What Benefits are available to you?

- Retirement Plans
- Group Insurance Commission
  - Health Plan
  - Long Term Disability
  - Life Insurance
- Flexible Spending Accounts (FSAs)
- Dental and Vision Discount Plans
- Employee Assistance Program (EAP)
- Leave Accruals/Paid Time Off
- Tuition Remission
- Professional Development
- Employee Discounts
- Commonwealth of MA Financial Wellness Program
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Abbreviation</th>
<th>Description</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts State Employees Retirement System</td>
<td>MSERS</td>
<td>Defined benefit plan that provides predictable &amp; guaranteed income (benefits calculated using a formula)</td>
<td>Classified Employees, Faculty, Unit Professionals, and Non-Unit Professionals</td>
</tr>
<tr>
<td>Optional Retirement Plan</td>
<td>ORP</td>
<td>Defined contribution plan that provides income based on the investment performance of your individual account balance, which you decide how to invest</td>
<td>Faculty, Unit Professionals, and Non-Unit Professionals</td>
</tr>
</tbody>
</table>
| Omnibus Budget Reconciliation Act                       | OBRA         | Massachusetts Deferred Compensation SMART Plan                             | Part-time employees*  
*Exemptions: Already paying into MSERS or ORP/Full-time Student |
Retirement Benefit Guide

YOU SERVE THE COMMONWEALTH. WE SERVE YOU.

SERVE.  CONTRIBUTE.  RETIRE.
State Board of Retirement Enrollment Form – must be completed!
Optional Retirement Program –

You have 180 days to determine if you would like to enroll
Notice of ORP Eligibility

[Date]

Dear [Employee]:

Welcome!

I am pleased to tell you that as a new [Job Title], you may be eligible to choose your pension coverage from the Commonwealth's two retirement plans:

- The Optional Retirement Program (ORP), and
- The State Employees' Retirement System (SERS).

You are not eligible to choose your retirement coverage if you are already vested in a state pension such as the SERS, the Mass. Teachers' Retirement System, or other plan operating under Chapter 32 of the Massachusetts General Laws (i.e., many county and municipal pensions).

Election Period

If you are eligible for ORP coverage, you must select one of the two retirement plans during your 180-day Election Period, which begins [election begin date] and ends [180 days, election end date]. If you do not actively select one of the plans, you will remain in the SERS.

I strongly encourage you to utilize the Election Period to learn about the features of both plans, to determine which of them better suits your expectations and needs. If you are uncertain about your ability to make this decision alone, then consider employing an independent, experienced financial advisor to help you.

I have enclosed the "ORP Enrollment Guide" for your reference. To learn more about the ORP and the Providers offering Investments and services under the Plan—and to enroll if you so choose—go to the ORP web page at: [www.mass.gov/orprelief]

The State Retirement Board can answer your questions about the SERS.

Your retirement benefits are an important part of your overall compensation package with the Commonwealth, and your choice of coverage is irrevocable. Therefore, you should exercise great care in selecting the plan that best suits your needs.

Please confirm your receipt of this notice by signing below and returning the original to me. Remember to keep a copy for yourself.

Sincerely,

Elizabeth A. Austin
Associate Director of Human Resources

EMPLOYEE SECTION: Please fill out and return the original signed copy to me.

I have participated in the ORP during six of the past twelve months: ☐ True  ☐ False

Employee's Signature ___________________________ Date ___________________________

Enclosures
# Supplemental Retirement Plans (sign up any time!)

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Abbreviation</th>
<th>Description</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax Sheltered Annuity Plan</td>
<td>TSA-403(b)</td>
<td>Employees may contribute through various approved vendors by the Commonwealth of MA</td>
<td>All Employees</td>
</tr>
<tr>
<td>457 Deferred Compensation Plan – SMART Plan</td>
<td>457</td>
<td>Pre-tax employee contributions are invested in the investment options you have selected. All earnings are tax deferred</td>
<td>All Employees</td>
</tr>
</tbody>
</table>

### 403(b) Vendors
- Valic – Jim Kaufmann  
  [James.Kaufmann@valic.com](mailto:James.Kaufmann@valic.com)
- TIAA – Heather Martin  
  [Heather.martin@tiaa.org](mailto:Heather.martin@tiaa.org)
- Fidelity – Matthew Toedt  
  [Matthew.toedt@fmr.com](mailto:Matthew.toedt@fmr.com)

### Empower Retirement (457)
- Manny Jardim  
  [Manny.jardim@empower-retirement.com](mailto:Manny.jardim@empower-retirement.com)
Smart Plan Enrollment Form

