



Payroll User Group Meeting



Wednesday March 16, 2016

9:30 A.M. – 12:30 P.M.



Welcome

Kevin McHugh – Payroll Bureau Director



*The credit union for
Massachusetts State Employees*

Specials

Online Money Market Special

A great rate is just a few clicks away!



- Minimum \$2,000 to open.
- Can only be opened online.
- Limited time offer.

1.25%^{*}
APY

[Open Online Money Market Now](#)

Tiers:

\$10,000 and above: 1.25% APY* | 1.24% Rate

Under \$10,000: .15% APY* | .15% Rate

Home Equity Line of Credit Special

IMAGINE WHAT YOU COULD DO WITH A RATE THIS LOW!

In celebration of our 90th anniversary, we are pleased to offer this incredible limited time offer on **Home Equity Lines of Credit!**



Enjoy an intro rate of **1.90%** APR* through 1/31/17

Use the cash from your Home Equity Line of Credit to make home improvements, pay for tuition, go on vacation...whatever you want!

HOME EQUITY LINE OF CREDIT DETAILS:

- Prime minus 0.50% APR after introductory period ends - currently 3.00% APR
- Convert any portion of your balance to a fixed rate loan
- Lines available for \$25,000 to \$500,000
- Pay interest only during the 10 year draw period**

TO TAKE ADVANTAGE OF THIS OFFER: Apply by March 31, 2016.

[Apply Now!](#)

0% Heat Loan



0% FINANCING for HOME ENERGY EFFICIENCY IMPROVEMENTS

Metro participates in the Mass Save Residential HEAT Loan Program to offer members 0% interest loans for up to \$25,000, with terms up to 7 years.

If you own a one-to-four family home and complete a no-cost Mass Save® Home Energy Assessment, you could be eligible for **0% interest financing** for the installation of approved energy efficient improvements!

0% APR HEAT Loan

- Borrow \$500 - \$25,000
- Terms up to 7 years
- Easy online application



ELIGIBLE IMPROVEMENTS MAY INCLUDE:

- Attic, Wall, and Basement Insulation
- High-Efficiency Heating Systems
- Central Air Conditioning
- High-Efficiency Domestic Hot Water Systems
- Solar Hot Water Systems
- 7-Day Digital & WiFi Thermostats
- ENERGY STAR® Qualified Replacement Windows



[Learn More](#)



My Reward Checking

BECAUSE YOU DESERVE IT...



MY REWARD CHECKING **\$0** ATM Fees | MY REWARD SAVINGS **2.00** % APY

MY REWARD CHECKING

No ATM fees, PLUS cash back on your debit card purchases.

- **Free ATMs** and **unlimited refunds** of other banks' ATM fees
- Earn **3¢ reward** with every debit card purchase, up to \$250 per year
- No monthly maintenance fee with direct deposit*
- eStatements required***

MY REWARD SAVINGS

My Reward Savings pays a higher rate of interest when it's linked to a My Reward Checking account.

- Earn **2.00% APY** on daily balances up to \$3,000**
- Must be linked to My Reward Checking
- Limit one savings account per person

How to find State specials: metrocu.org

We **Empower** You to Reach Your **Goals**

- I WANT TO:
 - > Open an Account
 - > Apply for a Mortgage
 - > Get the App
 - > See Loan Options
 - > Pay My Loan



Home Equity Line of Credit
Enjoy an intro rate of **1.90% APR**
through January 31, 2017!
[Learn More](#)

15 Year Fixed Mortgage | My Reward Checking & Savings

ONLINE BANKING
Florida12
.....
[Log In](#) [Enroll](#)
[Forgot password?](#)

 FREE HOME BUYING SEMINARS

 WELCOME NEWTON TEACHERS CREDIT UNION MEMBERS!

 BIG PROTECTION IN A TINY CHIP INTRODUCING CHIP TECHNOLOGY FOR CREDIT CARDS

 MASS STATE EMPLOYEES

 MASS STATE EMPLOYEES

metrocu.org/state

<https://metrocu.org/mastatecontacts>

<https://www.metrocu.org/mastatecontacts>

MA STATE HR/CMS RESOURCE CENTER

Metro is proud to be the credit union for Massachusetts State Employees.

Our goal: Provide your employees with exceptional service and expert guidance to help them achieve their financial goals!



Janine Brady

Your Metro Representative
877-MY-METRO x3020
jbrady@metrocu.org



2016 State Payroll Calendar

[Preview the Calendar >>](#)



Schedule an Onsite Visit

Janine Brady is available for onsite visits, including Open Enrollment, Benefits Fairs, and Lunch and Learn sessions.

[Request an Onsite Visit >>](#)



Request Supplies

If you would like New Employee Membership Packets, Posters, or Enrollment Cards, we are happy to supply them for you.

[Request Supplies from Metro >>](#)





Request Supplies

If you would like New Employee Membership Packets, Posters, or Enrollment Cards, we are happy to supply them for you.

[Request Supplies from Metro >>](#)

[Online Banking](#)

REQUEST SUPPLIES

First Name

Last Name

Department/Agency

Phone () -

Email

Street Address

City

State

U.S. ZIP code

Please provide me with

- New Employee Membership Packets
- Updated Posters
- Enrollment Cards
- Other (Please describe below)

of Membership & Enrollment Packets

of Posters

Please describe other supplies you are interested in



Free Financial Education Lunch and Learns



Free Lunch & Learn Seminars

Another Valuable Metro Resource Available To All State Employees

Metro offers complimentary on-site Lunch & Learn Seminars. This is a great opportunity for your employees to hear valuable information on a wide range of financial topics.

