



## TOWN OF GREAT BARRINGTON Senior Citizen Property Tax Work-Off Abatement Program

1. Are you a resident taxpayer of 60 years of age?
2. Are you up to date on your tax bills and all other fees owed to the Town? (There are no income or asset limitation for eligibility)
3. If your home is held in a trust and you are a trustee and beneficiary, or hold a life estate to your home, you will need to submit a copy of the trust with your application to determine if you are eligible.

### **How to begin?**

4. Fill out an application and submit it to the Town Manager's Office. Applications are accepted on a rolling basis. If you applied in the last few years you need not reapply.
5. Once the application has been approved, it will be evaluated and the department head will contact you directly.

### **More information**

- Qualified residents are able to earn up to \$1,500 in a program year (September to August) at the State's current minimum wage which is \$13.50/hour and will rise to \$14.25 on January 1, 2022.
- Your supervisor will be the department head, and they will sign off on your weekly time sheet.
- A CORI check of all applicants must be done every 2 years. A CORI is a Criminal Offender Record Information record of all criminal court appearances in Massachusetts. These results are strictly confidential. Your status on your tax bill will be checked every year to make sure you are up to date.
- The Abatement Program will begin on the first business day in September and end on the last business day the following August. The credit for time worked will be applied to the following fiscal years tax bills.
- Should an applicant be an employee of the Town, the hours worked under this program must be worked in a different department and not done during regularly scheduled work hours.
- A resident taxpayer may also designate a designee to work in the program on their behalf.



## Town of Great Barrington

### Application for Senior Citizen Property Tax Work-Off Abatement Program

**Personal Information:**

Name		Date of Birth	
Current Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Email:		Phone:	
		Cell:	

- Which contact method do you prefer, phone or email?       Phone       Email       Text
- Own property in GB?       No       Yes      Date purchased: \_\_\_\_\_
- Is your home held in a trust, are you a trustee and Beneficiary or hold a Life Estate to your home?  
 No       Yes      If yes, you will need to submit a copy with this application.
- What days and times would you be available to work? \_\_\_\_\_
- Have you applied for the abatement program before:       No       Yes
  - If yes, which department: \_\_\_\_\_
  - Would you like to return to that department:       No       Yes       No Preference

**Work Skills:**

	NO	YES
Attentional to Detail		
Basic Computer Skills		
Bookkeeping		
Customer Services		
Data Entry		
Filing		
Gardening		
Graphic Design		

	NO	YES
Microsoft Office		
Munis		
Photography		
Public Relations		
Public Speaking		
Self-Starter		
Social Media		
Web Design		

Other skills, volunteers work or hobbies:

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Do you speak another language:       No    Yes   Other language spoken: \_\_\_\_\_

**Employment Information, please also feel free to attach a resume:**

Name of Employer:	Years employed :
Address of Employer:	Description of responsibilities:

Name of Employer:	Years employed :
Address of Employer:	Description of responsibilities:

I certify that answers given herein are true and complete to the best of my knowledge:

\_\_\_\_\_  
Signature of applicant:

\_\_\_\_\_  
Date:



Town Hall, 334 Main Street  
Great Barrington, MA 01230

Telephone: (413) 528-1619  
Fax: (413) 528-2290  
website: www.townofgb.org

## TOWN OF GREAT BARRINGTON MASSACHUSETTS

### CHAPTER 6, §172C CORI REQUEST FORM

Great Barrington Council on Aging is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

#### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY # (NEED AT LEAST LAST 6 DIGITS)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE**

## MEMORANDUM

TO: SENIOR WORK EMPLOYEES

FROM: ALICIA DULIN, TREASURER COLLECTOR

Thank you for volunteering! The “wages” you earn are not subject to Massachusetts state tax. They are subject to Federal tax, but we will not withhold taxes- You will receive a W2 in January. The gross wages you receive will be reduced by Medicare taxes and OBRA. That amount will be deducted from your Real Estate Tax bill in the next Fiscal Year. You will receive a zero amount check showing the amount you earned and the deductions taken, and the amount applied to your taxes.

Please fill all of this out and give to Amy with your application.