Upon completion, the following SMART Plan Quick Enrollment Form can be either faxed to 1-781-890-2919, or mailed to:
Empower Retirement
255 Bear Hill Road
Waltham, MA 02451

Questions? Email SMART@Empower-Retirement.com or call 1-877-457-1900 (option 0)

PLEASE NOTE: DO NOT SEND THE SMART PLAN QUICK ENROLLMENT FORM TO THE MASSACHUSETTS RETIREMENT BOARD. THANK YOU
Smart Plan Enrollment Form

Massachusetts Deferred Compensation
SMART Plan

Quick Enrollment Form Governmental 457(b) Plan
98966-01

Participant Information
Please Select One Option

☐ YES. I would like to complete 3% of my salary on a post-tax basis to the Massachusetts Deferred Compensation (SMART) Plan to supplement my retirement benefits.

☐ NO. I do not wish to complete any retirement benefits by contributing any portion of my salary to the Massachusetts Deferred Compensation (SMART) Plan at this time. I understand there is a tax year contribution vesting period of 10 years and I am not contributing to Social Security as a state employee.

If you elect to complete your retirement benefits you will be deducted into a SMART Plan account based on your date of birth and the associated retirement age of 65. (See chart in the end of this form.) Additional information about the SMART Plan is available to you by calling (617) 323-6980 or accessing our website at www.mass smart.org.

Last Name
First Name
Middle Initial
Social Security Number
Date of Birth

Address 1: Name & Suite
City
State
Zip

Home Phone
Work Phone

Beyond your Date of Birth & Member

Would you like help determining your retirement assets? Yes/No

Yes
No

Date of Birth
SMARTPath Retirement Funds
Expected Retirement Date Range
1939 or after SMARTPath 2060 Retirement Fund 2058 or after
1988-1992 SMARTPath 2055 Retirement Fund 2053-2057
1983-1987 SMARTPath 2050 Retirement Fund 2048-2052
1978-1992 SMARTPath 2045 Retirement Fund 2043-2047
1973-1977 SMARTPath 2040 Retirement Fund 2038-2042
1968-1972 SMARTPath 2035 Retirement Fund 2033-2037
1963-1967 SMARTPath 2030 Retirement Fund 2028-2032
1958-1962 SMARTPath 2025 Retirement Fund 2023-2027
1937 or before SMARTPath Retirement Allocation Fund 2002 or before

Please note that if a date of birth is not included in this form, or information on the date of birth is incorrect, the date of birth assigned to your SMARTPath account will be the date of your creation, which will result in your retirement assets being transferred to the SMARTPath 2020 Retirement Fund.

You may change your investment options by calling 617-433-6980 or accessing your account online through www.masssmart.org.

Access to the EASYPATH and Option Funds is located in EASYPATH D, with a total of optional retirement plans on a flexible contribution basis and a minimum contribution of $250. (See the chart in the end of this form.) Additional information about the EASYPATH Plan is available to you by calling (617) 323-6980 or accessing our website at www.masssmart.org.

Quick Enrollment Form Governmental 457(b) Plan
98966-01

Participant Fax: 718-909-2919 (or) Mail To: Employer Retirement, 225 Bear Hill Road, Walpole, MA 02081

Quick Fax: 01/08/16

All options 98966-01

Participant Name
Date
Continued on reverse.

Participant Fax: 718-909-2919 (or) Mail To: Employer Retirement, 225 Bear Hill Road, Walpole, MA 02081

Quick Fax: 01/08/16

All options 98966-01

Participant Name
Date
Continued on reverse.
For more information on the optional plans, please go to:

https://www.mass.edu/forfacstaff/otherretirement/home.asp
2021–2022 OVERVIEW
KNOW YOUR GIC BENEFITS
COMMONWEALTH OF MASSACHUSETTS
EMPLOYEES
ANNUAL ENROLLMENT: APRIL 7 - MAY 5, 2021
Benefits and rates effective July 1, 2021
mass.gov/gic

GIC Benefit Decision Guide
Where Do You Live?

Where you live determines which health insurance product you may enroll in.