Seminars can be tailored to fit your agency's needs, time schedule, and employee interest. If there is a particular topic that you would like us to address, just let us know.

Topics Include:

- Metro Has It All
- OnTrack: How to Manage Your Checking Account
- Money Management
- Budgeting
- Understanding Your Credit Score and Report
- Dealing with Debt for Adults
- Hints for Managing Your Credit Card Debt
- Hints for Managing your Holiday Season Debt
- Fall Financial Cleaning
- Home Buying/Remortgaging
- Identity Theft
- Retirement 101

For Additional information or to schedule, contact Janine Brady, jbrady@metrocu.org
We look forward to speaking with you soon!

- ▶ Dedicated Account Representatives
 - Lunch and Learn Sessions
 - Open Enrollments
 - Benefit Fairs
 - Employee Financial Education Seminars
- ▶ Promotional Materials Available
 - Payroll Inserts
 - Bulletin Board Posters
 - Intranet Links
 - Flyers and Brochures



Questions



GIC Annual Enrollment



Wednesday, April 6 – Wednesday, May 4, 2016 for changes effective July 1, 2016:

- **Enroll in or change health plans**
- **New for this Annual Enrollment! Enroll in pre-tax Flexible Spending Accounts (FSA)**
- **Apply for the buy-out option**
- **Apply for Optional Life and LTD (*you may also do this at any time during the year*)**
- **Enroll in GIC Dental/Vision or change dental plans if eligible (*primarily managers, legislators, legislative staff and certain Executive Office staff*)**

GIC Coordinator training: March 28-April 1; schedule and online RSVP form: www.mass.gov/gic/coordinatornews; RSVPs due Friday, March 18.

SMART Plan Agenda

Presented by Rob Young, Manager
Retirement Counseling

- Enrollment Enhancements
- Plan Service Center security
- OBRA default accounts
- Special Catch-up

SMART Plan Enrollment Enhancement

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THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
 ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

**NEW MEMBER ENROLLMENT FORM
 FOR COMMONWEALTH EMPLOYEES**

On behalf of the State Retirement Board I would like to welcome you as a member of the Massachusetts State Employees' Retirement System ("MSERS"). The potential benefits available through the MSERS retirement system will be some of the most valuable you may have as a public employee.

I would like to encourage you to visit the Board's web site at mass.gov/retirement to review our Retirement Benefits Guide which provides a summary of the retirement benefits available to you. You may also view our online Bulletin Board to get an approximation of your future retirement benefits.

As an alternative to viewing the Board's website, you may also attend a seminar, visit our office or call our office. The seminar, visit our office or call our office located in the left column under "Where to go for more information".

If you are employed by the Commonwealth of Massachusetts, you are eligible to enroll in the Massachusetts State Employees' Retirement System (MSERS) SMART Plan. This is a way to build savings for your future retirement. Attached to these materials, if you have any questions to learn more. Please email retirement@state.ma.us or call our office at (617) 367-7770.

Understanding your retirement benefits at an early age is important to you and your family. Please fully complete the New Member Enrollment Form and return it to your agency's Human Resources Department for review by Board staff to confirm your enrollment. If you have any questions concerning your enrollment, please contact our staff at (617) 367-7770 or e-mail us at retirement@state.ma.us or visit our website at www.mass-smart.com.

Sincerely,

 Deborah B. Goldberg,
 Treasurer and Receiver General, Chair

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THE COMMONWEALTH OF MASSACHUSETTS
State Board of Retirement
 ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

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 MASSACHUSETTS STATE RETIREMENT BOARD

SECTION A - TO BE COMPLETED BY MEMBER
1. MEMBER INFORMATION

Name (Print) _____ Former Name _____ SSN _____
 Street Address _____ Date of Birth _____ Gender: M F
 City, State, Zip _____ Phone Number _____

Page 3

NEW MEMBER ENROLLMENT FORM - PAGE 2
 SECTION A (CONTINUED)
5. BENEFICIARY INFORMATION

Beneficiary or beneficiaries nominated will receive in the proportion designated 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	Relationship	DOB
_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	AB <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> AT <input type="checkbox"/> AU <input type="checkbox"/> AV <input type="checkbox"/> AW <input type="checkbox"/> AX <input type="checkbox"/> AY <input type="checkbox"/> AZ	____/____/____
_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	AB <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> AT <input type="checkbox"/> AU <input type="checkbox"/> AV <input type="checkbox"/> AW <input type="checkbox"/> AX <input type="checkbox"/> AY <input type="checkbox"/> AZ	____/____/____
_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	AB <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> AT <input type="checkbox"/> AU <input type="checkbox"/> AV <input type="checkbox"/> AW <input type="checkbox"/> AX <input type="checkbox"/> AY <input type="checkbox"/> AZ	____/____/____
_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	AB <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> AT <input type="checkbox"/> AU <input type="checkbox"/> AV <input type="checkbox"/> AW <input type="checkbox"/> AX <input type="checkbox"/> AY <input type="checkbox"/> AZ	____/____/____

**Must list 100% - If Contingent Please Specify*

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MASSACHUSETTS DEFERRED COMPENSATION
SMART Plan
 QUICK ENROLLMENT FORM
 GOVERNMENTAL 457(b) PLAN
 98966-01

