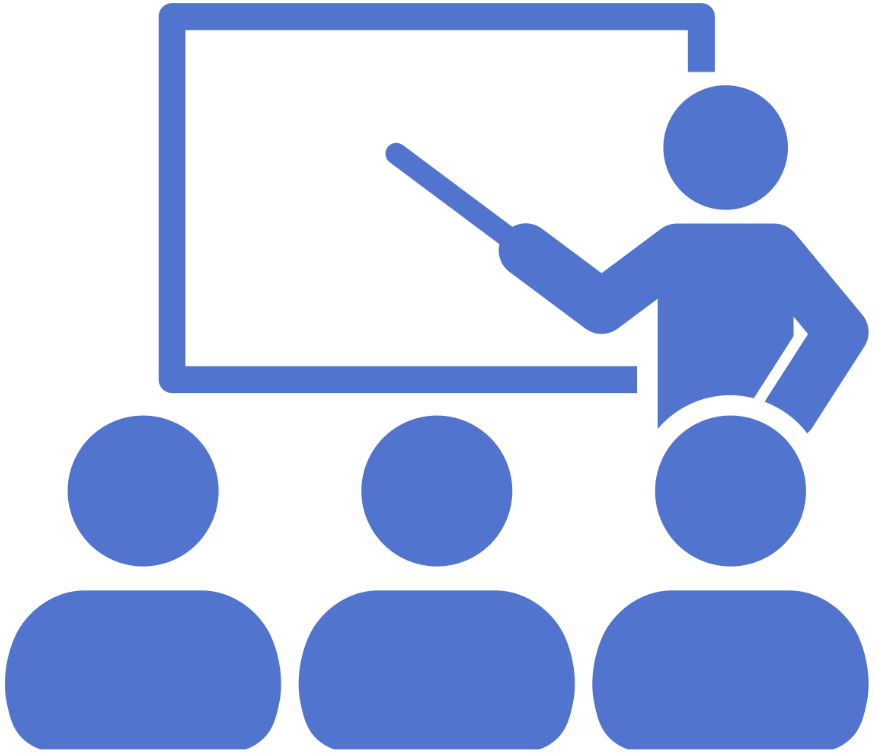
HR/CMS User Group Meeting

June 7, 2023

OFFICE OF THE COMPTROLLER
COMMONWEALTH OF MASSACHUSETTS

ATLANTIC COD | OFFICIAL STATE FISH

Welcome



- ★ Virtual Webinar
- ★ Chat function disabled
- ★ Mute function enabled
- ★ Use Q&A to ask questions
- ★ Session is recorded

Agenda

- ★ Welcome & Remarks
- ★ Core User Support
- ★ HR/CMS Updates
- ★ State Retirement Board
- ★ Empower/SMART Plan
- ★ Payroll Processing
- ★ Metro Credit Union
- ★ Fiscal Year End/Accounts Payable
- ★ Total Administrative Services Corp
- ★ Benefit Strategies

Welcome & Remarks

William McNamara

Comptroller of the Commonwealth

Core User Support

- ★ HRD and CTR are hosting drop-in sessions for all core users
- ★ Sessions will be on Teams and will be scheduled monthly and will start in July
- ★ Opportunity to connect with control agencies and ask questions regarding HR/CMS best practices

HR/CMS Upgrade Follow-Up

- ★ Dates, Dates, Dates
- ★ Time Reporter Data (TRD) must be completed during the initial hire
- ★ TRD date needs to match Hire/Rehire date
- ★ If you do not activate TRD at rehire, inserting active rows after will NOT prompt payable time, log a ticket for correction
- ★ Reports To and Location Code changes must be completed in Manage Position to carry over to Manage Job (check job for blocking rows first)
- ★ Log EOTSS ServiceNow tickets for any support

State Retirement Board

Enrollment Forms

HOW TO FILL OUT A NEW MEMBER ENROLLMENT FORM

THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board

COMMONWEALTH AGENCY NEW MEMBER ENROLLMENT FORM

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

SECTION A - TO BE COMPLETED BY MEMBER

1. MEMBER INFORMATION

Name (Print) | Former Name | SSN

Street Address | Date of Birth | Gender

City | State | Zip Code | Phone Number

Personal Email | Work Email (If Known)

Marital Status:

☐ Married ☐ Single
☐ Widowed ☐ Divorced

If Divorced, are you subject to a Qualified Domestic Relations Order?*

☐ Yes ☐ No

*If subject to a DRO/QDRO, please foward a copy to our office.

Spouse Name | Spouse Date of Birth

Are you a Veteran?

☐ Yes ☐ No

The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits. https://www.mass.gov/service-details/veterans-service-buyback-msrb

to

Dates of Military Service

A copy of your military discharge may be requested.

Employment

Start Date

Agency or Department

Agency Phone Number

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

Retirement System	Start Date	End Date	Was a Refund Taken?	
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

If you wish to reinstate / purchase past creditable service you must make a separate request to the State Retirement Board.
https://www.mass.gov/service-purchases-buybacks-msrb

3. ARE YOU CURRENTLY OR HAVE YOU EVER RECEIVED A RETIREMENT BENEFIT FROM ANOTHER PUBLIC RETIREMENT SYSTEM?

☐ Yes ☐ No

4. STATEMENT AND SIGNATURE OF MEMBER

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

X *Original Signature Required*

Member Signature

Date

Continued on reverse

Main Office: One Winter Street, 8th Floor, Boston, MA 02108. Phone: 617-367-7770 Toll Free (within MA): 1-800-392-6014
Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103. Phone: 413-730-6135
mass.gov/retirement

5. BENEFICIARY INFORMATION

Beneficiary or beneficiaries nominated will receive in the proportion designated of any amount due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member. **A beneficiary blank with corrections or erasures is not acceptable.**

Give Complete Name and Address of Each Beneficiary

Name:	Designation (Must check 1 box)	Proportion* (Must check 1 box)	DOB:
Street:	☐ Primary, OR	☐ All, OR	Relationship:
City, State, Zip:	☐ Contingent	☐ ____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	☐ Primary, OR	☐ All, OR	Relationship:
City, State, Zip:	☐ Contingent	☐ ____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	☐ Primary, OR	☐ All, OR	Relationship:
City, State, Zip:	☐ Contingent	☐ ____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	☐ Primary, OR	☐ All, OR	Relationship:
City, State, Zip:	☐ Contingent	☐ ____% (Percent)	SSN:

The total of the proportions for the primary beneficiary(ies) must equal 100%; The total of the proportions for any contingent beneficiary(ies) must equal 100%.

