

**Town of Norton**  
70 East Main Street  
Norton, Massachusetts 02766



## **Veteran's Tax Work-Off Abatement Program**

(M.G.L. Chapter 59, Section 5N)

**Accepted:**

Annual Town Meeting  
May 14, 2018

**Local Regulations:**

Annual Town Meeting  
Board of Selectmen's Meeting

**Implemented:**

January 1, 2019

**Applications are accepted November 1, 2022 thru December 31, 2022.**

**Town of Norton**  
**Veteran's Tax Work-off Abatement Program**

**Eligibility and Program Guidelines:**

**1. Property Ownership**

Taxpayer must be an assessed owner of the property as of January 1<sup>st</sup> of the applicable assessment year, or if the property is subject to a trust, the veteran must have legal title, (i.e. be one of the trustees) to the property on which the tax to be abated is assessed. Only one member per household whose name is listed on the title/deed is eligible for participation each year.

**2. Maximum Abatement and Hourly Rate**

Taxpayer will receive compensation in the form of a Property Tax Abatement earned at the rate of \$15.00 per hour worked. Taxpayer can earn abatement on his/her real estate taxes up to a maximum of \$1500.00 per fiscal year for which taxpayer must work a total of 100 hours. Taxpayer will also have to make tax and Social Security contributions to the federal government, and the actual amount abated from his/her property taxes will be reduced by the amount of these contributions.

**3. Program budget**

The reduction in real property tax obligations shall be applied to the actual tax bill for the fiscal year. All reductions are processed as abatements and charged against the overlay account.

Prior to May 1st of each year, the Board of Selectmen, after consultation with the Finance Committee, shall provide written notice to the Board of Assessors identifying the amount of funds to be included in the ensuing fiscal years overlay account for said purpose.

In no event will the funding level be increased after the fiscal year tax rate is certified by the Department of Revenue.

**4. Qualifications**

A copy of Honorable Discharge/DD-214 is required. Eligibility is for a Veteran as defined in Clause 43, Section 7 of Chapter 4 (must have served a minimum of 90 days on active duty/not active for training) or a spouse of a Veteran in the case where the Veteran has a service-connected disability to provide services, or an unmarried spouse of a deceased Veteran.

The number of Veterans who can earn a maximum tax abatement of **\$1500.00** depends on the available balance in the overlay account for Fiscal Year 2024 and must be approved by the Board of Selectmen and reported and reserved by the Board of Assessors for each fiscal year. **At \$15.00 per hour, Veterans must work a total of 100 hours to receive an abatement of the maximum amount.** Program is limited to a maximum of up to 10 Veteran participants each year.



If a volunteer leaves the program before the full number of hours (**100**) is worked, and no other owner of the parcel can complete the hours, another Veteran taxpayer owning another parcel may work the remaining number of hours not worked by the previous Veteran volunteer and receive an abatement for his/her hours worked.

## 5. Application

Taxpayers must complete an application form to participate in a selection process. Veteran must be qualified to perform the essential functions of the position under this program, with or without reasonable accommodations. If a Veteran is unable to work, a volunteer may work for them.

Applications can be obtained at the Assessor's Office from November 1, 2022 thru December 31, 2022. **Application deadline is December 31, 2022. Applications should be submitted to the Assessor's Office.** The Assessor's Office will forward your application packet to the Veteran's Agent for review of eligibility. The Veteran's Agent will assign the participants to particular positions. As with all Exemption and Abatement applications this application is confidential in nature, not open to public inspections, and will be kept in a confidential file in the Treasurer-Collector's Office

## 6. Selection

Selected individuals will receive confirmation from the Veteran's Agent, stating their job duties, location of job, name of supervisor, and scheduled hours.

Hours worked are documented on a monthly Attendance Sheet and initialed by the volunteer and his/her supervisor.

In the event an otherwise eligible Veteran taxpayer is not capable of working the hours, the Town will allow a named designee approved by the Veteran's Agent to work off the hours on the taxpayer's behalf.

Program Selection is valid for one year. Applicants must re-apply annually if they wish to continue participation in the program.

## 7. Certification

**Veteran may began work any time after January 1, 2023 and work hours must be completed by October 6, 2023.** At the time the Veteran has worked up to **100 hours** or voluntarily ends participation in the program, the department director will approve and sign your completed timesheet(s), certifying the total number of hours worked and the amount of the abatement earned by the Veteran, and will forward timesheet(s) to the Town Treasurer. The Treasurer will calculate the required taxes and forward the actual abatement amount to the Board of Assessors.

