoom/Campus Clarity you will be able access any of your assigned courses.

Go to the Human Resources home page and click on "Employee Training Portal." You will need to log in using your regular campus login credentials.

In accordance with training compliance requirements under Title IX, VAWA and the Clery Act, we have implemented training courses to help educate all employees of the University's responsibilities involving Title IX, sex/gender discrimination, dating violence, domestic violence, sexual violence, and stalking, as well as other forms of prohibited conduct.

***To meet our compliance requirements, it is critical for you to complete the program within 60 days from receipt of the email!***

Thank You,



Deborah Majewski  
Associate Vice Chancellor  
Office of Diversity, Equity and Inclusion  
Title IX Coordinator  
ADA/504 Compliance Officer



## University Guidelines

# Equal Opportunity, Discrimination, Harassment, and Retaliation

July 2017

[www.umassd.edu/eeo](http://www.umassd.edu/eeo)

### University policy and campus responsibility

The University of Massachusetts Dartmouth's policies as well as federal and state laws require equal opportunity for all members of the University community and prohibit discrimination and harassment of any of its community members. It is a matter of law and the policy of the University to promote a community that is free of discrimination and harassment of any type, including sexual harassment. The University employs a diverse workforce and it is of paramount importance that every member of the University community is treated with fairness and respect at all times. The University will not tolerate harassment or discrimination that affects employment or educational conditions, that interferes unreasonably with an individual's school or work performance, or that creates an intimidating, hostile, or offensive work or learning environment. Further, retaliation against an individual who has complained about discrimination or harassment, or retaliation against individuals for cooperating with an investigation of a complaint is unlawful and will not be tolerated.

The University takes allegations of discrimination, harassment and retaliation seriously and will respond promptly to complaints. Notwithstanding any provision of this policy, the University reserves the right to investigate and take action on its own initiative in response to behavior and conduct that may constitute discrimination or harassment or otherwise be inappropriate, regardless of whether an actual complaint has been filed. All individuals (i.e., employees, students, contractors, visitors) are expected to fully cooperate with the procedure. An unwillingness to cooperate by an individual may result in a sanction(s).

Where it is determined that inappropriate conduct has occurred, the University will impose corrective action as necessary, which may include disciplinary action up to and including termination of employment or school-

related discipline. If you feel that you are being discriminated against or harassed, report it to a supervisor and/or to the Office of Diversity, Equity & Inclusion immediately. It is essential that all complaints be submitted to the Office of Diversity, Equity & Inclusion within 300 days of the action that prompted the complaint.

A. **"Discrimination"** is an act directed at an individual or group that subjects him/her to treatment which adversely affects his/her employment, application for employment, education, admissions, or terms and conditions of employment because of their religion or religious belief, color, race, marital status, veteran or military status, age, sex, gender identity or expression, sexual orientation, national origin, ethnicity, disability, genetic information, or any other classification protected under local, state, or federal anti-discrimination statutes.

B. **"Harassment"** is unwelcome conduct, whether verbal or physical, that is based on a characteristic protected by law. Harassment includes, but is not limited to:

- 1) display or circulation of written materials or pictures that are degrading to a person or group as previously described; and
- 2) verbal abuse or insults about, directed at, or made in the presence of an individual or group as previously described.

C. **"Sexual harassment"** is unwelcome conduct of a sexual nature when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic work;
- 2) submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual; or

3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working or academic environment.

D. **"Retaliation"** is any act of intimidation against a complainant or an individual who has cooperated with the investigation of a complaint. An individual who has engaged in a protected activity is protected against retaliation. A protected activity consists of the following:

- 1) Opposing a practice made lawful by one of the employment discrimination statutes; or
- 2) Filing a charge, testifying, assisting, or participating in any manner in an investigation, proceeding, or hearing under the applicable statute.

#### Confidentiality

Information provided during and after a review of a complaint or investigation of alleged discrimination or harassment will be maintained as confidential to the extent possible.

## Reasonable ADA and Religious Accommodations

If you are a qualified disabled employee, applicant, or student, you have the right to request a reasonable accommodation to assist you in the performance of your job or academic pursuits. In accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), the University defines a disabled individual as “any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such an impairment.” These terms are defined as follows

a. “major life activities” include, but are not limited to, functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, and learning;

b. “has a record of such impairment” includes records which predate the relevant law and includes disabilities with which the individual is no longer afflicted;

c. “is regarded as having such an impairment” refers to those individuals who are perceived as having a disability, regardless of whether the individual has a disability.