DIRECT - Fallon Health Direct Care
SELECT - Fallon Health Select Care
INDEPENDENCE - Harvard Pilgrim Independence
PRIMARY CHOICE - Harvard Pilgrim Primary Choice
HNE - Health New England
ALLWAYS COMPLETE - Allways Health Partners Complete HMO
NAVIGATOR - Tufts Health Plan Navigator
SPIRIT - Tufts Health Plan Spirit
BASIC - UniCare State Indemnity Plan/Basic
COMMUNITY CHOICE - UniCare State Indemnity Plan/Community Choice
PLUS - UniCare State Indemnity Plan/PLUS

BARNSTABLE
Indepen|dence, Allways Complete, Navigator, Spirit, Basic, Community Choice, PLUS

BERKSHIRE
Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

BRISTOL
Direct, Select, Independence, Primary Choice, Allways Complete, Navigator, Spirit, Basic, Community Choice, PLUS

DUKE
Independence, Allways Complete, Navigator, Basic, PLUS

ESSEX
Direct, Select, Independence, Primary Choice, Allways Complete, Navigator, Spirit, Basic, Community Choice, PLUS

FRANKLIN
Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

HAMPDEN
Direct*, Select, Independence, Primary Choice, HNE, Allways Complete, Navigator, Spirit, Basic, Community Choice, PLUS

HAMPShIRE
Direct*, Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, PLUS, Community Choice

MIDDLESEX
Direct, Select, Independence, Primary Choice, Allways Complete, Navigator, Spirit, Basic, Community Choice, PLUS

NANTUCKET
Independence, Allways Complete, Navigator, Basic, PLUS

NORFOLK
Direct, Select, Independence, Primary Choice, Allways Complete, Navigator, Spirit, Basic, Community Choice, PLUS

PLYMOUTH
Direct, Select, Independence, Primary Choice, Allways Complete, Navigator, Spirit, Basic, Community Choice, PLUS

SUFFOLK
Direct, Select, Independence, Primary Choice, Allways Complete, Navigator, Spirit, Basic, Community Choice, PLUS

WORCESTER
Direct, Select, Independence, Primary Choice, HNE, Allways Complete, Navigator, Spirit, Basic, Community Choice, PLUS

OUTSIDE OF MASSACHUSETTS
The UniCare State Indemnity Plan/Basic is the only health insurance product offered by the QIC that is available throughout the United States and outside of the country.

CONNECTICUT
Independence, HNE, Navigator, Basic, PLUS

MAINE
Independence, Navigator, Basic, PLUS

NEW HAMPSHIRE
Select*, Independence, Navigator, Basic, PLUS

NEW YORK
Independence, Navigator, Basic

RHODE ISLAND
Independence, Navigator, Basic, PLUS

VERMONT
Independence*, Navigator, Basic, PLUS

*Not every city and town is covered in this county or state. Contact the health insurance carrier to find out if you live in the service area. The product also has a limited network of providers in this county or state. Contact the health insurance carrier to find out which doctors and hospitals participate.
## Rate Chart

**Monthly GIC Product Rates Effective July 1, 2021**

<table>
<thead>
<tr>
<th>For Employees Hired Before July 1, 2001</th>
<th>For Employees Hired on or After July 1, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20%</strong></td>
<td><strong>25%</strong></td>
</tr>
<tr>
<td><strong>EMPLOYEE PAYS MONTHLY</strong></td>
<td><strong>EMPLOYEE PAYS MONTHLY</strong></td>
</tr>
<tr>
<td>**BASIC LIFE INSURANCE **</td>
<td>$5,000 Coverage</td>
</tr>
<tr>
<td><strong>HEALTH INSURANCE PRODUCTS</strong> (Premium includes Basic Life Insurance)</td>
<td>PRODUCT CATEGORY</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)</td>
<td>National Network</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic without CIC</td>
<td>National Network</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/PLUS</td>
<td>National Network</td>
</tr>
<tr>
<td>Tufts Health Plan Navigator</td>
<td>Broad Network</td>
</tr>
<tr>
<td>Fallon Health Select Care</td>
<td>Broad Network</td>
</tr>
<tr>
<td>Harvard Pilgrim Independence Plan</td>
<td>Local Network</td>
</tr>
<tr>
<td>Health New England</td>
<td>Regional Network</td>
</tr>
<tr>
<td>AllWays Health Partners Complete HMO</td>
<td>Regional Network</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>Limited Network</td>
</tr>
<tr>
<td>Tufts Health Plan Spirit</td>
<td>Limited Network</td>
</tr>
<tr>
<td>Fallon Health Direct Care</td>
<td>Limited Network</td>
</tr>
<tr>
<td>Harvard Pilgrim Primary Choice Plan</td>
<td>Limited Network</td>
</tr>
</tbody>
</table>

* GIC is an employee-pays benefit.
Long Term Disability (LTD)

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

- A tax-free benefit of 55% of a participant’s gross monthly salary, up to a maximum benefit of $10,000 per month, up to the age of 65. If a participant is disabled on or after age 62, benefits may continue after age 65;
- A benefit for partial disabilities;
- A 30-month benefit for behavioral health disabilities;
- A rehabilitation and return-to-work assistance benefit;
- A dependent care expense benefit; and
- Partial benefits, even if you are receiving other income benefits, with a minimum of $100 or 10% of your gross monthly benefit amount – whichever is higher.

