**EXAMPLE: REPAYMENT AGREEMENT NOTICE - PAGE 1**

DTA – Collections
P.O. BOX 120048
BOSTON, MA 02112-0048

Reserved for DMC Code

**Massachusetts Department of Transitional Assistance**

MARY CARDHOLDER
XXX MAIN STREET
ANYTOWN, MA 11111-1111

Agency ID: 9999999
Obligation Number: 9999999
Account Number: 999999
Date: 99/99/9999

Action Required

## Transitional Aid to Families with Dependent Children (TAFDC) Repayment Agreement

You (or someone in your household) were overpaid $400 in TAFDC benefits that you were not eligible for. This overpayment occurred from June 2022 to September 2023 because of an Agency Error. Your current account balance is $350. You must repay this overpayment.

We have included your Rights and Responsibilities below. Please read carefully.

This Repayment Agreement form **must be signed and returned by 99/99/9999.** If you do not complete and return this form by the due date, we will begin the process to recover the overpayment of benefits you received.

If you send us the completed and signed Repayment Agreement form, you can still appeal this overpayment until 99/99/9999. See below for more information about how to appeal. It is best to keep a copy of your completed Repayment Agreement form for your records.

If you have any questions about the Repayment Agreement, please call the Collections Unit at **800-462-2607**. Mail or fax this signed and completed form to:

DTA – Collections
P.O. Box 120048
Boston, MA 02112-0048
**Fax:** 617- 889-7846

**Do not send payment with this signed form. DTA does not accept payments at this address.** We will send you a separate bill with information about how to make your payment. You can also get more details about how to make payments at www.mass.gov/dta-collections.

**EXAMPLE: REPAYMENT AGREEMENT PLAN - PAGE 2**

**Clients who are currently NOT getting benefits**

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**Repayment Agreement Plan for Pending/Closed Cases**

**Since you are not currently receiving DTA benefits, please select ONE of the following options. You will be billed at a later date based upon your repayment plan.**

1. ☐ **LUMP SUM PAYMENT** for the full amount of the overpayment.
2. ☐ **PARTIAL LUMP SUM PAYMENT** of $ _____.
3. ☐ **MONTHLY PAYMENTS** of $XX.
4. ☐ **VOLUNTARY EBT DEDUCTION.** If you have a balance on your EBT card, you may use these benefits to pay all or part of your overpayment. This will be applied as a one-time payment.

   Please deduct up to $_____ from my EBT account.

5. ☐ **VOLUNTARY WAGE GARNISHMENT** of $_____ per

   ☐ week ☐ every 2 weeks ☐ month ☐ other: _____

A wage garnishment agreement will let you keep XX% or $XX per week of your wages before taxes, whichever is greater. We will make sure that the amount you chose meets these rules.

To choose this option, you must:

- complete the employer section below;
- tell your employer about this garnishment;
- tell us within 3 days of starting a new job.

We will not tell your employer the reason for your overpayment. Call the DTA Collections Unit at **800-462-2607** if you wish to stop voluntary wage garnishment.

_____ _____

Human Resources Contact Person Human Resources Phone Number

_____

Name of Employer

_____

Address City/Town Zip Code

# EXAMPLE: REPAYMENT AGREEMENT PLAN - PAGE 2

**Clients who are currently getting benefits**

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## Repayment Agreement Plan for Active Cases

**BENEFIT RECOUPMENT**: Since you are currently receiving cash benefits, we will reduce your benefits by XX% of the maximum benefit for your household per month. We will use this amount to repay your overpayment. This decrease may take place by your next benefit date.

This option is mandatory for all clients currently receiving DTA benefits. You can make extra payments in addition to benefit recoupment. Refer to the next page for more payment options.

**Note**: If your DTA case closes you must make a monthly payment of $XX. You must make the first payment 31 days after your case closes.

Continued payments will prevent a referral to the MA Intercept Program and/or Treasury Offset Program (TOP). Once referred, the state and/or federal government may reduce or intercept any payments owed to you.

## Additional Repayment Options

**You can select another repayment option in addition to automatic benefit recoupment. This is optional; you do not have to pick another repayment option.**

1. ☐ **LUMP SUM PAYMENT** for the full amount of the overpayment.
2. ☐ **PARTIAL LUMP SUM PAYMENT** of $ _____.
3. ☐ **MONTHLY PAYMENTS** of $XX.
4. ☐ **VOLUNTARY EBT DEDUCTION.** If you have a balance on your EBT card, you may use these benefits to pay all or part of your overpayment. This will be applied as a one-time payment.

   Please deduct up to $_____ from my EBT account.

5. ☐ **VOLUNTARY WAGE GARNISHMENT** of $_____ per

   ☐ week ☐ every 2 weeks ☐ month ☐ other: _____

   A wage garnishment agreement will let you keep XX% or $XX per week of your wages before taxes, whichever is greater. We will make sure that the amount you chose meets these rules.