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

PLEASE NOTE DO NOT SEND THE
SMART PLAN QUICK ENROLLMENT FORM
 TO THE MASSACHUSETTS RETIREMENT BOARD.
 THANK YOU

PARTICIPANT FAX TO: 1-781-890-2919 (or MAIL TO: Empower Retirement, 255 Bear Hill Road, Waltham, MA 02451)
 ALL QUICK 01/08/16 98966-01 ZTC/MARK/KLGH/REB/MS Page 1 of 2

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MASSACHUSETTS DEFERRED COMPENSATION
SMART Plan
 QUICK ENROLLMENT FORM
 GOVERNMENTAL 457(b) PLAN
 98966-01

PARTICIPANT INFORMATION PLEASE SELECT ONE OPTION

1) YES, I would like to contribute 3% of my salary on a pre-tax basis to the Massachusetts Deferred Compensation SMART Plan to supplement my retirement benefit.
 2) YES, I would like to contribute _____% of my salary on a pre-tax basis to the Massachusetts Deferred Compensation SMART Plan to supplement my retirement benefit.
 3) NO, I do not wish to supplement my retirement benefit by contributing any portion of my salary to the Massachusetts Deferred Compensation SMART Plan at this time. I understand there is a ten year creditable service vesting period for members of the separate state retirement system and I am not contributing to Social Security as a state employee.

*If you elect to supplement your retirement benefit you will be defaulted into a SMART Plan custom target date fund based on your date of birth and an assumed retirement age of 65. (See the chart at the end of this form.) Additional information about the SMART Plan and options available to you is found at www.mass-smart.com/.

Last Name _____ First Name _____ MI _____ Social Security Number _____
 Address - Street _____ E-Mail Address _____
 City _____ State _____ Zip Code _____ Date of Birth _____
 Date of Hire _____

Byroll Center Name & Number _____ Division Name & Number _____

Do you have a retirement account with another employer? Yes No
 Would you like help consolidating your retirement accounts into your SMART Plan account? Yes No
 If you must receive a check for your contribution, please indicate the amount and date of the check on the back of this form.

Investment Option: I understand that this form is my election to have my contributions to the SMART Plan allocated to the Plan's default investment fund without additional action by me. I understand that I have the right to direct the investments of my contributions to any of the Plan's investment funds as my default investment fund. I understand that I may contact my Plan Administrator or Investment Consultant to discuss my investment options. I understand that I may also contact my Plan Administrator or Investment Consultant to discuss my investment options. I understand that I may also contact my Plan Administrator or Investment Consultant to discuss my investment options.

I understand that funds may impose redemption fees on certain transfers, redemptions or withdrawals of my account and that all payment values may not be guaranteed and may fluctuate in value.

I understand that funds may impose redemption fees on certain transfers, redemptions or withdrawals of my account and that all payment values may not be guaranteed and may fluctuate in value.

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

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form with the Service Provider.

Signature: I sign this form. I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code. I understand that Service Provider is required to comply with the reporting and requirements of the Office of Foreign Assets Control, Department of the Treasury (CFAC). As a result, Service Provider cannot conduct business with persons in a blacked country or any person designated by CFAC in a specially designated national or blacked nation. For more information, please access the CFAC Web site at <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature _____ Date _____

PARTICIPANT FAX TO: 1-781-890-2919 (or MAIL TO: Empower Retirement, 255 Bear Hill Road, Waltham, MA 02451)
 ALL QUICK 01/08/16 98966-01 ZTC/MARK/KLGH/REB/MS Page 1 of 2

Plan Service Center Access

- Security issue – don't share passwords
- Efficient contribution changes
- One simple step....

Plan Service Center Access

Department	Descr	Deptid	Location Code	First Name	Last Name	Phone#	Email Address
OSC	OFFICE OF THE STATE COMPTRROLLER	OSC1000	002	FELICIA	HOPKINS	617-973 2625	felicia.hopkins@massmail.state.ma.us

OBRA Default Accounts

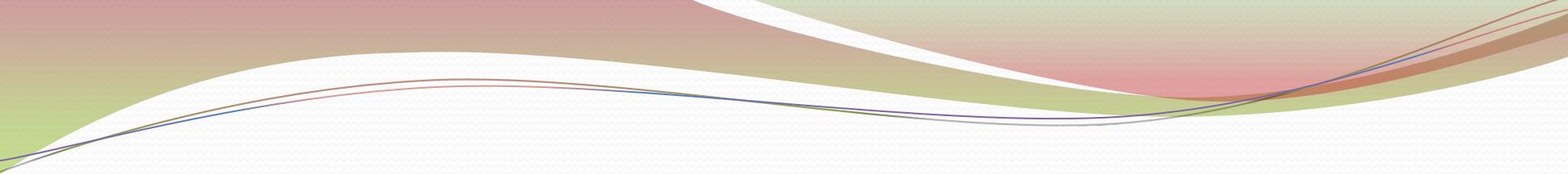
- Enrollment Form exist? Complete?
Social Security # correct?
- Should be mailed to Employee
Must be corrected in our system(Form/memo)

Special Catch-up

- Please input data in Catch-up screen **ONLY** when notified by Empower
- Special Catch-up Limit in 2016 is \$36,000
- Worksheet not completed at times with Sick/Vac. Deferral--**REQUIRED**
- Limit incorporates all 457b Plans

Questions?