Eligibility and Enrollment
Active state employees who are eligible for GIC benefits are eligible for LTD.

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

New State Employees: Eligible employees may enroll in LTD without providing evidence of good health.

<table>
<thead>
<tr>
<th>MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVE EMPLOYEE AGE</strong></td>
</tr>
<tr>
<td>Under Age 24</td>
</tr>
<tr>
<td>25 - 29</td>
</tr>
<tr>
<td>30 - 34</td>
</tr>
<tr>
<td>35 - 39</td>
</tr>
<tr>
<td>40 - 44</td>
</tr>
<tr>
<td>45 - 49</td>
</tr>
<tr>
<td>50 - 54</td>
</tr>
<tr>
<td>55 - 59</td>
</tr>
<tr>
<td>60 - 64</td>
</tr>
<tr>
<td>65 - 69</td>
</tr>
<tr>
<td>70 and over</td>
</tr>
</tbody>
</table>

Questions?
1.877.355.8277  metlife.com/gicbenefits
Life Insurance and Accidental Death & Dismemberment (AD&D)

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

- **Basic Life Insurance:** The Commonwealth offers $5,000 of Basic Life Insurance.
- **Optional Life Insurance:** You may buy additional coverage of up to eight times your annual salary, to a maximum benefit of $115 million. You pay the full cost of this benefit.

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

**Optional Life Insurance**
You must be enrolled in basic life insurance in order to be eligible for optional life insurance.

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

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

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

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

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>NON-SMOKER RATE</th>
<th>SMOKER RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 35</td>
<td>$0.04</td>
<td>$0.10</td>
</tr>
<tr>
<td>35 – 44</td>
<td>$0.05</td>
<td>$0.12</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.06</td>
<td>$0.19</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.12</td>
<td>$0.31</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.20</td>
<td>$0.42</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.23</td>
<td>$0.48</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$0.67</td>
<td>$1.37</td>
</tr>
<tr>
<td>70 and over</td>
<td>$1.13</td>
<td>$2.46</td>
</tr>
</tbody>
</table>

Questions?
1.877.355.6277  metlife.com/gicbenefits
Flexible Spending Accounts (FSAs)

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

For example:

<table>
<thead>
<tr>
<th>BREAKDOWN OF PAYCHECK &amp; DEDUCTIONS</th>
<th>NOT PARTICIPATING IN HCSA OR DCAP PLAN</th>
<th>PARTICIPATING IN HCSA OR DCAP PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Yearly Pay</td>
<td>$30,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Health Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($2,000)</td>
</tr>
<tr>
<td>Dependent Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($2,000)</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$30,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Sample Income Tax Withholdings of 25%</td>
<td>($7,500)</td>
<td>($6,000)</td>
</tr>
<tr>
<td>Yearly Health Care Expenses</td>
<td>($2,000 post-tax)</td>
<td>$2,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Yearly Daycare Expenses</td>
<td>($4,000 post-tax)</td>
<td>$4,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Net Available Income</td>
<td>$16,500</td>
<td>$18,000</td>
</tr>
</tbody>
</table>

Who is eligible and when do I enroll?
Active state employees who are eligible for GIC benefits may enroll in a Health Care and/or Dependent Care FSA.

FSA Enrollment for the 2022 Plan Year: April 7 - May 5, 2021
During the GIC's spring 2021 Annual Enrollment period, you may enroll in one or both FSAs for the plan year of July 1, 2021 - June 30, 2022. You must re-enroll every year.

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

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

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

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

KEY FSA DATES | Open Enrollment: April 7 - May 5, 2021

2021 Plan Year

• Plan Year: July 1, 2020 - June 30, 2021
• 2½ month Grace Period: July 1, 2021 - September 15, 2022
• Claim filing deadline: October 15, 2021

2022 Plan Year

• Plan Year: July 1, 2021 - June 30, 2022
• 2½ month Grace Period: July 1, 2022 - September 15, 2022
• Claim filing deadline: October 15, 2022

Questions?
Toll Free: 1.877.FlexGIC (1.877.353.9442) benstrat.com/gic-fsa
**GIC ENROLLMENT/CHANGE FORM (FORM-1)**

**Insurance Enrollment/Change Form**

- Can be completed electronically!