6. PLEASE SIGN BELOW

X *Original Signature Required*

Member Signature | Date

Witness Signature | **Witness may not be beneficiary**

Witness Phone Number | Witness Email Address

SECTION B - TO BE COMPLETED BY THE AGENCY

Position: ______________________ Start Date: ______________

State Police Start Date: ______________ Date of First Deduction: ______________ ☐ New ☐ Transfer

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

Service Status: ☐ Full-Time ☐ Part-Time________% ☐ Temp/Sub______________ ☐ Other______________

Authorized Signature

Date

Agency and Payroll Number

Email Address

1/2023

Commonwealth of Massachusetts SMART Plan Update

Payroll User Group Meeting

June 7th, 2023

SMART Plan Agenda

- ROTH Contributions
- SMART Plan Overview
- Retirement Plan Advisor Services
- Questions

ROTH Contributions

The Roth option reduces your take-home pay dollar for dollar and offers the following benefits:

1. It essentially locks in today's tax rates on all contributions.

2. For those who expect to be in a higher tax bracket when they retire, the Roth option allows you to pay taxes on your contributions when they are contributed (presumably at a lower tax rate than you would expect to pay at retirement).

ROTH Option – Deferral File

GQ19OEDF Commonwealth of Massachusetts Deferred Compensation Plan Run Date: 02/05/2023
xxxxx-01 Employee Elected Deferrals Pay Date: 02/18/2023
P1: Dept. of xxx & xxx

1	2		3	4	5	6	7	8	9	10	11
SSN	Name	Employee Number	Hire Date	Before Tax	50 +	Roth	Hardship End Date	Accelerated Code	Deferral End Date	Amount	Deferral Change Time Stamp
XXX-XX-XXXX	ADAMS, JIM	XXXXXX	10/27/2008	940.00$	Y						01/22/2023
XXX-XX-XXXX	BAKER, SAMANTHA	XXXXXX	02/21/2006	175.00$	Y			Catch-Up	12/31/2023	40,000$	01/23/2023
XXX-XX-XXXX	DAVIS, JANE	XXXXXX	12/30/2013	50.00$	N	100.00$					01/28/2023
XXX-XX-XXXX	LOPEZ, JOSE	XXXXXX	02/16/2007	400.00$	Y						01/31/2023
XXX-XX-XXXX	MASON, JOHN	XXXXXX	03/26/2013	50.00$	N	50.00$					01/29/2023
XXX-XX-XXXX	QUINN, SALLY	XXXXXX	01/04/1999	50.00$	Y						01/16/2023

SAMPLE

Plan Statistics (as of March 31, 2023)

Total SMART Plan

Total Plan assets	$ 11.33 Billion
Roth Assets	$227.01 Million
Total Participants	284,909
Q1 Contributions	$136.55 Million

OBRA Mandatory

Participants	167,489
Target Date Fund Assets	$2.61 Million
Objective-Based Fund Assets	$1.36 Million

Retirement Plan Advisor

- Retirement Readiness Reviews
- Allocation assistance
- Appointments can be scheduled on-line:
  - ➢ www.mass-smart.com
  - ➢ SMART@Empower.com

Pride in our Partnership: Empower and the MA SMART Plan

Questions?

SMART@Empower.com

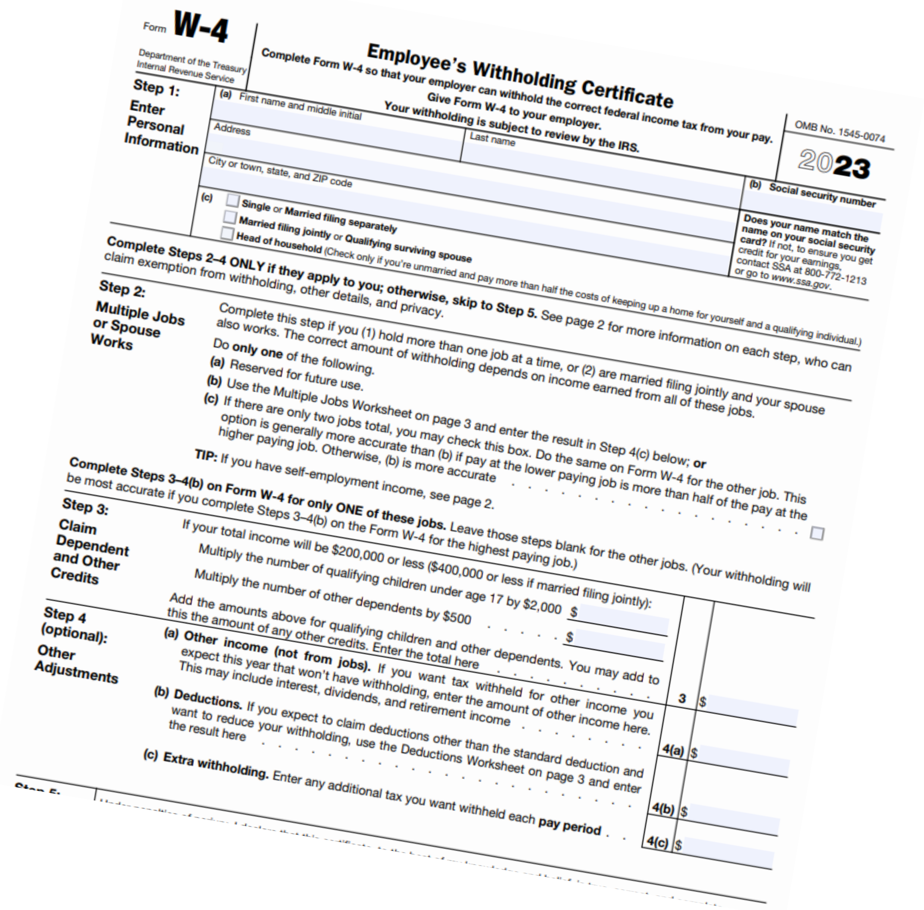
Thank you

Payroll Processing

Federal Tax Calculation

Employee Tax Withholding

- ★ The 2017 Tax Cuts and Jobs Act (TCJA) created significant changes to taxable liability and the impact of taxes on employee's income
- ★ Changed the way taxable income is calculated and reduced the tax rates on that income
- ★ The IRS made changes to income tax withholding resulting in a new W-4 in 2020



Form **W-4**

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

2023

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

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.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . ☐

TIP: If you have self-employment income, see page 2.