Thank you



Commuter Choice – Transit and Parking

*Presented by Jasmine Shamer
Benefit Strategies LLC*

Revised 2016 Plan Year IRS Max Limits

- *For the 2016 tax plan year, the monthly pre-tax limit for the Mass Transit benefit has increased to \$255*
- *The Mass Parking benefit pre-tax limit has also increased to \$255*
- *Benefit Strategies has completed an audit for all commuter members enrolled in the Transit and Parking benefits to have their pre-tax and post-tax funds allocated correctly as of 2/01/2016 forward*
- *Example: John Smith has a monthly commuter Transit pass of \$300 his account will look like this:*
 - *12/01/15 pre-tax \$130, post tax \$170*
 - *2/01/16 pre-tax \$255, post tax \$45*

Transit and Parking Calendars

- *When making a Transit or Parking change through the Online Election Change Form – there are links to the 2016 calendars as seen below on the form, please print them for quick and easy reference to important deadlines:*

Month Effective:

 ▼

[Click here for 2016 Transit Election Change Process Calendar](#)

Month Effective:

 ▼

[Click here for 2016 Parking Election Change Process Calendar](#)

Transit Election Change Process Calendar for 2016

TRANSIT ELECTION CHANGE PROCESS CALENDAR

2016

Requests Received By Benefit Strategies by:	Payroll Process Date	Pay Check Date	Benefit Type	Funds Credited to Debit Card on	Benefit Month Used For
Wed 12/09/15	12-15-15	12-18-15	TRANSIT	12-20-15	Jan 2016
Wed 1/06/16	1-12-16	1-15-16	TRANSIT	1-20-16	Feb 2016
Wed 2/03/16	2-09-16	2-12-16	TRANSIT	2-20-16	Mar 2016
Wed 3/02/16	3-08-16	3-11-16	TRANSIT	3-20-16	Apr 2016
Wed 3/30/16	4-05-16	4-08-16	TRANSIT	4-20-16	May 2016
Wed 5/11/16	5-17-16	5-20-16	TRANSIT	5-20-16	Jun 2016
Wed 6/08/16	6-14-16	6-17-16	TRANSIT	6-20-16	Jul 2016
Wed 7/06/16	7-12-16	7-15-16	TRANSIT	7-20-16	Aug 2016
Wed 8/03/16	8-09-16	8-12-16	TRANSIT	8-20-16	Sep 2016
Wed 8/31/16	9-06-16	9-09-16	TRANSIT	9-20-16	Oct 2016
Wed 09/28/16	10-04-16	10-07-16	TRANSIT	10-20-16	Nov 2016
Wed 11/09/16	11-15-16	11-18-16	TRANSIT	11-20-16	Dec 2016
Wed 12/07/16	12-13-16	12-16-16	TRANSIT	12-20-16	Jan 2017

- *The deadline to submit your April 2016 Transit Election Change Form to Benefit Strategies was 3/02/2016 and PR deduction was reflected on the Friday 3/11/2016 check*

Parking Election Change Process Calendar 2016

PARKING ELECTION CHANGE PROCESS CALENDAR

2016

Requests Received By Benefit Strategies by:	Payroll Process Date	Pay Check Date	Benefit Type	Funds Credited to Debit Card on	Benefit Month Used For
Wed 12/23/15	12-29-15	1-01-16	PARKING	12-20-15	Jan 2016
Wed 1/20/16	1-26-16	1-29-16	PARKING	1-20-16	Feb 2016
Wed 2/17/16	2-23-16	2-26-16	PARKING	2-20-16	Mar 2016
Wed 3/16/16	3-22-16	3-25-16	PARKING	3-20-16	Apr 2016
Wed 4/13/16	4-19-16	4-22-16	PARKING	4-20-16	May 2016
Wed 5/25/16	5-31-16	6-03-16	PARKING	5-20-16	Jun 2016
Wed 6/22/16	6-28-16	7-01-16	PARKING	6-20-16	Jul 2016
Wed 7/20/16	7-26-16	7-29-16	PARKING	7-20-16	Aug 2016
Wed 8/17/16	8-23-16	8-26-16	PARKING	8-20-16	Sep 2016
Wed 9/14/16	9-20-16	9-23-16	PARKING	9-20-16	Oct 2016
Wed 10/12/16	10-18-16	10-21-16	PARKING	10-20-16	Nov 2016
Wed 11/23/16	11-29-16	12-02-16	PARKING	11-20-16	Dec 2016
Wed 12/21/16	12-27-16	12-30-15	PARKING	12-20-16	Jan 2017

- *The deadline to submit your April 2016 Parking Election Change Form to Benefit Strategies is 3/16/2016 and the PR deduction will be reflected on the Friday 3/25/2016 check*

MBTA Rates Increase effective 7/01/2016

Key Fares	Existing	New	Absolute Change
Adult Local Bus	\$1.60	\$1.70	\$0.10
Adult Rapid Transit	2.10	2.25	0.15
LinkPass	75.00	84.50	9.50
7-Day LinkPass	19.00	21.25	2.25

Core CharlieCard Fares	Existing	New	Absolute Change
Adult Local Bus	\$1.60	\$1.70	\$0.10
Senior/TAP Local Bus	0.80	0.85	0.05
Student Local Bus	0.80	0.85	0.05
Adult Rapid Transit	2.10	2.25	0.15
Senior/TAP Rapid Transit	1.05	1.10	0.05
Student Rapid Transit	1.05	1.10	0.05
Local Bus + Rapid Transit	2.10	2.25	0.15
Inner Express Bus	3.65	4.00	0.35
Outer Express Bus	5.25	5.25	0.00

NOTE: Discounts for seniors, persons with disabilities, and students vary based on the fare type; children 11 and younger ride free with adult.