---

**INSURED INFORMATION**

- **Insured Name**
  - Last Name
  - First Name
- **Address**
  - Street
  - City
  - State
- **Contact Information**
  - Home or Cell Phone
  - Work Phone
  - Email
- **Employer Information**
  - Reporting Unit/Unit Name
  - HR/OMS or UMass Employee ID
  - Full Time
  - Part Time
  - Hours/Week
  - Date of Hire

---

**QUALIFYING STATUS CHANGE**

- **Qualifying Status Change**
  - Marriage
  - Birth/Adoption
  - Change in Dependent
  - Eligibility Status
  - Gain of Other Coverage
  - Date of Event
  - Married
  - Divorced/Legal Separation
  - Change in Dependent
- **Reasons for Change**
  - Involuntary Loss of Other Coverage
  - Return from FMLA or Military Leave
  - Death of spouse/dependent
  - Spouse's Annual Enrollment
  - Moved out of health plan's service area

---

**HEALTH, BASIC LIFE, OPTIONAL LIFE AND LTD**

- **Basic Life Only**
- **Long Term Disability (LTD)**
- **Basic Life and Health**
  - For GIC Coordinate or 652A
- **Cancel Coverage**
  - Long Term Disability (LTD)
  - Health Insurance
  - Optional Life Insurance

---

**HEALTH PLAN**

- **Coverages**
  - Fall River (HMO)
  - Health New England (HMO)
  - MCP Prime-Neighborhood Health Plan (HMO)

---

**ENROLLMENT/CHANGE INFORMATION**

- **Automatic Increase**
  - Select multiple of salary
  - 1x
  - 2x
  - 3x
  - 4x
  - 5x
  - 6x
  - 7x
  - 8x
- **Fixed Amount**
  - Select multiple of salary
  - 1x
  - 2x
  - 3x
  - 4x
  - 5x
  - 6x
  - 7x
  - 8x

---

**SPOUSE/DEPENDENT INFORMATION**

- **LAST NAME**
  - FIRST NAME
  - MI
  - SSN (Required)
  - DATE OF BIRTH
  - SEX
  - RELATIONSHIP

---

**FORMER SPOUSE INFORMATION**

- **Date of Divorce**
- **Date of remarriage**
- **Address**
- **City**
- **State**
- **Zip**

---

**AUTHORIZATION**

- **I have read the instructions on the reverse side of this form and authorize my employer or vesting authority to deduct from my salary or pension the amount required for the coverage I have selected. I understand that the fee regulations, 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 election during the plan year. If I experience a qualifying status change (examples include marriage, 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 30 days of the event. Family status change documentation for optional life enrollment changes must be received by the GIC within 30 days of the qualifying event.**

- **Signature of Applicant**
  - Date
  - Signature of Authorized Official
  - Date

---

**QUINSIGAMOND**

Community College
# Life Insurance Beneficiary Designation Form

**GIC LIFE INSURANCE BENEFICIARY FORM-319**

For one to three beneficiaries:

<table>
<thead>
<tr>
<th>Insured ID (Use Gov. Ins. No.):</th>
<th>Agency/Region:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured Name: First</td>
<td>M.I. Last</td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State Zip Code Country (If not USA):</td>
</tr>
</tbody>
</table>

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

### BENEFICIARY #1

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Q Name as Insured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State Zip Code Country (If not USA):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>Phone Number (Optional)</td>
<td></td>
</tr>
<tr>
<td>% of Proceeds (To be filled in)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BENEFICIARY #2

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Q Name as Insured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State Zip Code Country (If not USA):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>Phone Number (Optional)</td>
<td></td>
</tr>
<tr>
<td>% of Proceeds (To be filled in)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BENEFICIARY #3

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Q Name as Insured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State Zip Code Country (If not USA):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>Phone Number (Optional)</td>
<td></td>
</tr>
<tr>
<td>% of Proceeds (To be filled in)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

I hereby revoke all previous designations of beneficiary receiving any and all prior beneficiaries' nominations and make the above nomination of beneficiary with regard to all insurance provided now or at any time in the future under the group insurance policy. I agree to be bound by and to all insurance provided now or at any time in the future under the group insurance policy. I agree to be bound by and to all insurance provided now or at any time in the future under the group insurance policy.