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 Dependent and Other Credits

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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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)** $

Case Study

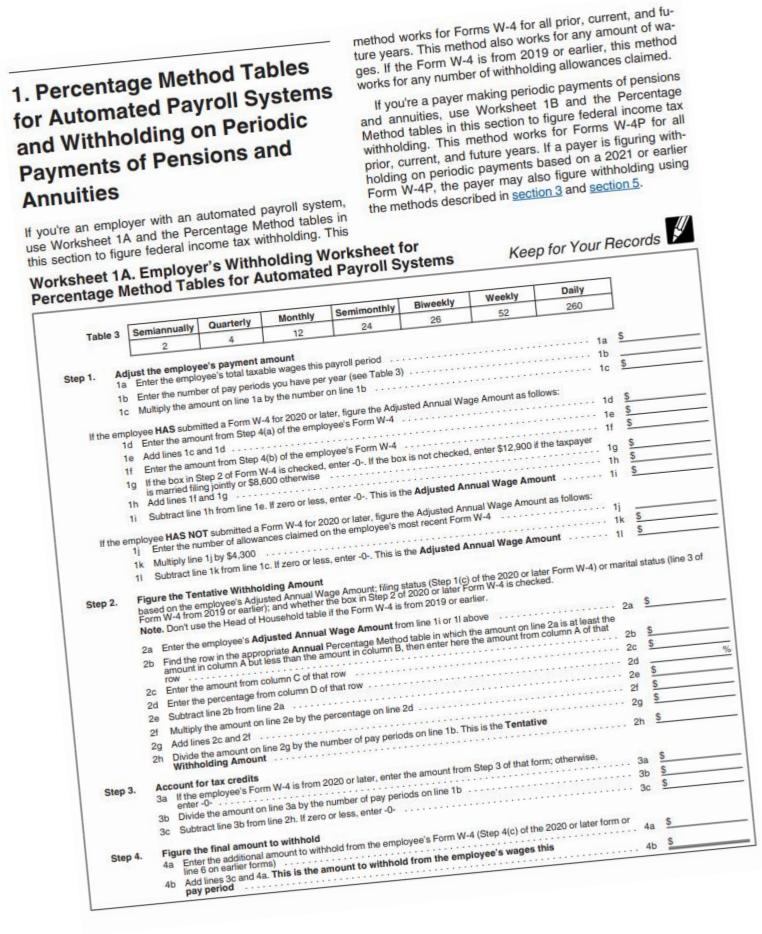
- ★ Employee updated tax withholding on 4/20/2023, using the form version: W-4 – 2020 or Later
- ★ Selected extra withholding of $100
- ★ The new systematic calculation resulted in a lower tax withholding even with the additional $100
- ★ While taxable gross is only $2.60 more in 5/20/2023 PPE; the Adjusted Annual Wage Amount is $12,832.40 less than 4/8/2023

Federal Tax Withholding Calculation

2019 W-4 Married 0	Worksheet Step	2020 W-4 Married 0	2020 W-4 Married 0 Step 2 Checked
$ 4,537.96	1a	$ 4,537.96	$ 4,537.96
26	1b	26	26
$ 117,986.96	1c	$ 117,986.96	$ 117,986.96
$ -	1d	$ -	$ -
$ -	1e	$ 117,986.96	$ 117,986.96
$ -	1f	$ -	$ -
$ -	1g	$ 12,900.00	$ -
$ -	1h	$ 12,900.00	$ -
$ -	1i	$ 105,086.96	$ 117,986.96
$ -	1j		
$ -	1k		
$ 117,986.96	1l		

2019 W-4 Married 0	Worksheet Step	2020 W-4 Married 0	2020 W-4 Married 0 Step 2 Checked
$ 117,986.96	2a	$ 105,086.96	$ 117,986.96
$ 104,250.00	2b	$ 104,250.00	$ 109,225.00
$ 10,294.00	2c	$ 10,294.00	$ 16,290.00
22%	2d	22%	22%
$ 13,736.96	2e	$ 836.96	$ 8,761.96
$ 3,022.13	2f	$ 184.13	$ 1,927.63
$ 13,316.13	2g	$ 10,478.13	$ 18,217.63
$ 512.16	2h	$ 403.01	$ 700.68
$ -	3a	$ -	$ -
$ -	3b	$ -	$ -
$ 512.16	3c	$ 403.01	$ 700.68
$ -	4a	$ 100.00	$ 101.00
$ 512.16	4b	$ 503.01	$ 801.68

Resources & Reference



1. Percentage Method Tables for Automated Payroll Systems and Withholding on Periodic Payments of Pensions and Annuities

If you're an employer with an automated payroll system, use Worksheet 1A and the Percentage Method tables in this section to figure federal income tax withholding. This method works for Forms W-4 for all prior, current, and future years. This method also works for any amount of wages. If the Form W-4 is from 2019 or earlier, this method works for any number of withholding allowances claimed.

If you're a payer making periodic payments of pensions and annuities, use Worksheet 1B and the Percentage Method tables in this section to figure federal income tax withholding. This method works for Forms W-4P for all prior, current, and future years. If a payer is figuring withholding on periodic payments based on a 2021 or earlier Form W-4P, the payer may also figure withholding using the methods described in section 3 and section 5.

Worksheet 1A. Employer's Withholding Worksheet for Percentage Method Tables for Automated Payroll Systems *Keep for Your Records*

Table 3	Semiannually	Quarterly	Monthly	Semimonthly	Biweekly	Weekly	Daily
	2	4	12	24	26	52	260

Step 1. Adjust the employee's payment amount

- 1a Enter the employee's total taxable wages this payroll period . . . 1a $
- 1b Enter the number of pay periods you have per year (see Table 3) . . . 1b
- 1c Multiply the amount on line 1a by the number on line 1b . . . 1c $

If the employee **HAS** submitted a Form W-4 for 2020 or later, figure the Adjusted Annual Wage Amount as follows:

- 1d Enter the amount from Step 4(a) of the employee's Form W-4 . . . 1d $
- 1e Add lines 1c and 1d . . . 1e $
- 1f Enter the amount from Step 4(b) of the employee's Form W-4 . . . 1f $
- 1g If the box in Step 2 of Form W-4 is checked, enter -0-. If the box is not checked, enter $12,900 if the taxpayer is married filing jointly or $8,600 otherwise . . . 1g $
- 1h Add lines 1f and 1g . . . 1h $
- 1i Subtract line 1h from line 1e. If zero or less, enter -0-. This is the **Adjusted Annual Wage Amount** . . . 1i $