**Veteran's Agent must submit approved Timesheet(s) NO LATER THAN OCTOBER 13, 2023 to the Town Treasurer.** As a result, credit earned for hours worked between January 1, 2023 and October 6th of any given year will be credited for the next fiscal year. {i.e. hours worked and credit earned between January 1, 2023 and October 6th, 2023 will be certified for FY 2024}.

## 8. Tax Withholdings

Veterans who participate in the Veteran's Tax Work-Off Abatement Program are considered to be temporary, part-time employees of the Town of Norton and, therefore, are subject to some tax withholdings. The amount earned is not considered income or wages for purposes of the MA State Income tax. The Internal Revenue Service (IRS) has ruled that the amount earned is included in the taxpayer's gross income from federal income tax and for Federal Insurance Contribution Act (FICA) tax and Medicare.

Because the abatement earned is subject to federal Social Security and Medicare withholdings and the Veteran is responsible for filing the income earned, the town will pay the employer share of the federal withholdings in the same manner as it does for all other employees. The employee's share of these deductions will be deducted from the abatement amount.

9. A CORI background check will be required of all applicants.
10. Application must be filed at the Assessor's Office NO LATER THAN DECEMBER 31, 2022.
11. Eligibility requirements and program guidelines will be reviewed periodically and changes will be made as necessary.



## **Tear Here**

**The following application and forms must be filled out completely and are part of this application packet. Please tear away the informational section of the packet for your reference and return the application and all forms to the Assessor's Office.**

# Veteran's Tax Work-off Abatement Program Application

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

## Part A: Eligibility Requirements.

A copy of Honorable Discharge/DD-214 is required. Eligibility is for a Veteran as defined in Clause 43, Section 7 of Chapter 4 (must have served a minimum of 90 days on active duty/not active for training), or a spouse of a Veteran in the case where the Veteran has a service-connected disability, to provide services; or an unmarried spouse of a deceased Veteran.

### Please answer the following questions:

Do you reside at the property for which your rebate is requested? Yes \_\_\_ No \_\_\_

Does your name appear on the title/deed of the property you listed above? Yes \_\_\_ No \_\_\_

Are you receiving any other Real Estate Tax Exemption from the Town of Norton? Yes \_\_\_ No \_\_\_

Do you own other property in Norton or out-of-state? Yes \_\_\_ No \_\_\_

**Part B:** Job placement will be available through the Veteran's Services Department.

Specific Days and Hours Available:

\_\_\_\_\_

**Part C:** Please state any of the following which might qualify you as a participant in the program:

Skills, Abilities, Knowledge: \_\_\_\_\_

Do you have your own transportation? \_\_\_\_ Yes \_\_\_\_ No.

**Part D:** List three references:

<u>Name</u>	<u>Phone Number</u>
_____	_____
_____	_____
_____	_____

I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if selected for participation in this program.



If I qualify for participation in this program, I understand that (1) earnings will not exceed **\$1500** per household, which will be applied as an abatement to my Town of Norton, MA property tax; (2) my earnings under the program are subject to Medicare and Omnibus Budget Reconciliation Act (OBRA) withholdings; and (3) I will receive a Federal Form W-2 detailing the tax credit and withholding.

Applicant Signature: \_\_\_\_\_

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

**PLEASE RETURN APPLICATION BY DECEMBER 31, 2022**

**Assessor's Office  
Norton Town Hall  
70 East Main Street  
Norton, MA 02766**

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**FOR OFFICIAL USE ONLY**

Application received on: \_\_\_\_\_

Application received by: \_\_\_\_\_

Application Number Assigned

Assigned

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

Position Assigned: \_\_\_\_\_

Document created: August 8, 2018

# Checklist of Forms & Informational Sheets

- ❖ Application & Eligibility Form (Including copy of Honorable Discharge/DD-214)
- ❖ Confidentiality Agreement
- ❖ Release Agreement
- ❖ Employee Information Sheet
- ❖ CORI Check Application (Criminal Offender Record Information) - Mandated by the State (Please be sure to complete the back of the CORI Form, as well.)
- ❖ W-4 Withholding Form  
*A deduction will be made for Medicare and calculated at 1.5% of your total earnings. A W-2 is issued at year-end to reflect your earnings for the 100 hour position.*
- ❖ OBRA Forms: *This is a deduction of 7.5% for MA Deferred Compensation Plan. Tax Work Off Program participants who have retired from the Bristol County Retirement System **DO NOT** need to complete this application. \*Please be sure to include a name of a Beneficiary and his/her requested information, under "Plan Beneficiary Designation" on page two of the OBRA Form.*
- ❖ I-9 Form: Employment Eligibility Verification mandated by the Department of Homeland Security. *This form requires the employee to present a passport or two acceptable forms of identification as listed on the form for compliance verification. Attached is a list of acceptable documents.*
- ❖ **APPLICANTS APPLYING FOR ANY MUNICIPAL POSITION WITHIN THE TOWN ARE REQUIRED TO PROVIDE A COPY OF THEIR LICENSE AND SOCIAL SECURITY CARD WITH THEIR APPLICATION.** If you do not have a Driver's License, a Massachusetts state-issued Identification Card is acceptable.