### **OBRA --MANDATORY**

Please complete the Participation Agreement in full as well as the ‘Beneficiary Designation Form’. Make sure you include the SS# for all beneficiaries. Contributions in the amount of 7.5% are withheld in place of Social Security and deposited in a deferred compensation plan called OBRA. At the end of your employment with the Town of Great Barrington, you may withdraw your contributions.

### **I-9 FORM**

Please complete ‘Section 1’. We need to have a copy of your passport OR a copy of your driver’s license AND either a birth certificate or social security card. Copies can be made here.

### **W-4 Employees Withholding Allowance Certificate**

This needs to be completed and signed. You will also have Medicare deducted at the rate of 1.45%.

If you have any questions, we will be happy to help you. Please stop by, call 413-528-1619 ex 2200, or email me at [adulin@townofgb.org](mailto:adulin@townofgb.org)

## Employee's Withholding Certificate

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

2021

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial _____ Last name _____	(b) Social security number _____
	Address _____	
	City or town, state, and ZIP code _____	
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	

▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to [www.ssa.gov](http://www.ssa.gov).

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

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

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

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

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____ Add the amounts above and enter the total here . . . . .		
		<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative TREASURER	
Last Name of Employer or Authorized Representative FINK	First Name of Employer or Authorized Representative KAREN	Employer's Business or Organization Name TOWN OF GREAT BARRINGTON		
Employer's Business or Organization Address (Street Number and Name) 334 MAIN STREET		City or Town GT BARRINGTON	State MA	ZIP Code 01230

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**



**Participant Enrollment  
Governmental 457(b) Plan**

**Massachusetts Deferred Compensation SMART Plan - Mandatory  
OBRA**

**98966-02**

**Participant Information**

Last Name			First Name			MI			Social Security Number								
Mailing Address									E-Mail Address								
City			State			Zip Code			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male			Mo   Day   Year			Mo   Day   Year		
(   )			(   )			Home Phone			Work Phone			Date of Birth			Date of Hire		
<input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.									Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes   or <input type="checkbox"/> No								

**Important Notice:** Employees participating in the Massachusetts Deferred Compensation SMART Plan - OBRA Mandatory Plan (the Plan) must complete Social Security Form SSA-1945. The Plan has been designated as an alternative retirement system for part time employees not covered by their employers retirement system. The SSA-1945 explains the potential effects of the Windfall Elimination Provision and Government Pension Offset Provision under the Social Security law which may reduce the amount of your Social Security retirement or disability benefits, and/or benefits received by you as a spouse or an ex-spouse. If you have any questions regarding SSA-1945 or if you have not completed SSA-1945, please contact your employer.

**Statement Delivery** - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit [www.mass-smart.com](http://www.mass-smart.com) for fast and easy enrollment in our Online File Cabinet service.

**Payroll Information**

Town of Great Barrington		To be completed by		6854	
Division Name		Representative:		Division Number	

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	
SMART Capital Preservation Fund.....	MELINC.....	100%

**Plan Beneficiary Designation**

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

**You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.**

**Primary Beneficiary****100.00%**

% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
( )				

Phone Number (Optional)

**Contingent Beneficiary****100.00%**

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
( )				

Phone Number (Optional)

**Participation Agreement**

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Compliance With Plan Document and/or the Code** - Participation in this Plan is mandatory. A deduction will be taken from your wages and invested on your behalf based on your employer's Plan Document. I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

**Signature(s) and Consent****Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.  
Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

**Participant Signature****Date**

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**Participant** forward to Service Provider at:

Great-West Retirement Services®

P.O. Box 173764

Denver, CO 80217-3764

**Phone #:** 1-877-457-1900

**Fax #:** 1-866-745-5766

**Web site:** [www.mass-smart.com](http://www.mass-smart.com)

**Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.**

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

# OBRA Information Guide

S A V E M O N E Y A N D R E T I R E T O M O R R O W

## Basic Facts About OBRA and the Massachusetts Deferred Compensation SMART Plan

As a part-time, seasonal or temporary employee of the Commonwealth of Massachusetts or a part-time, seasonal or temporary employee of a participating Massachusetts local government employer and not eligible to participate in the employer's retirement program or not covered under a Section 218 Agreement, you are required to participate in the Massachusetts Deferred Compensation SMART Plan (SMART Plan).<sup>1</sup> The SMART Plan is an alternative to Social Security as permitted by the federal Omnibus Budget Reconciliation Act of 1990 (OBRA). OBRA, passed by the U.S. Congress, requires that beginning July 1, 1991, employees not eligible to participate in their employer's retirement program be placed in Social Security or another program meeting federal requirements. The SMART Plan meets those federal requirements.