If the employee **HAS NOT** submitted a Form W-4 for 2020 or later, figure the Adjusted Annual Wage Amount as follows:

- 1j Enter the number of allowances claimed on the employee's most recent Form W-4 . . . 1j
- 1k Multiply line 1j by $4,300 . . . 1k $
- 1l Subtract line 1k from line 1c. If zero or less, enter -0-. This is the **Adjusted Annual Wage Amount** . . . 1l $

Step 2. Figure the Tentative Withholding Amount based on the employee's Adjusted Annual Wage Amount; filing status (Step 1(c) of the 2020 or later Form W-4) or marital status (line 3 of Form W-4 from 2019 or earlier); and whether the box in Step 2 of 2020 or later Form W-4 is checked.

Note. Don't use the Head of Household table if the Form W-4 is from 2019 or earlier.

- 2a Enter the employee's **Adjusted Annual Wage Amount** from line 1i or 1l above . . . 2a $
- 2b Find the row in the appropriate **Annual** Percentage Method table in which the amount on line 2a is at least the amount in column A but less than the amount in column B, then enter here the amount from column A of that row . . . 2b $
- 2c Enter the amount from column C of that row . . . 2c $
- 2d Enter the percentage from column D of that row . . . 2d %
- 2e Subtract line 2b from line 2a . . . 2e $
- 2f Multiply the amount on line 2e by the percentage on line 2d . . . 2f $
- 2g Add lines 2c and 2f . . . 2g $
- 2h Divide the amount on line 2g by the number of pay periods on line 1b. This is the **Tentative Withholding Amount** . . . 2h $

Step 3. Account for tax credits

- 3a If the employee's Form W-4 is from 2020 or later, enter the amount from Step 3 of that form; otherwise, enter -0- . . . 3a $
- 3b Divide the amount on line 3a by the number of pay periods on line 1b . . . 3b $
- 3c Subtract line 3b from line 2h. If zero or less, enter -0- . . . 3c $

Step 4. Figure the final amount to withhold

- 4a Enter the additional amount to withhold from the employee's Form W-4 (Step 4(c) of the 2020 or later form or line 6 on earlier forms) . . . 4a $
- 4b Add lines 3c and 4a. **This is the amount to withhold from the employee's wages this pay period** . . . 4b $

- ★ **New employees and current employees should use the Tax Withholding Estimator to inform appropriate tax withholding**
- ★ **W-4 Form (2023)**
- ★ **Tax Withholding Estimator**
- ★ **Publication 15-T use worksheet 1A to calculate Federal tax withholding**

METRO

CREDIT UNION

June 2023 Updates


"My dream is college.
My nightmare is
paying for it."
Student Loans SHAPED BY MEMBERS.

"Welcome to Metro Credit Union! I'm Chelsea, your Digital Assistant."

Here to Stay…


Massachusetts State Employees
HR/CMS Pay Calendar 2023
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
METRO CREDIT UNION
The credit union for Mass State Employees
877.MY.METRO | MetroCU.org
Federally Insured by NCUA | Member MSIC

Your NEW Point of Contact:

Brandon Williams, CCUFC
Metro@Work Relationship Manager
BWilliams@MetroCU.org
877.MY.METRO ext. 5408

Upcoming Site Visits

MITC Building: 6/21 – 11:30am to 1:30pm
Ashburton Place: 6/22 – 11:00am to 1:30pm

Fiscal Year End

Close/Open Resources

★ **The Close/Open resource page includes:**

- the Close/Open calendar
- latest announcements
- on-demand sessions from Close/Open week 2023
- Close/Open Boot camps

Chart of Account Changes

★ **By today you should have:**

- Identified FY2024 COA changes, e.g., program codes or appropriation changes
- Prepared for any potential appropriation changes (budget is not finalized, still in conference if there are any changes)
- Planned for any position transfer and LCM distributions for FY24
- Started to enter PH documents for Accounts Payable

★ **Do not over encumber!!**

Key Dates in June

★ For PPE June 17 – Last full payroll of FY2023
  - June 16 – Last day for HR & Garnishment transaction in HR/CMS
  - June 19 – Last day for posting Time & Attendance
  - June 20 – Last day for making Labor Distribution changes in LCM

★ Finalize all Payroll Hold activity for AP by June 30

★ PPE July 1 – Payroll is prorated by business days of the pay period (Mon-Fri) there are 10 business days in FY2023

Split Year Earnings

- ★ Sick, Vacation and Comp Buyouts entered as amounts will post to 7/1, and therefore, FY2024
- ★ Sick, Vacation and Comp Buyouts entered as hours will post to 6/30 and therefore, FY2023
- ★ Prior Period Adjustments should be entered in Timesheet on a date before 6/17/2023
- ★ Use of a ComboCode with time posted on Saturday, July 1 will post labor charges to FY2024

HR/CMS Account Code Roll

- ★ Now available (new report every Friday in June)
- ★ HMMARS3 Report identifies:
  - All positions assigned to invalid accounts
  - If incumbent exists, then EmplID and Rec # are shown
- ★ Agencies must take corrective action before 6/30/2023
- ★ Failure to act will result in positions being automatically updated on July 7
- ★ Invalid codes will be updated with the FIRST valid account code within your department

Mass Termination of Contract Jobs

- ★ Non-Higher Education agencies will occur on July 7
- ★ Higher Education agencies will not occur until the Fall
- ★ Includes all Active contractors hired before and unpaid since October 1, 2022
- ★ Departments will be notified
- ★ Mobius report is HMPCS004 – Termination of Contract Jobs

Payroll Receipt Vouchers

- ★ New process send to Comptroller’s team first
- ★ All vouchers for any pay periods should be submitted ASAP
- ★ Cash cutoff for PRRVs is June 30

LCM Rules Roll – POAA Rules

- ★ All current rules will expire on June 30
- ★ Draft rules for FY2024 are available now
- ★ Departments should review draft rules and delete any rules that will not apply to FY2024
- ★ Departments must include full justification for rule as a comment and submit for approval
  - Departments do not need to email paperwork to Statewide Payroll Team
  - Rules request form is no longer used
  - Departments should retain a signed copy of rules on file
- ★ New Rules for FY2024 must have a From date of 7/1/2023 and To date of 12/31/9999