CharlieTicket Fares	Existing	New	Absolute Change
Local Bus	\$2.10	\$2.00	-\$0.10
Rapid Transit	2.65	2.75	0.10
Inner Express Bus	4.75	5.00	0.25
Outer Express Bus	6.80	7.00	0.20

Core Cash Fares	Existing	New	Absolute Change
Local Bus	\$2.10	\$2.00	-\$0.10
Rapid Transit	2.65	2.75	0.10
Inner Express Bus	4.75	5.00	0.25
Outer Express Bus	6.80	7.00	0.20

MBTA Rates Increase effective 7/01/2016 – Part 2

Local Bus	\$2.10	\$2.00	-\$0.10
Rapid Transit	2.65	2.75	0.10
Inner Express Bus	4.75	5.00	0.25
Outer Express Bus	6.80	7.00	0.20

Core Cash Fares	Existing	New	Absolute Change
Local Bus	\$2.10	\$2.00	-\$0.10
Rapid Transit	2.65	2.75	0.10
Inner Express Bus	4.75	5.00	0.25
Outer Express Bus	6.80	7.00	0.20

Non-Core Fares	Existing	New	Absolute Change
Commuter Rail Zone 1A	\$2.10	\$2.25	\$0.15
Commuter Rail Zone 1	5.75	6.25	0.50
Commuter Rail Zone 2	6.25	6.75	0.50
Commuter Rail Zone 3	7.00	7.50	0.50
Commuter Rail Zone 4	7.50	8.25	0.75
Commuter Rail Zone 5	8.50	9.25	0.75
Commuter Rail Zone 6	9.25	10.00	0.75
Commuter Rail Zone 7	9.75	10.50	0.75
Commuter Rail Zone 8	10.50	11.50	1.00
Commuter Rail Zone 9	11.00	12.00	1.00
Commuter Rail Zone 10	11.50	12.50	1.00
Commuter Rail Interzone 1	2.75	2.75	0.00
Commuter Rail Interzone 2	3.25	3.25	0.00
Commuter Rail Interzone 3	3.50	3.50	0.00
Commuter Rail Interzone 4	3.75	4.00	0.25
Commuter Rail Interzone 5	4.25	4.50	0.25
Commuter Rail Interzone 6	4.75	5.00	0.25
Commuter Rail Interzone 7	5.25	5.50	0.25
Commuter Rail Interzone 8	5.75	6.00	0.25
Commuter Rail Interzone 9	6.25	6.50	0.25
Hingham, Quincy, & Hull Boats	8.50	9.25	0.75
Inner Harbor Ferries	3.25	3.50	0.25

NOTE: Seniors, people with disabilities, and students pay half fare; children 11 and younger ride free with adult.

MBTA Rates Increase effective 7/01/2016 – Part 3

THE RIDE	Existing	New	Absolute Change
ADA Service Area	\$3.00	\$3.15	\$0.15
Premium Service Area	5.00	5.25	0.25

Pass Type	Existing	New	Absolute Change
Local Bus	\$50.00	\$55.00	\$5.00
LinkPass	75.00	84.50	9.50
Senior/TAP LinkPass	29.00	30.00	1.00
Student 7-Day Validity, Monthly LinkPass	26.00	30.00	4.00
1-Day LinkPass	12.00	12.00	0.00
7-Day LinkPass	19.00	21.25	2.25
Inner Express	115.00	128.00	13.00
Outer Express	168.00	168.00	0.00
Commuter Rail Zone 1A (equal to LinkPass)	75.00	84.50	9.50
Commuter Rail Zone 1	182.00	200.25	18.25
Commuter Rail Zone 2	198.00	217.75	19.75
Commuter Rail Zone 3	222.00	244.25	22.25
Commuter Rail Zone 4	239.00	263.00	24.00
Commuter Rail Zone 5	265.00	291.50	26.50
Commuter Rail Zone 6	289.00	318.00	29.00
Commuter Rail Zone 7	306.00	336.50	30.50
Commuter Rail Zone 8	330.00	363.00	33.00
Commuter Rail Zone 9	345.00	379.50	34.50
Commuter Rail Zone 10	362.00	398.25	36.25
Commuter Rail Interzone 1	86.00	90.25	4.25
Commuter Rail Interzone 2	105.00	110.25	5.25
Commuter Rail Interzone 3	114.00	119.75	5.75
Commuter Rail Interzone 4	124.00	130.25	6.25
Commuter Rail Interzone 5	141.00	148.00	7.00
Commuter Rail Interzone 6	159.00	167.00	8.00
Commuter Rail Interzone 7	175.00	183.75	8.75
Commuter Rail Interzone 8	193.00	202.75	9.75
Commuter Rail Interzone 9	211.00	221.50	10.50
Commuter Rail Interzone 10	229.00	240.50	11.50
Inner Harbor Ferry (equal to LinkPass)	75.00	84.50	9.50

Preparation for the MBTA Rates Increase

- *All members wishing to participate in the commuter Transit plan, must complete the Benefit Strategies Online Election Form no later than 6/08/2016 to be effective for July 2016 monthly pass*
- *Benefit Strategies will communicate through email to all commuter Transit members currently enrolled of the upcoming increased rates on:*
 - *1st Notice = 3/23/2016*
 - *2nd Reminder= 4/20/216*
 - *3rd and Final Reminder = 5/25/2016*

No Form, No Change!