## Mandatory Contributions

As an OBRA employee, you must contribute at least 7.5% of your gross compensation per pay period to the SMART Plan. This contribution is deducted on a pretax basis, reducing your current taxable income. This means that you will not pay any tax on this money until it is distributed from your account.

Your human resources or payroll center representative will provide you with an OBRA Mandatory Participation Agreement. Please complete and return the form to either your human resources or payroll center representative.

## Investment Option

All mandatory contributions to the SMART Plan will be invested in the SMART Capital Preservation Fund. The SMART Capital Preservation Fund is designed to help protect your principal and maximize potential earnings. Your account will earn interest based upon the prevailing rates for this type of investment. Mandatory contributions may not be transferred out of the SMART Capital Preservation Fund.

Additional information regarding the SMART Capital Preservation Fund may be obtained online at [www.mass-smart.com](http://www.mass-smart.com) > **Invest** > **Investment Options** or via the SMART Plan Service Center at (877) 457-1900.<sup>2</sup>

*Please consider the investment objectives, risks, fees and expenses carefully before investing. Additional disclosure documents can be obtained from your registered representative or SMART Plan website. Read them carefully before investing.*

## Administrative Fee

There is a fee of \$14.10 per OBRA account, per annum, charged monthly. Fees are used to pay for administrative, recordkeeping, communication and investment education expenses.

## Voluntary Contributions

You may make additional contributions (voluntary contributions) above the mandatory contribution of 7.5% of compensation per pay period. Any voluntary contributions that you elect to make may be invested among the SMART Plan's wide array of investment options and are freely transferable among options in accordance with the terms of the SMART Plan. OBRA voluntary contributions will not be charged an additional administrative fee.

To set up voluntary contributions or to learn more, please contact your local SMART Plan representative at (877) 457-1900 and say "representative."<sup>2</sup>

## Account Management

Once you are enrolled in the SMART Plan, you will have access to your account 24 hours a day, seven days a week through the website at [www.mass-smart.com](http://www.mass-smart.com) or via the SMART Plan Service Center at (877) 457-1900.<sup>2</sup> All you need is your Social Security number and personal identification number (PIN). Your PIN will be mailed to your home address as soon as you are enrolled in the SMART Plan.<sup>3</sup> To register your account for the first time, click on the **Let's Get Started!** link.

For security purposes, you will then be asked to create a personalized username.

Through either the website or SMART Plan Service Center, you can:

- Obtain your account balance(s), allocations and transaction history.
- Obtain investment option information and returns.
- Order a new PIN or personalize your PIN.
- Update your beneficiary information as needed.

## Statements

You will receive an annual statement in January of each year showing contributions, any earnings, fees, distributions and the total value of your account. Please review your statement carefully to ensure your information is correct. It is extremely important that you keep the Plan administrator advised of your current address.

To update your address, call the SMART Plan Service Center at (877) 457-1900 or visit [mass-smart.com](http://mass-smart.com). Once you log in to your account, click the **My Profile** tile to update your personal account information.

## Distributions

Distribution of your SMART Plan benefits can only be made upon:

- Severance from employment.
- Unforeseeable emergency (OBRA voluntary plan only).
- Attainment of age 70½.
- Your death.

Severance from employment occurs because of your voluntary or involuntary termination of employment. There is no early withdrawal penalty for taking a distribution of your account upon separation of service, regardless of your age.<sup>4</sup>

If you no longer work for the Commonwealth of Massachusetts or a Massachusetts local government employer, you may take a lump-sum distribution (payable to you or to your beneficiary upon your death) or roll over your assets into another eligible employer-sponsored plan or traditional individual retirement account.