POAA continued

- ★ **Document IDs for draft rules are defined as follows:**
  - **Department ID**
  - **Assigned Appropriation or ALL if the rule applies to all Appropriations**
  - **A if the rule applies to all Units or U if the rule is Unit-specific**
  - **A if the rule applies to all Positions or P if the rule is Position-specific**
  - **C23 (to indicate that it is a Create rule generated in 2023)**
  - **Unique number**
- ★ **Departments can enter *C23* as the Document ID search criteria to find all draft POAA rules**

PALT, DEACC and Others

- ★ **PALT Rules – Rules are specific to FY; departments must reapply for all PALT rules**
- ★ **DEACC – Please contact Statewide Payroll Team to request removal of rules that no longer apply for FY2024**
- ★ **PCREQ/DEPTEs/EDPRs/LDPRs – Will continue in effect for FY2024; departments should review and make any changes needed**

Accounts Payable

Accounts Payable Period

- ★ **Pay periods ending: 7/15, 7/29, and 8/12**
- ★ **Two ways to charge FY2023:**
  - **Enter prior period adjustment in timesheet for date prior to June 17**
  - **Use an Accounts Payable earning code in Additional Pay (see CTR memo for list of AP Earning Codes)**

Payroll Holds

- ★ Are required for all charges – even negative and net zero – during Accounts Payable
- ★ Executive department need A&F approval for any increases to PHs for Type 1 accounts where the total encumbered is greater than $75,000
- ★ FY2023 Encumbrance deadline is Friday, June 9
- ★ After June 30, NO NEW PH for BUDGETED FUNDS
- ★ Make sure you have enough money to cover FY2023 charges through Split Year before you encumber money in a PH

PRLDE & PRLIF Cleanup

- ★ State Finance Law requires that accounts are funded before expenditures are made
- ★ All State Accounts must be balance before the end of AP period

Deficiency Payroll

- If you do not get all payments entered before 8/12/2023, any prior fiscal year payments will have to be processed as deficiencies
- Requests are submitted to the Statewide Payments Team and upon approval departments transfer money to CTR account
- Department uses deficiency earning codes as directed by Statewide Payroll Team to process charges in HR/CMS
- Payroll Accounting Team will handle the distribution in LCM

TASC

Commonwealth of Massachusetts
Group Insurance Commission

HR/CMS User Group Meeting

June 7, 2023

HCSA/DCA CHANGE FORM

Web-Based and Paper Versions located on massfsatasc.com

Click on 'Resources' link at bottom of page

Menu

Home

Resources

Participant Resources – Forms

Forms

- Paper Reimbursement Form
- TASC Dependent Care Contract
- Orthodontia Worksheet & Instructions
- Letter of Medical Necessity
- Change Form (paper)
- Change Form (web-based)

GIC Coordinator Resources

- GIC Coordinator Training Slides-TASC FSA
- HRCMS User Group Meeting 03 28 23
- Paper Enrollment Form
- Change Form (paper)
- Change Form (web-based)

Change form to be used for the following events:

1. Qualifying Event Resulting in Add or Change of Coverage*
2. Leave of Absence (LOA)
3. Reclassification
4. Payroll Refund Request
5. Termination of Employment (submitted by GIC Coordinator)

* Enrollment form MUST also be completed/submitted if an employee is adding coverage due to a qualifying life event and documentation MUST be provided for all status changes

Change of Status

1. Qualifying Event Resulting in Add or Change of Coverage

(NOTE: *Enrollment form MUST also be completed/submitted if adding coverage due to a qualifying life event)*

Can be submitted by Employee or GIC Coordinator

Form must be submitted within 60 days of the date of the qualifying event

Status changes in this section can be submitted by Employee – or - GIC Coordinator

ELECTION CHANGE – Currently enrolled employees who have had a qualifying event and wish to adjust their account may do so by completing this information and submitting this form within 60 days of the event date of the status change listed below. Changing the FSA does not allow a refund of your already contributed funds, which can include deductions taken while your request is processed and approved. NOTE: approved changes to elections will be effective the first of the month after the request is approved.

Supporting documentation MUST be provided to substantiate your change in status. Submit the supporting documentation along with this form. Acceptable documentation is listed below next to each change of status event type.

If you have a qualifying event and wish to enroll in an FSA for the first time, please **indicate your qualifying event and new election amount below and then complete the enrollment form. Both forms must be submitted together.** Please note: For Dependent Care Assistance Program (DCAP), there is a limit of $192.30 per bi-weekly pay period. Please calculate your elections accordingly.

☐ 1. Qualifying Event Resulting in Drop of Coverage or Change in Coverage

- ☐ Reduce my election amount based on my qualifying event below.
- ☐ Increase my election based on my qualifying event below.
- ☐ Make a new election based on my qualifying event below. **NOTE:** Must also complete and submit the enrollment form if making a new election due to a qualifying event.

Date of Event: ____

New Election Amount: **NOTE:** Decreases in annual election may be no less than the greater of the amount that has been contributed or disbursed through payroll deduction as of the date this request is approved.

HCSA: ______________________ DCAP: ______________________

1. Qualifying Event Resulting in Add or Change of Coverage (cont.)

- Change in Status Types and Approved Supporting Documentation

- GIC Coordinator Approval Required

Can be submitted by Employee or GIC Coordinator

CHANGE IN STATUS TYPE:	APPROVED SUPPORTING DOCUMENTATION:
☐ Became eligible for Medicare or Medicaid	Medicare or Medicaid eligibility letter
☐ Loss of Medicare or Medicaid coverage eligibility	Medicare or Medicaid Loss of Coverage Letter
☐ Marriage	Marriage Certificate
☐ Divorce / Annulment	Divorce or Annulment Decree
☐ Judgment, decree or court order	The judgment, decree, or court order
☐ Birth, adoption, or placement of a child	-Birth Certificate -Certification of Adoption -Foster care certification
☐ Death of a spouse of dependent	Death Certificate
☐ Change in spouse's employment status	Documentation showing spouse's termination or commencement of employment, change of status from employee to independent contractor, change in hours, strike or lockout, a commencement or return from an unpaid leave of absence, or a change in work site
☐ Change in employee's benefits status	Documentation showing reduction in hours resulting in no longer qualifying for benefits or increase in hours which result in qualifying for benefits
☐ Dependent no longer a qualified tax dependent	Documentation showing dependent is no longer under age 19 or under age 26 and a full-time student, or is no longer living in your home half of the tax year and you are no longer providing more than half of their support in a tax year. There is no age limit for permanently disabled dependents.
☐ Beginning LOA	Completion of Section 2. of the HCSA/DCA Change Form
☐ Ending LOA	Completion of Section 2. of the HCSA/DCA Change Form
☐ (DCAP Only) Child turned age 13	Child's birth certificate
☐ (DCAP Only) Change in cost of care	Copies of invoices showing change in cost of care, or signed letter from daycare provider
☐ (DCAP Only) Change of daycare provider	Copies of invoices showing change in daycare provider, or signed letter from daycare provider
☐ Termination / Leaving State Service*	Completion of Section 5. Of the HCSA/DCA Change Form (either on this form or a separate change form)