- *Benefit Strategies cannot assume that members want or need their PR contributions to be increased, therefore the Online Election Form must be completed with the correct amount in order for PR Coordinators to process those changes in the PR systems by 6/13/2016, deductions will be reflected on the Friday 6/17/2016 check, funds will be loaded on the Benefit Strategies flex cards on 6/20/2016 to be used for the purchase of July 2016 passes*
- *Link to the Online Election Form*
<https://www.benstrat.com/ctbform/index.php>

Changes Must Be Entered By 6/13/2016

- *Benefit Strategies will communicate through email to all agencies of the upcoming increased rates on:*
 - *1st Notice = 3/30/2016*
 - *2nd Reminder = 4/27/2016*
 - *3rd and Final Reminder = 6/01/2016*
- *All changes must be entered into HRCMS and Umass PR systems no later than 6/13/2016*
- *If members miss the deadline to complete the Online Election Form by 6/08/2016 deadline, they can make their changes in the upcoming months*
- *Benefit Strategies can generate and provide agency reports of enrollment changes at any time – please contact your dedicated Account Manager, Jasmine Shamer, and request your agency report – please be sure to include your agency code*

Contact Information for Benefit Strategies

Your dedicated Account Manager:

Jasmine Shamer

EMAIL: ClientServices@benstrat.com

Phone#: 877-353-9442

Fax#: 603-647-4668

Website: www.benstrat.com



YEAR END WRAP-UP

Kevin McHugh



HR/CMS W-2

		2015	2014	2013	2012	2011	2010
Box 1	Federal Taxable Wage	\$ 4,758,686,592.99	\$ 4,501,968,565.41	\$ 4,279,015,232.49	\$ 4,072,242,129.27	\$ 3,942,446,826.39	\$ 3,847,986,292.06
Box 2	Federal Tax	\$ 669,237,651.57	\$ 627,667,300.98	\$ 587,110,108.02	\$ 553,513,732.23	\$ 536,718,026.23	\$ 479,865,630.90
Box 5	Medicare Taxable Wage	\$ 4,787,706,522.19	\$ 4,425,830,610.15	\$ 4,124,196,234.73	\$ 3,839,932,570.52	\$ 3,639,380,070.38	\$ 3,488,700,077.80
Box 6	Medicare Tax	\$ 69,458,206.39	\$ 64,197,378.89	\$ 59,812,487.34	\$ 55,690,537.51	\$ 52,770,010.96	\$ 50,586,724.05
Box 16	State Taxable Wage	\$ 5,236,896,684.03	\$ 4,949,269,391.02	\$ 4,701,327,292.25	\$ 4,469,058,293.03	\$ 4,319,842,868.23	\$ 4,215,656,846.09
Box 17	State Tax	\$ 251,957,959.56	\$ 239,604,045.77	\$ 229,480,357.37	\$ 217,673,095.26	\$ 213,384,693.92	\$ 206,010,797.65
TOTAL W-2		115,406	114,238	112,730	110,031	110,013	109,227



Year End 2015



- **Over 11,300** (up from 7,000 last year) **employees suppressed the printing of the W-2 by consenting online using self-service**
- **You can do reprints for your employees– or better yet – teach them how to use HR/CMS Self-Service**
- **We made instructions easier to find this year**
- **This Year we will add suppression to 1095-C Forms**



What does this mean?



- Large departments with transient workforce will always be a challenge with paper W-2 sent by mail
- Return rate (<2%) approximately 4,000 returns. This costs more than \$10,000 in failed mailing and handling.
- Need to promote Future electronic delivery which has identifiable cost savings
- Do Not ask Employees to Contact CTR



Affordable Care Act and Employer Shared Responsibility

Kevin McHugh



Reporting Still on On-Going Challenge



Still struggling with your ACA 1095/1094 reporting?



Employee Reporting

Mailed early February 2016



▶ **IRS Form 1095-C:**

▶ **Indicates the status of the offer and coverage of employer provided health insurance to ACA Full Time Employees**

▶ **Part I and II reporting, Part III reported under Form 1095-B**

▶ **Webinars held for New Tax Reporting for Affordable Care Act FAQ's and Employee Notices**

▶ **1095-C Hot Line: 1-617-973-2400**

▶ **link for newly added 1095-C and 1095-B form information and FAQs:**

▶ [W-2 and 1095 Year-End Tax Information](#)

▶ **Correction reporting to the 1095-C**

▶ **Process for request to correct 1095-C is similar to the W2-C**

▶ **The department may use the newly added [Request for 1095-C Form](#) to submit their corrections to CTR**



1095-C codes used by Commonwealth



Box 14 Code Description For Those Offered Insurance		BOX 16 Code Description	
1E	Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.	2C	Employee enrolled in coverage offered
		2H	Section 4980H affordability rate of pay safe harbor.
Box 14 Code Description For Those Not Offered Insurance		BOX 16 Code Description	
1H	No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage). All months are populated including months prior to hire or after termination.	2A	Employee Not Employed during the month
		2B	Employee not a full-time employee.
		2D	Employee in a section 4980H(b) Limited Non-Assessment Period.

- There will be NO information on coverage for employee and dependents in Part III— Instead employees and dependents will get a form 1095-B from GIC or Health Provider



1095-C Substitute Form



ACA 1095-C Tax Reporting

600116

VOID

CORRECTED

OMB No. 1545-2251

2015

Form 1095-C

Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c.