**TOWN OF NORTON  
VETERAN TAX WORK-OFF  
ABATEMENT PROGRAM  
RELEASE**

In consideration of the Town of Norton, Massachusetts (the "Town"), offering a program under which Veterans may perform services for the Town in consideration of credits to their property tax bill, under the provisions of G.L. c. 59 Section 5N (the "Program"), in which I may participate, I \_\_\_\_\_  
(Name of Applicant)

of \_\_\_\_\_, Norton, MA.  
(Street Address)

- a. hereby agree to release the Town and its agents and employees in advance from any and all claims, suits or causes of action which I may have for personal injury or property damage which I may directly or indirectly suffer as a result of participating in the above-referenced Program;
- b. hereby expressly agree to indemnify and hold harmless the Town and its agents and employees from any and all loss, damage or expense, including court costs and attorney's fees, which they or any of them suffer as a result of the filing of a civil action against the Town or their employees, by me or anyone on behalf of me or my estate in any way arising from the above-referenced Program;
- c. I agree that, prior to participating in the Program, I will take and satisfactorily complete any tutorial, training or orientation that the Town may require;
- d. I hereby represent that I am in satisfactory physical condition and am fit enough to participate in the Program. If required to do so by the Town, I shall complete, in a manner deemed satisfactory to the Town, any necessary medical questionnaire prior to participating in the Program;
- e. I agree to complete a CORI Form;
- f. I understand and acknowledge that this is a legally-binding agreement that addresses important legal rights and that I enter into such agreement of my own free will, with a clear mind and adequate capacity to understand and appreciate its terms and conditions.

WITNESS my hand and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
RELEASER SIGNATURE

\_\_\_\_\_  
Print Name



TOWN OF NORTON  
EMPLOYEE INFORMATION SHEET

NAME \_\_\_\_\_ DEPT \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

HOME TEL# \_\_\_\_\_

CELL# \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

EMERGENCY CONTACTS:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DAY TIME TEL# \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DAY TIME TEL# \_\_\_\_\_

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

**TOWN OF NORTON**  
**70 East Main Street**  
**Norton, MA 02766**

**CONFIDENTIALITY AGREEMENT**

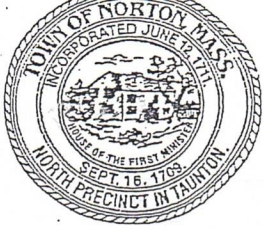
Whereas, in consideration of being able to participate in the Veteran's Tax Work-off Program, the below signed volunteer may have access to information derived from files, conversations or other materials that contains personal, confidential and/or proprietary information that would otherwise be exempt from public disclosure by applicable public records laws.

Now therefore, the below signed volunteer promises and covenants not to disclose and to hold confidential information, data, and documents to which he/she has access or may encounter in the course of his/her service with the Town of Norton through the Norton Veteran's Tax Work-off Program.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_



**TOWN OF NORTON**

**TOWN MANAGER**

70 East Main Street

Norton, Massachusetts 02766-2320

Office: 508-285-0212 Fax: 508-286-0297

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The Town of Norton is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

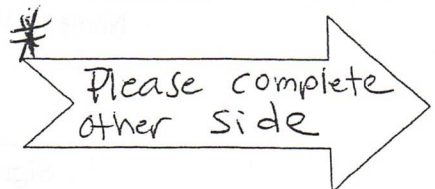
As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **The Town of Norton** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **The Town of Norton** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: **The Town of Norton** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **The Town of Norton** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**SUBJECT INFORMATION:**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth                      Place of Birth

\_\_\_\_\_  
Last Six Digits of Your Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name                      Father's Full Name

**Current and Former Addresses:**

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
The above information was verified by reviewing the following form(s) of government issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

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

# 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.

**Step 1:**  
**Enter Personal Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (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 estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), 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 2022 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:</b> <b>Claim Dependents</b>	If your total 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):</b> <b>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>	\$

**Step 5:**  
**Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



# OBRA Information Guide

SAVE MONEY AND RETIRE TOMORROW

## 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 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.<sup>2</sup>

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

*Carefully consider the investment objectives, risks, fees and expenses of the annuity and/or the investment options. Contact us for a prospectus, a summary prospectus and disclosure document, as available, containing this information. 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 Retirement Plan Advisor at 877-457-1900 and say "representative."