**Select this option is you are reporting the end of state employment – in advance (Employees Only)*

GIC Coordinator Approval of Change in Status / Documentation is REQUIRED. GIC Coordinators, please sign here:

Signature: ____

Leave of Absence (LOA)

2. <u>Leave of Absence (LOA)</u> (Notification of Beginning and/or Ending)

NOTE: ***Prepay or Direct Bill options are not allowed if completion/submission of this form is NOT done prior to the beginning of LOA***

Can be submitted by Employee or GIC Coordinator

☐ 2. <u>Leave of Absence (LOA)</u> **NOTE:** You must report the start – and end – for LOA. If you do not know the end date when you are notifying the beginning of a LOA, complete and submit this form again at the end of your LOA indicating the ending date.

☐ Notification of Beginning LOA Date:
LOA Start Date: ____________

☐ Notification of Ending LOA Date:
LOA End Date: ________

If selecting Prepay or Direct Bill – completion/submission of this form <u>MUST</u> be prior to beginning LOA

Is employee enrolled in a HCSA account?
☐ Yes ☐ No

Type of LOA FOR HCSA account:

☐ Paid (deductions will continue to be taken from the employee's pay each pay period and the HCSA coverage will continue uninterrupted. Expenses can be incurred before, during, and after the LOA. ***(If an employee changes to an unpaid status, GIC Coordinators are responsible for notifying TASC of any changes during the LOA on behalf of the employee)***

☐ Unpaid (Prepay, Direct Pay, Pay upon Return or No Coverage with Adjusted Election)

Indicate type for unpaid LOA from listing above *(Prepay and Direct Pay Options are only available if requested in advance of the start of LOA)*: ______________________________

Direct Pay: Employees have the option to be directly billed for premiums and administration fees while on LOA. Direct Pay deductions will be post-tax, as they are not occurring through payroll. TASC will invoice the employee once a month, at the beginning of the month, with the amount due. The employee must pay the premium no later than the first pay date of the month on which the employee would have received a paycheck had they been active. Payments must be made in a timely manner for the HCSA debit card and account to remain active. **There is no grace period for a missed direct payment. If payment is not paid by the due date, then coverage is discontinued until the employee's return to active status.** GIC Coordinators: Only choose this option if the employee has requested this.

Reclassification/Payroll Refund Requests

3. Reclassification

4. Payroll Refund Requests

Requests in this section can be submitted by Employee – or - GIC Coordinator
and must be approved by GIC. Supporting information must be included below or documentation attached to support the request

☐ 3. Reclassification:

Previous GIC Agency Type:[3]	
Previous GIC Division Code:[3]	
Date of Change:	
Reason for Reclassification:	

[3]*See GIC Agency Listing at massfsatasc.com*

☐ 4. Payroll Refund Required: ***(request must be made within 60 calendar days of Payroll Error***

Payroll Date of Error:					
Deduction Code(s): ***(select all that apply)***	☐ HCSA		☐ DCAP	☐ HCSAF	
HCSA Error Amount:		DCAP Error Amount:		HCSAF Error Amount:	
Plan year payroll error occurred:					
Reason for Refund Request:					

Can be submitted by Employee or GIC Coordinator

Termination of Employment (Submitted by GIC Coordinator)

5. Termination of Employment (submitted by GIC Coordinator)

Submitted by GIC Coordinator – if Employee did not Submit prior to leaving State employment

☐ 5. Termination of Employment:

Date State Employment Ended:	
Enter last payroll date with deduction for HCSA or enter N/A if employee was not enrolled:	
Enter last payroll date with deduction for DCAP or enter N/A if employee was not enrolled:	

☐ Acknowledgement by GIC Coordinator for Termination of Employment

By completing this form and checking this box and the box below, I confirm the following:

I am the named agency's GIC Coordinator and in this role I have regular knowledge of employment start dates and end dates. I confirm that the employee named on this form is no longer employed by this agency, as of the date indicated. I confirm that the employee listed on the form was enrolled in at least one FSA plan and that the employee was provided the following information, either just prior to or subsequent to ending employment with the agency:

- Information about using remaining money in the FSA(s) that they were enrolled in
- Information directing the employee to submit an online status change form
- Information directing the employee to TASC if they have additional questions about their unused FSA(s) funds

Processes for Change of Status Form

1. Qualifying Event Resulting in Add or Change of Coverage	
If Form is submitted to TASC by Employee with approved supporting documentation:	TASC will send copies of documents to GIC Coordinator requesting them to approve/sign and return to TASC
If Form is submitted to TASC by Employee without approved supporting documentation:	TASC will send copy of change form to GIC Coordinator and request that the GIC Coordinator obtain the approved supporting documentation. GIC Coordinator will send the approved/signed change form, along with the approved supporting documentation back to TASC
If approved/signed Form is submitted to TASC by GIC Coordinator with approved supporting documentation:	TASC will process the change
If Form is submitted to TASC by GIC Coordinator and is not approved/signed and/or does not have the approved supporting documentation:	TASC will return the form to GIC Coordinator and request that the GIC Coordinator obtain the approved supporting documentation and return that to TASC along with the approved/signed change form

Processes for Leave of Absence (LOA)

2. Leave of Absence (LOA)	
If Form is submitted to TASC by Employee:	TASC will process the change and send copy to GIC Coordinator
If Form is submitted to TASC by GIC Coordinator:	TASC will process the change
NOTE: Acknowledgement MUST be made if GIC Coordinator is submitting the form for LOA on behalf of the employee	

☐ Acknowledgement by GIC Coordinator for LOA **if completing form on behalf of the employee:**

By completing this form on behalf of the employee, I confirm the following:

I am the named agency's GIC Coordinator and in this role I have regular knowledge of LOA start dates and end dates. I confirm that the employee named on this form or an eligible dependent of the employee named on this form, has had a qualifying change in status, as defined by the Internal Revenue Service, which allows the employee to change their previous Health Care Spending Account (HCSA) and/or Dependent Care Assistance Program (DCAP) election. I understand that this change in election must be consistent with and correspond to the event. I understand that by requesting to change the employee's elections, that they are not entitled to a refund of their already contributed deductions, which may include those deductions taken when the request is being processed and approved.