EMPLOYEE'S name, address, ZIP/postal code & country

APPLICABLE LARGE EMPLOYER'S identification number (EIN)

EMPLOYEE'S social security number (SSN)

Part II Employee Offer and Coverage

Plan Start Mo. (Enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	16 Applicable Section 4980H Safe Harbor (enter code, if applicable)
All 12 Months		\$	
Jan		\$	
Feb		\$	
Mar		\$	
Apr		\$	
May		\$	
June		\$	
July		\$	
Aug		\$	
Sept		\$	
Oct		\$	
Nov		\$	
Dec		\$	

Employer Provided Health Insurance Offer and Coverage

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury -- IRS

Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 mos.	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
17																	
18																	
19																	
20																	



What is next?



- **Automation for tracking of GIC Insurance Election status**
 - **Departments no longer needed to update the election status on MA_GIC_Status page**
 - **Form 1 must be maintained for employee's election**
- **Online availability of 1095-C PDF Form and Form Instructions to Self-Service and Core users**
- **Notification will be sent to employees if the 1095-C Form was updated during our quality control evaluation**
- **Online reporting via Employee Self Service Consent process**



Employee Enrollment Reporting



Mailed in Late February 2016

- ▶ **IRS form 1095-B - Minimal Essential Coverage (MEC)**
 - ▶ **GIC Plans provide MEC Coverage to those whom are eligible**
 - ▶ **Employee and Beneficiaries coverage**
 - ▶ **Reporting entities – potentially multiple reporting depend on employee’s healthcare coverage**
 - ▶ GIC -Self Insured Plans: Tufts, Unicare and Harvard plans
 - ▶ Fully insured plans: Fallon, Health New England and Neighborhood Health plans
- ▶ **If any questions regarding Minimal Essential Coverage or Form 1095–B please contact GIC at 617.727.2310 ext 1.**



1095-B Employee/Dependents Coverage Reporting



Form **1095-B**

Health Coverage

Department of the Treasury
Internal Revenue Service

► Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

VOID

CORRECTED

560115

OMB No. 1545-2252

2015

Part I Responsible Individual

1 Name of responsible individual		2 Social security number (SSN)	3 Date of birth (if SSN is not available)
4 Street address (including apartment no.)		5 City or town	6 State or province
		7 Country and ZIP or foreign postal code	
8 Enter letter identifying Origin of the Policy (see instructions for codes): ► <input type="checkbox"/>			9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)		13 City or town	14 State or province
		15 Country and ZIP or foreign postal code	

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)		20 City or town	21 State or province
		22 Country and ZIP or foreign postal code	

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form **1095-B** (2015)



Payroll Reminders

Kevin McHugh



Phishing



Background:

- **IRS warned about increase in this scam**
- **One State University contacted MassIT about report from employee that fell for the scam**
- **Every Employee has access to W-2, even those who do not use SSTA**
- **The email solicitation is sophisticated; used PeopleSoft email template and inserted a link to a bogus website that looks exactly like HR/CMS**



Action Taken



- Dept instructed employee to change password
- Secondary Security would prevent access to the most sensitive data
- CTR communicated to all Employees through Announcements; requested CommonHelp to notify Core Users
- MassIT reviewing all IP addresses
- MassIT logged Incident I1101075 to block the URL/IP, users will receive a notification if they were to go to the site now as it has been reported as a Web Forgery.

Original Display

Here is what the fake page looks like when you use IE. Both Chrome and Firefox on my computer spot that this is a potentially malicious site. I did this screen print this morning. So this malicious site is still active. I did not go beyond clicking on the site.



Display Now

A warning message displayed in a dark red box. On the left is an icon of a person with a magnifying glass. The text reads: 'Reported Web Forgery!', 'This web page at mgi-re.com has been reported as a web forgery and has been blocked based on your security preferences.', 'Web forgeries are designed to trick you into revealing personal or financial information by imitating sources you may trust.', and 'Entering any information on this web page may result in identity theft or other fraud.' At the bottom are three buttons: 'Get me out of here!', 'Why was this page blocked?', and 'Ignore this warning'.



Is this you after Payroll?



Or worse after W2s?



W-4 - Exempt Employees



- Final Notices for Exempt W4 Employees were sent and all departments notified about reviewing HTAX103 - W-4 Exempt Report.
- Any employee whom did not return a new W-4 the system automatically reset employees to single, zero per IRS requirement
- If an employee returns a W-4, job aid explains how to properly enter new exemption, or other status
- CTR to enforce the review of reasonable number of exemption (99)
- There is NO tax refunds for employees whom did not submit W-4 before deadline



Qualified Parking in State Paid or Owned Garages



- Monthly Exclusion Amount for Parking is \$255
- Processed one month in arrears (January's benefit is processed in February)
- Use the CIW and reconcile your employees balances
- PKF and PRF calculate both federal and state withholding amounts
- FMV Rates in state owned garages remain the same as last year – the imputed income is \$158 a month \$79 bi-monthly
- The FMV of other Parking Garages need to be completed by department



Retirement 2000



Massachusetts Department of Revenue allows employees to receive the first \$2,000 in combined Retirement Deductions and Medicare Tax to be excluded from MA Taxable Gross Wages. So from the start of the new calendar year (Jan) up until this \$2,000 threshold is met employees will have less MA Taxable Gross to deduct taxes from, thus less MA taxes taken. Employees will see a gradual increase in their MA tax withholding (sometimes up to 2 pay periods) as they go over the \$2,000 threshold.