To make a reasonable ADA accommodation request, please contact the Office of Diversity, Equity & Inclusion if you are an employee or applicant, or the Center for Access and Success if you are a student.

The University also offers reasonable religious accommodations to members of the university community.

## What should I do?

To report or file a complaint of possible discrimination, harassment or sexual violence, or to make a reasonable ADA or religious accommodation request, contact:

Deborah Majewski  
Associate Vice Chancellor  
Title IX Coordinator, ADA, and 504 Coordinator  
Office of Diversity, Equity and Inclusion  
Foster Administration Building, Room 324  
508.999.8008  
dmajewski@umassd.edu

David A. Gomes  
Deputy Director/Senior Investigator  
Office of Diversity, Equity and Inclusion  
Foster Administration Building, Room 324  
508.999.8192  
dgomes3@umassd.edu

Link to Complaint Procedures and Form:  
[www.umassd.edu/eo/complaintproceduresandform](http://www.umassd.edu/eo/complaintproceduresandform)

Other Title IX Contacts:  
Victim Advocate/Educator  
508.910.4584  
Center for Women, Gender, and Sexuality  
508.910.6567

Counseling Center                      Health Services  
508.999.8648                              508.999.8982

Public Safety                              Student Affairs  
508.999.9191                              508.910.6402

Link to Sexual Misconduct Support Services:  
[www.umassd.edu/sexualviolence/supportservices](http://www.umassd.edu/sexualviolence/supportservices)

**Between the hours of 5pm and 8am on weekdays, and anytime during weekends and holidays,** individuals wishing to report a concern, issue, or sexual harassment complaint should call 508.999.9191, the university’s police emergency line.

## Outside agencies

Complaints may also be filed with local state and federal anti-discrimination agencies:

The United States  
Equal Employment Opportunity Commission (EEOC)  
John F. Kennedy Federal Building, Room 475  
Government Center  
Boston, MA 02203  
617.565.3200 or 1.800.669.4000  
TTY 617.565.3204 or 1 800.669.6820  
[www.eeoc.gov](http://www.eeoc.gov)

The Massachusetts Commission  
Against Discrimination (MCAD)  
Boston Office  
One Ashburton Place, Room 601  
Boston, MA 02108  
617.994.6000  
TTY 617.994.6196

<http://www.mass.gov/mcad>

The Massachusetts Commission  
Against Discrimination (MCAD)  
New Bedford Office  
800 Purchase St., Rm 501  
New Bedford, MA 02740  
508.990.2390  
[www.mass.gov/mcad](http://www.mass.gov/mcad)

### Students may also file complaints with:

Office for Civil Rights/ED (OCR)  
8th Floor  
5 Post Office Square, Ste. 900  
Boston, MA 02109-3921  
617.289.0111

[ocr.boston@ed.gov](mailto:ocr.boston@ed.gov)

Each agency has a specific time period for filing a claim: the EEOC allows 300 days (may be longer in some circumstances), the MCAD allows 300 days, and the OCR allows 180 days (may be longer in some circumstances) from the alleged incident, or when the complainant became aware of the incident, for filing a claim.

## Contacts



Office of Human Resources  
Foster Administration Building, Room 202  
285 Old Westport Road  
North Dartmouth, MA 02747  
Main Number: 508-999-8060  
Fax Number: 508-999-8869

- Joanne Costa

508-999-8083  
[Joanne.costa@umassd.edu](mailto:Joanne.costa@umassd.edu)  
Human Resources Assistant – Benefits Coordinator  
Foster Administration, Room: 202

- Leslie Mercure

508-910-6474  
[leslie.mercure@umassd.edu](mailto:leslie.mercure@umassd.edu)  
Recruitment Manager  
Foster Administration, Room: 202

- Elizabeth Sherry-Cozzone

508-910-6454  
[esherrycozzone@umassd.edu](mailto:esherrycozzone@umassd.edu)  
Human Resource Assistant – Recruitment Assistant  
Foster Administration, Room: 202

- UMass Pass Office

508-999-8134  
<http://www.umassd.edu/campuservices/umasspass/>  
Campus Services Center (CSC)  
Ground floor, Campus Center

- Parking Services

508-999-8121 (x8121)  
<http://www.umassd.edu/parking/>  
Campus Center, lower level

- Access Management

508-999-8528  
<https://www.umassd.edu/cits/about/accessmgt/>  
Library third floor