This form cancels and prior elections the employee has made under this plan and cannot be changed except as stated in the GIC Participant Handbook for the current plan year.

By checking the box, I acknowledge that:

1. I have reviewed the terms and above and accept the terms
2. I acknowledge that I have read the GIC Participant Handbook and must abide by and follow all plan rules
3. I confirm the employee listed on this form has agreed to all information submitted on their behalf and was provided the following information, either just prior to or subsequent to starting or ending the reported LOA:

   - Information on each LOA option as per the GIC Participant Handbook
   - Information directing the employee to TASC if they have additional questions about their FSA(s)

Processes for Reclassification & Payroll Refund Requests

3. & 4. Reclassification & Payroll Refund Requests

- TASC will collect these type of requests and send on a bi-weekly basis to:

  Cameron McBean (Cameron.mcbean@state.ma.us)

  If Cameron is out of office (receipt of an out of office reply) –the request will be sent to Jannine Dewar (jannine.dewar@state.ma.us)
- Cameron (or Jannine) will approve or deny the request and send back to TASC Commonwealth email
- TASC will forward their approval or denial to the GIC Coordinator
- GIC Coordinator is then responsible for notifying the employee/participant, refunding payroll deductions as applicable and updating MAGIC as applicable

If Requests are Approved by GIC:

TASC will move participants appropriately in the system for Reclassifications

TASC will manage any funding adjustments appropriately in the system for Payroll Refunds

Processes for Terminations submitted by GIC Coordinator

5. Termination of Employment (submitted by GIC Coordinator):

- TASC will process the termination

NOTE: Completion of the Change Form for terminations will assist in reconciling payroll file discrepancies

All form submissions, whether via the website or via paper form MUST be dated and have the acknowledgement checked and Name of Person Completing the Form

☐ I acknowledge that by checking this box that all information provided on this form and all documentation attached is true and accurate to the best of my knowledge.

Print Name of Person Completing Form: ______________________________

Signature of Person Completing Form: ______________________________

Date: ______________________________

TASC Processes for New Hire Enrollments and Enrollments Due to a Qualifying Life Event

- **New Hire Enrollments**
  - TASC will pull enrollments from massfsatasc.com every week on Monday
  - TASC will process the enrollments
  - Enrollments will be sent to the GIC Coordinator
  - GIC Coordinator to advise TASC via CommonwealthofMA@tasconline.com email inbox if any discrepancies found
  - GIC Coordinator to enter elections/deductions into payroll system – including the $1.00/PEPM Admin Fee deduction
  - GIC Coordinator to ensure that 1st payroll deduction is taken from employee's checks (based on eligibility start date)
- **Enrollments due to a Qualifying Life Event**
  - TASC will check for change forms on a daily basis and process as described in the previous slides
  - If employee is adding coverage due to a qualifying life event, TASC will look for a completed/submitted enrollment form also and marry these two documents together and send to the GIC Coordinator (separate from the enrollment file for new hires)
    - If no enrollment form was submitted, TASC will reach out to the employee and ask them to also complete the enrollment form

TASC CONTACT INFORMATION

- **GIC Coordinators**
  - All communications to TASC from GIC Coordinators should be via the CommonwealthofMA@tasconline.com email inbox. This email inbox should not be shared with employees
- **Employee Participating in Benefits**
  - Employees should contact TASC via the dedicated Customer Care Phone #, which is also located on the back of their TASC card:

800-745-9202

Monday – Friday: 8:00am to 5:00pm, all time zones

Saturday: 8:00am to 12:00pm, Eastern Time

Questions?

Payroll User Group Meeting

Wednesday March 8th, 2023

Commonwealth of Massachusetts
Group Insurance Commission

Agenda

- Important Plan Year Dates
- Payroll Refund/Reclassification Request Overview
- Commuter Choice Parking and Transit Overview

FY2023 Plan Year Important Dates

Plan Year: 7/1/2022 -6/30/2023

Grace Period: Will be handled by TASC

Final Filing Date: Will be handled by TASC

Important Reminders will be sent every Friday in June for these dates:

This is a reminder that your account balances for HCSA/DCAP will start it's transfer process on 7/1/2023 to the new TPA Administrator for the FY2023 plan year grace period. All claims processing will cease on 6/30/2023 at midnight and the debit cards will be turned off. As of July 1, FY2023 FSA balances will be administered by the GIC's new vendor, TASC. You should be able to review your balance and submit claims at massfsatasc.com on or around July 18, 2023.

We are encouraging you to get your claims filed by a certain date depending on your method of filing to ensure that your claims are processed. Claims received after the suggested date will run the risk of not being processed and could result in having to be filed with the new TPA Administrator after the blackout period and transfer process complete

Timelines for Claims

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- US Mail – Received by **6/15/2023**
- FAX/Email – Received by **6/21/2023**
- Online Portal/Mobile App – File all claims by **6/25/2023**

▪ Debit Cards will be turned off on 6/30/2023 at midnight for HCSA/DCAP. Commuter Choice will still work as normal.

▪ All Accounts on LOA will have their elections adjusted to the amount that was received in FY2023 and that information will be passed over in the account balance report that will be provided to TASC.

Coordinator Payroll Refund and Reclassification Form

Agency Coordinator Submits Request

Refund and Reclassification requests must be submitted using the online form, on our website, under Coordinator Resources section

Must be submitted within 60 calendar days of the first deduction taken in error

You must provide details –assume the reader has no information on the case/situation

If inadequate details are provided, you risk denial of the request

GIC Approves/Denies

GIC is sent requests bi-weekly for approval/denial.
There is no appealing the GIC decision

Notice of Approval/Denial Sent to Coordinator

Coordinators receive an email informing them of the approval/denial.
You must communicate this to your employee
You may not change or stop deductions unless you have received approval/denial confirmation

Need Help with Refund forms or Questions? Email:
Angela.Thivierge@voya.com

Commonwealth Commuter Programs

Commonwealth of Massachusetts

Transit and Parking Reimbursement Accounts, Commonwealth of Massachusetts Employees

Benefit Strategies, LLC is excited to offer both Transit and Parking benefits to eligible employees of the Commonwealth of Massachusetts! We have added an enrollment form on this site that employees can submit via email directly to Benefit Strategies, which can be accessed by clicking the Election Change button below.

