**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 September 16th thru December 31, 2021.**

# 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 1st 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 $14.25 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 **105.25 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.

Priority will be given to Veterans based on income eligibility. Please refer to 2019 GMT Table below.

| Veteran Only | +1 Dependent | +2 Dependents | +3 Dependents | +4 Dependents | +5 Dependents | +6 Dependents | +7 Dependents |
|---|---|---|---|---|---|---|---|
| $60,445 | $69,080 | $77,715 | $86,350 | $93,280 | $100,210 | $107,085 | $114,015 |
| | | | | | | | |

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 2023 and must be approved by the Board of Selectmen and reported and reserved by the Board of Assessors for each fiscal year. **At $14.25 per hour, Veterans must work a total of 105.25 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 **(105.25)** 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 September 16th thru December 31, 2021. **Application deadline is December 31, 2021. 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 1st and work hours must be completed by October 7th.** At the time the Veteran has worked up to **105.25 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 10th to the Town Treasurer.** As a result, credit earned for hours worked between January 1 and November 1 of any given year will be credited for the next fiscal year. {i.e. hours worked and credit earned between January 1, 2022 and October 7th, 2022 will be certified for FY 2023}.

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 senior 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, 2021.

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:** **Income from the preceding Calendar year.** (Copies of your Federal and State Income Tax Return, and other documentation, may be requested to verify your income.)

| | Applicant | Spouse |
|---|---|---|
| Retirement Benefits (Social Security, Railroad, Federal, MA) | _____ | _____ |
| Other Pensions and Retirement Allowances | _____ | _____ |
| Wages, Salaries and other Compensation | _____ | _____ |
| Net Profits from Business, Profession or Property Rental | _____ | _____ |
| Other Income | _____ | _____ |
| TOTAL | _____ | _____ |

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

Specific Days and Hours Available:

_____

**Part D:** 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 E:** List three references:

| Name | Phone Number |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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 DECEMBE 31, 2021**

**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 105.25 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:_____

# General Instructions

## 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*.

## 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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 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, 2022.

**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* 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* 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

Form **W-4** (Rev. December 2020)
Department of the Treasury
Internal Revenue Service

# 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.

OMB No. 1545-0074

**2021**

**Step 1: Enter Personal Information**

| (a) First name and middle initial | Last name | (b) Social security number |
|---|---|---|
| Address | | ▶ 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*. |
| City or town, state, and ZIP code | | |

(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly or Qualifying widow(er)**
☐ **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.)

**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*, 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* 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.)

**Step 3: Claim Dependents**

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 . . . . . 3 $

**Step 4 (optional): Other Adjustments**

**(a) Other income (not from jobs).** 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 . . . . . 4(a) $

**(b) Deductions.** 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 . . . . . 4(b) $

**(c) Extra withholding.** Enter any additional tax you want withheld each **pay period** . 4(c) $

**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**

**Employers Only**

| Employer's name and address | First date of employment | Employer identification number (EIN) |
|---|---|---|
| | | |

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

Please complete other side

PARTICIPATE

# 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).[1] 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.[2]

Additional information regarding the SMART Capital Preservation Fund may be obtained online at **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** 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**. Once you log into your account, click on your name in the top right corner to update your personal account information.

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

Date of Birth / /

Email Address

( ) Daytime Phone Number

☐ Married ☐ Unmarried

( ) Alternate Phone Number

## 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.

% % of Account Balance

Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*

Social Security or Taxpayer Identification Number

Date of Birth or Trust Date / /

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other
☐ Domestic Partner

% % of Account Balance

Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*

Social Security or Taxpayer Identification Number

Date of Birth or Trust Date / /

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other
☐ Domestic Partner

% % of Account Balance

Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*

Social Security or Taxpayer Identification Number

Date of Birth or Trust Date / /

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other
☐ Domestic Partner

### 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 / /

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other
☐ Domestic Partner

% % of Account Balance

Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*

Social Security or Taxpayer Identification Number

Date of Birth or Trust Date / /

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other
☐ Domestic Partner

# 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 | 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):**

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States *(See instructions)*
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ 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. *(See instructions)*

*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.*

1. Alien Registration Number/USCIS Number: _____

**OR**

2. Form I-94 Admission Number: _____

**OR**

3. Foreign Passport Number: _____
   Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

| 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 |
|---|---|---|---|
| | | | |

STOP *Employer Completes Next Page* STOP

# 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<br>Documents that Establish Both Identity and Employment Authorization | OR | LIST B<br>Documents that Establish Identity | AND | LIST C<br>Documents that Establish Employment Authorization |
|---|---|---|---|---|
| 1. U.S. Passport or U.S. Passport Card | | 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 | | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:<br>(1) NOT VALID FOR EMPLOYMENT<br>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION<br>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 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 | | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | | 4. Native American tribal document |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<br>a. Foreign passport; and<br>b. Form I-94 or Form I-94A that has the following:<br>(1) The same name as the passport; and<br>(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. | | 5. U.S. Military card or draft record | | 5. U.S. Citizen ID Card (Form I-197) |
| | | 6. Military dependent's ID card | | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 7. Employment authorization document issued by the Department of Homeland Security |
| | | 8. Native American tribal document | | |
| | | 9. Driver's license issued by a Canadian government authority | | |
| | | **For persons under age 18 who are unable to present a document listed above:** | | |
| | | 10. School record or report card | | |
| | | 11. Clinic, doctor, or hospital record | | |
| | | 12. Day-care or nursery school record | | |
| 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 | | | | |

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

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