New Hires



NEW HIRES -- Reminder:

- The United States Customs and Immigration Services has issued a new *Form 19, Employment Eligibility Verification* to be used during the New Hire process. Employing departments should note the changes to List A for acceptable identity and work authorization papers. See <http://www.uscis.gov/portal/site/uscis>
- Report any SSN problems to the helpdesk immediately
- Project to correct data errors for all employees beginning in May (needed for MARIS)
- **DO NOT, DO NOT, DO NOT bypass HR/CMS edits using an invalid SSN**



Ending Addl Pay



- Do enter an end date and/or
- Do enter a goal balance
- Do NOT Uncheck OKAY to Pay

[New Wind](#)

Additional Pay

Maureen Keating

EMP

ID: 119446

Empl Rcd #: 0

Additional Pay

Find | View All First 2 of 8 Last

*Earnings Code: ADS Additional Pay Straight Time

Effective Date

Find | View All First 1 of 1 Last

Effective Date: 02/23/2013

Payment Details

Find | View All First 1 of 1 Last

*Addl Seq #:

End Date: 03/08/2013

Rate Code:

Reason: Not Specif

Earnings: \$100.00 Hours:

Hourly Rate:

Goal Amount: \$100.00

Goal Balance:

Sep Chk #:

Disable Direct Deposit

Prorate Additional Pay

OK to Pay

Applies to Pay Periods: First Second Third Fourth Fifth

▶ Job Information

▶ Tax Information

Save Return to Search Previous in List Next in List Notify Refresh Update/Display Include History Correct History



Garnishments



Priorities for deducting payments per Federal law

Bankruptcy	050
Child Support	100
IRS Levies	125
DOR Levy	200
Spousal Support	300
Student Loans	400
Welfare Overpay	500
Medicaid Reimburse	600
Employer Wage	700





IRS Levies

When department receives a levy packet they should inform employee the deduction will begin within the next pay period or within a reasonable timeframe.

Employee should have in the levy packet an exemption sheet should be completed and returned. If this is not completed, the garnishment will be entered using the IRS chart exemption amount of married filing separate. Everything above that amount is subject to the levy. This levy and form is returned to CTR for HR/CMS entry.

Student Loan

A Department of Education Loan is 15% of disposable earnings or 5 times the minimum wage whichever is less. Unless an order specifically indicates a lesser deduction amount.



DOR Tax Levies



There are two types of DOR levies:

Form 90133

This type of levy is subject to 25% of disposable earnings.

Form 20133

This type of levy is subject to everything above \$75 weekly or \$150 biweekly. This should have an exemption sheet included in the order and should be completed by employee and returned. If completed an additional \$25 dollar for each dependent is allowed.





Payroll Close / Open Timeline

Kevin McHugh, CTR



Key Dates

- **Prior to June 1: Identify any FY17 COA changes, e.g. program codes or appropriation changes**
- **May 1st- Start entering PH documents**
- **June 1st – Position Rules Roll Departments can begin requesting FY16 Rules**
- **June 1st - PH over \$25K requires ANF approval for Executive Departments**



Key Dates- Last Payroll FY16



- **Pay Ending June 25, 2016 Last full Payroll in FY16**
- **June 26, first day of Split Year Payroll**
- **June 30- Last day for entering PH and Last day for HR/CMS data entry**
- **Last Day for PRRV (Cash Cut off of 7/1) for FY15**
- **July 1st – Beginning of FY17**
- **July 1st – Pay Day for Last full PP in FY16**





Mass Rules Roll - MPOAA



- **On June 1st, CTR will either approve or reject all pending POAA Rules requested for FY16 Activity and will Process the MPOAA program. Any new rules needed for FY16 or FY17 Activity can be entered after June 2nd .**
- **New draft rules for FY17 will be in the LCM document catalog**



Accounts Payable



- Payroll Holds are object code based so departments need to encumber based on estimated payroll dollars i.e. A01, A08, B02, etc.
- All PH documents will workflow to CTR Payroll in order to assist departments in proper PH documents set-up.
- ◆ The PH document must include a justification in the Comment.



HR Reminder:



- **Be careful when rehiring employees whose HR/CMS history (Object Code, Account, Unit) shows Accounting information no longer valid in the new FY.**
- **It must be corrected as of July 1 in the new FY.**



Questions?



Paperless Payroll

Kevin McHugh, CTR





Going Paperless



Government Area	# Employees	# Checks	Printed Advices	% Paperless
ATTORNEY GENERAL	564	6	1	98.8%
DISTRICT ATTORNEY	1,624	12	281	82.0%
ENVIRONMENTAL AFFAIRS	2,795	63	1,071	59.4%
EXECUTIVE OFFICE FOR ADMINISTRATION & FINANCE	3,248	27	194	93.2%
EXECUTIVE OFFICE OF ECONOMIC DEVELOPMENT	852	3	1	99.5%
EXECUTIVE OFFICE OF EDUCATION	25,427	1,048	2,435	86.3%
EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES	22,388	422	6,352	69.7%
EXECUTIVE OFFICE OF LABOR and WORKFORCE DEVELOPMENT	1,382	6	11	98.8%
EXECUTIVE OFFICE OF PUBLIC SAFETY & HOMELAND SECURITY	9,170	55	2,438	72.8%
INDEPENDENT & OTHER	1,357	46	764	40.3%
JUDICIARY	7,286	92	4,551	36.3%
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION	4,203	37	1,821	55.8%
OFFICE OF THE COMPTROLLER	130	-	-	100.0%
SECRETARY OF STATE	534	5	442	16.3%
SHERIFF DEPARTMENTS	6,500	79	1,803	71.0%
STATE AUDITOR	220	3	45	78.2%
TREASURER & RECEIVER GENERAL	662	8	4	98.2%
Grand Total	88,342	1,912	22,214	72.7%



Questions?