You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitation of investment options.

A leave of absence is not a severance from employment. Also, a change from part-time to full-time employment, or any similar change, is not considered an event that could result in a distribution from the SMART Plan. Benefits attributable to your voluntary contribution account may be distributed under other options available under the SMART Plan.

**You may elect to receive your distribution immediately upon severance from employment.** For more information or to access a Distribution Request form, please contact the SMART Plan Service Center at **(877) 457-1900** or visit **www.mass-smart.com > Participate > Forms**.

## Beneficiaries and Death

If you die before receiving all of your SMART Plan assets, the funds will go to your designated beneficiary. If you do not designate a beneficiary, your funds will be paid to your estate and will be distributed in accordance with Massachusetts probate law. It is essential that you designate a beneficiary on the Enrollment form to ensure your assets will pass on as you intended.

Updating your beneficiary is quick and easy. There are two ways:

### Online

Log in to the SMART Plan website at **www.mass-smart.com**. Then go to **My Profile > Beneficiary**.

### Paper

Go to **www.mass-smart.com > Participate > OBRA**. Click on the **OBRA Mandatory Beneficiary Designation form** link. Mail or fax the completed form to the address or fax number provided on the form.

You will receive a written confirmation after your beneficiary information has been updated. It is extremely important that you keep the Plan administrator advised of your beneficiary changes.

## Converting to Full-Time Status

If you become a permanent, full-time employee and at one time made contributions to an OBRA mandatory account, you may elect to transfer your OBRA mandatory account to your voluntary account in the SMART Plan. In order to take advantage of this option, you cannot be actively contributing to the OBRA mandatory plan. To implement this change or to learn more, please contact your local SMART Plan representative at **(877) 457-1900** and say “representative.”<sup>22</sup>

## Service Buyback

If you reach a point where you are no longer making OBRA mandatory contributions but you’re still working for a Commonwealth of Massachusetts state agency or municipality, you may be eligible for a “Service Buyback” of your credible years of service to your qualified governmental defined benefit retirement plan. Service buybacks may be funded from transferred assets from the OBRA mandatory and/or voluntary contribution accounts.

## OBRA and Social Security

Distributions from payments from your OBRA plan may reduce Social Security benefits under the provisions of the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO). Additional information is available in Footnote One below, or on Form SSA-1945 available on the Social Security Administration website here: [www.socialsecurity.gov/form1945/SSA-1945.pdf](http://www.socialsecurity.gov/form1945/SSA-1945.pdf).

To obtain additional information, please call the SMART Plan Service Center at **(877) 457-1900**, from 9 a.m. to 8 p.m. Eastern time Monday through Friday.

<sup>1</sup> The Social Security Administration website at [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945) reminds state and local governmental employers of the requirement under the Social Security Protection Act of 2004 to disclose the effect of the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO) to employees hired on or after January 1, 2005, in jobs not covered by Social Security. Some jobs may not be covered under Social Security because they are not subject to mandatory coverage and there is no Section 218 agreement that covers them. The GPO provision impacts the amount of Social Security benefits received as a spouse or as an ex-spouse. The WEP affects the retirement or disability benefits received under Social Security if an individual has worked for an employer who does not withhold Social Security taxes. The law requires newly hired public employees to sign a statement, Form SSA-1945, that they are aware of a possible reduction in their future Social Security benefit entitlement. A copy of Form SSA-1945 is available at [www.socialsecurity.gov/form1945/SSA-1945.pdf](http://www.socialsecurity.gov/form1945/SSA-1945.pdf).

<sup>2</sup> Representatives of Empower Retirement do not offer or provide investment, fiduciary, financial, legal or tax advice, or act in a fiduciary capacity, for any client unless explicitly described in writing. Please consult with your investment advisor, attorney and/or tax advisor as needed.

<sup>3</sup> The account owner is responsible for keeping the assigned PIN confidential. Please contact client services immediately if you suspect any unauthorized use.

<sup>4</sup> Withdrawals may be subject to ordinary income tax.

**Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker-dealers.**

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