QTBP PARTICIPANT LOGIN | ELECTION CHANGE | LOOKING FOR GIC FSA ACCOUNTS?

The enrollment form allows for Transit and/or Parking election changes. The form takes approximately 3-5 minutes to complete and is designed to be extremely user-friendly. Since both Transit and Parking are payroll funded accounts, there are deadlines each month which are necessary in order to make changes to be effective for the following month. We have included a link next to each benefit with a schedule of when each month's deadline to enroll will occur. Please see the FAQ link for answers to other important and frequently asked questions.

- QTBP FAQ for Transit and Parking
- FY2022 Transit Election Change Process Calendar
- FY2023 Transit Election Change Process Calendar
- FY2022 Parking Election Change Process Calendar
- FY2023 Parking Election Change Process Calendar
- Commuter Claim Form

If you are filing a paper claim for reimbursement or sending any type of other correspondence, please use any of the following methods which you see fit:

- Email to commonwealth@benstrat.com
- Fax to: 603-232-8079
- Mail to: PO Box 1300, Manchester, NH 03105-1300

Contact us: 1-877-353-9442

The Commonwealth of Massachusetts Commuter Transit & Parking benefits have their own dedicated page: https://www.benstrat.com/clients/commonwealth/

Items found on this page are:

- Member login page
- Direct link to the election change E-Form
- FAQ
- Commuter Claim Form
- Process calendars

Need Help with Commuter forms or Questions? Email: Angela.Thivierge@voya.com

Commuter Election Form

- To enroll, make changes, or drop out – members must complete the Online Election Change E-Form
- E-Form can be found on our website - here
- Members are encouraged to review the Process Calendars for important deadlines
- If the agency coordinator receives an email notification for an employee that does not belong to their agency, please alert Benefit Strategies immediately –forward the email to commonwealth@benstrat.com

Need Help with Commuter forms or Questions? Email:
Angela.Thivierge@voya.com

Transit Process Calendar

TRANSIT ELECTION CHANGE PROCESS CALENDAR
FY2023
07/01/22-06/30/23

Benefit Month	Requests Received by Benefit Strategies	Payroll Process Date	Paycheck Date	Funds Credited To Debit Card
July 2022	Weds. 06/01/22	06/07/22	06/10/22	06/20/22
August 2022	Weds. 06/29/22	07/05/22	07/08/22	07/20/22
September 2022	Weds. 08/10/22	08/16/22	08/19/22	08/20/22
October 2022	Weds. 09/07/22	09/13/22	09/16/22	09/20/22
November 2022	Weds. 10/05/22	10/11/22	10/14/22	10/20/22
December 2022	Weds. 11/02/22	11/08/22	11/11/22	11/20/22
January 2023	Weds. 11/30/22	12/06/22	12/09/22	12/20/22
February 2023	Weds. 01/11/23	01/17/23	01/20/23	01/20/23
March 2023	Weds. 02/08/23	02/14/23	02/17/23	02/20/23
April 2023	Weds. 03/08/23	03/14/23	03/17/23	03/20/23
May 2023	Weds. 04/05/23	04/11/23	04/14/23	04/20/23
June 2023	Weds. 05/03/23	05/09/23	05/12/23	05/20/23

Parking Process Calendar

PARKING ELECTION CHANGE PROCESS CALENDAR
FY2023
07/01/22-06/30/23

Benefit Month	Requests Received by Benefit Strategies	Payroll Process Date	Payroll Check Date	Funds Credited To Debit Card
July 2022	Weds. 06/15/22	06/21/22	06/24/22*	06/20/22
August 2022	Weds. 07/13/22	07/19/22	07/22/22*	07/20/22
September 2022	Weds. 08/24/22	08/30/22	09/02/22	08/20/22
October 2022	Weds. 09/21/22	09/27/22	09/30/22*	09/20/22
November 2022	Weds. 10/19/22	10/25/22	10/28/22*	10/20/22
December 2022	Weds. 11/16/22	11/22/22	11/25/22*	11/20/22
January 2023	Weds. 12/14/22	12/20/22	12/23/22*	12/20/22
February 2023	Weds. 01/25/23	01/31/23	02/03/23	01/20/23
March 2023	Weds. 02/22/23	02/28/23	03/03/23*	02/20/23
April 2023	Weds. 03/22/23	03/28/23	03/31/23*	03/20/23
May 2023	Weds. 04/19/23	04/25/23	04/28/23*	04/20/23
June 2023	Weds. 05/17/23	05/23/23	05/26/23*	05/20/23

Commuter Reminders and Examples

The amount pre-funded each month is based on the previous month's benefit amount **IF the processing date is later than the 20th**

Examples

The deadline to submit the July 2022 Election Change E-Form was June 1st for the TRANSIT benefit.
This benefit month was processed via payroll yesterday, June 7th and will be deducted from the June 10th paycheck.
Funds will be credited to the debit card on June 20th to be used for the July benefit month.

The deadline to submit the July 2022 Election Change E-Form is June 15th for the PARKING benefit.
This benefit month will be processed via payroll on June 21st and will be reflected in the June 24th paycheck.
Funds will be pre-funded to the debit card on June 20th **

Need Help with Commuter forms or Questions? Email:
Angela.Thivierge@voya.com

Have Questions?

Contact Information for Employees:

Mon → Thurs: 8:00am – 6:00pm ET

Friday: 8:00am – 5:00pm ET

(Automated system available at all times)

Text-To-Chat: 1-877-353-9442

Email: Commonwealth@benstrat.com

Toll Free: 1-877-353-9442

Language translation services available

Fax: 603-232-8079

Contact Information for Coordinators:

Account Manager: Angela Thivierge

Coordinator Contact ONLY:
Please do not refer a member to this email address:

Angela.Thivierge@Voya.com

My phone number will be made available from my email, and I am always happy to set up a call to answer any questions you may have about forms and resources!

Thank you