## 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. To register your account for the first time, click on the *REGISTER* button.

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.
- Update your beneficiary information as needed.

## Statements

You will receive an annual statement in January of each year showing your contributions as well as any earnings, fees or 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 [www.mass-smart.com](http://www.mass-smart.com). Once you log into your account, click on your name in the top right corner 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 59½.
- 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>2</sup>

If you no longer work for the Commonwealth of Massachusetts or a Massachusetts local government employer, you may leave the assets in your OBRA account; 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.

As with any financial decision, you are encouraged to discuss moving money between accounts, including rollovers, with a financial advisor and to consider costs, risks, investment options and limitations prior to investing.

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 in the SMART Plan.

<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> Withdrawals may be subject to ordinary income tax.

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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](http://www.mass-smart.com) > *About your plan* > *OBRA* > *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](http://www.mass-smart.com). Then go to *My Accounts* > *Beneficiaries*.

### Paper

Go to [www.mass-smart.com](http://www.mass-smart.com) > *About your plan* > *OBRA* > *Forms*. Click on the **OBRA Mandatory Beneficiary Designation** form. 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 Retirement Plan Advisor at 877-457-1900 and say "representative."

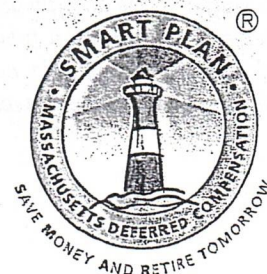
## Service Buyback

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 creditable 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 8 a.m. to 10 p.m. Eastern time Monday through Friday and 9 a.m. to 5:30 p.m. Saturday.







Beneficiary Designation
Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

For My Information

- For questions regarding this form, visit the website at www.mass-smart.com or contact Service Provider at 1-877-457-1900.
Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth

(The name provided MUST match the name on file with Service Provider.)

( )

Daytime Phone Number

Email Address

( )

Alternate Phone Number

- Married Unmarried

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

Primary Beneficiary Designation form 1: % of Account Balance, Primary Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Relationship, Phone Number (Optional).

Primary Beneficiary Designation form 2: % of Account Balance, Primary Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Relationship, Phone Number (Optional).

Primary Beneficiary Designation form 3: % of Account Balance, Primary Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Relationship, Phone Number (Optional).

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

Contingent Beneficiary Designation form 1: % of Account Balance, Contingent Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Relationship, Phone Number (Optional).

Contingent Beneficiary Designation form 2: % of Account Balance, Contingent Beneficiary Name, Social Security or Taxpayer Identification Number, Date of Birth or Trust Date, Relationship, Phone Number (Optional).



Last Name

First Name

M.I.

Social Security Number

98960-02  
Number

**B Beneficiary Designation** (Attach an additional sheet to name additional beneficiaries.)

**Contingent Beneficiary Designation** (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

% of Account Balance	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
100 %			
( )	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
Phone Number (Optional)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**C Participant Consent for Beneficiary Designation** (Please sign on the 'Participant Signature' line below.)

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).

I understand Plan provisions revoke a beneficiary designation of a spouse upon divorce, and Plan beneficiary default provisions will apply unless I designate a new beneficiary to replace my former spouse. I understand that I may rename my former spouse as a beneficiary, but the effective date must be post-divorce decree.

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 website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature \_\_\_\_\_ Date (Required) \_\_\_\_\_

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

**D Delivery Instructions**

After all signatures have been obtained, this form can be

Uploaded Electronically: Login to account at <a href="http://www.mass-smart.com">www.mass-smart.com</a> Click on Upload Documents to submit We will not accept hand delivered forms at Express Mail addresses.	OR	Sent Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR	Sent Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111
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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 (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)			
Address (Street Number and Name)		Apt. Number	City or Town			
		State	ZIP Code			
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>				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	QR Code - Section 1 Do Not Write In This Space
<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>  <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>  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: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**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 (mm/dd/yyyy)		
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State    ZIP Code



*Employer Completes Next Page*







**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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<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> 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	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

**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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<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.