If more than one beneficiary is designated, settlement will be made in equal shares to each of the designated beneficiaries that survive me, unless otherwise provided herein. If no designated beneficiaries 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 payees, then to the estate.

Signature of Insured Date

Please make a copy of this completed form and file with your important records.

For GIC Use Only: Entered Verified

Please return form to: Group Insurance Commission, P.O. Box 8747, Boston, MA 02114

(See over for Form 310 Instructions)
Dental & Discount Vision Program

MCCC
MetLife Dental & Vision Savings

Non-Unit Professionals
MetLife Dental & Vision Savings

www.healthplansinc.com

AFSCME
Delta Dental & Davis Vision

www.mpefund.org
Dental Enrollment Forms
AllOne Health: Employee Assistance Program

- The AllOne Health EAP is available to all employees and their families.

- This free, confidential resource is available 24/7 at 800-451-1834 or mylifeexpert.com (company code: qccollege)

- Everyone faces challenges from time to time – financial worries, aging parents, job stress, health issues, etc – the EAP can help!
## Leave Accruals

<table>
<thead>
<tr>
<th>General Guidelines</th>
<th>Personal</th>
<th>Sick</th>
<th>Vacation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Granted every January 1 (must use previous year’s by December 31)</td>
<td>Accrues biweekly</td>
<td>Accrues biweekly Retirement – 20% payout (unless grant funded)</td>
<td>Accrues biweekly Retirement payout (unless grant funded)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Group</th>
<th>Accruals*</th>
<th>Accruals*</th>
<th>Accruals*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFSCME</td>
<td>37.5 hours (Unit 1) 40 hours (Unit 2)</td>
<td>112.5 hours (15 days)</td>
<td>10 – 25 days (depending on length of service)</td>
</tr>
<tr>
<td>Faculty - MCCC</td>
<td>15 hours (2 days)</td>
<td>75 hours (10 days)</td>
<td>N/A</td>
</tr>
<tr>
<td>Unit Professionals - MCCC</td>
<td>37.5 hours (5 days)</td>
<td>112.5 hours (15 days)</td>
<td>20 – 25 days (depending on length of service)</td>
</tr>
<tr>
<td>Non-Unit Professionals</td>
<td>37.5 hours (5 days)</td>
<td>112.5 hours (15 days)</td>
<td>20 – 25 days (depending on length of service)</td>
</tr>
</tbody>
</table>
Tuition Remission

- Eligible employees can access tuition benefits in accordance with their respective collective bargaining agreements or Department of Higher Education policy. To take advantage of this benefit, employees must complete the **College’s Tuition Remission Form** and have all signatures obtained. You must then submit the form with your semester tuition bill to the College or University at which you, your spouse or child are enrolled.

- Please see the HR Office for more information.
The Staff and Faculty Development Committee invites all members of the QCC staff and faculty to submit applications for funding to support professional development activities including:

1. Travel and tuition for virtual conferences, professional trainings, courses, webinars, workshops, and presentations.

2. Departmental initiatives to support professional development activities such as virtual site visits, virtual retreats, guest speakers, presenters, and curriculum consultants.

3. Mini-grants to support course and curriculum development and special projects to enhance the College’s mission.

4. Best Practices to support initiatives that further the efforts of the institutional goals and priorities.

Applications and guidelines may be accessed on the college’s Intranet page with this link: [Staff and Faculty Development page](#).

We recognize that QCC’s greatest asset is its human resources and we are committed to supporting on and off campus professional development opportunities to maximize the potential of each individual.
Employee Discounts

- Cell Phone Discounts: (Please contact your provider as percentages may vary)
- Variety Auto Sales-Ask for Chris
- Museum of Fine Arts: For the promo code please email Juliana at jesposito@gcc.mass.edu with an image of your College ID and she will provide you with the code
- Table Talk Pies-Please visit the discount store located on Green St.
- WooSox: Provide your staff ID and use the following link for Thursday Night’s and also receive an $9.00 food voucher
  - https://fevo.me/woosox_college
- Worcester Railers : Please use the following link to get your discounted tickets www.railershc.com/qcc
- Coming soon:
  - BJ’s Wholesale Membership
  - 2022 Worcester Pirates Tickets
  - Worcester Botanical Garden
Commonwealth of MA
Financial Wellness Program

https://www.mass.gov/financial-education-for-massachusetts-employees-and-retirees
Questions?

PLEASE CONTACT:

SARA SIMMS
508-854-2757
SSIMMS@QCC.MASS.EDU