



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF REVENUE



UNDERGROUND STORAGE TANK PROGRAM
100 Cambridge Street, 7th Floor - P.O. Box 9563
Boston, Massachusetts 02114-9563 ~ (617) 626-2600

**POLICY FOR THE ASSIGNMENT OF
REIMBURSEMENT PAYMENTS**

The following policy applies to a Claimant's ("Assignor's") right to assign an existing or future reimbursement claim payment, as well as any associated reconsideration or conference decision that results in a reimbursement payment, to another designated party ("Assignee"). Note, the Massachusetts Office of the Comptroller and UST regulation 503 CMR 2.14 require that assigned reimbursement payments must be paid under the Assignor's vendor code and tax I.D., and will be mailed to a remittance address of the Assignee. A new vendor code will not be established for the Assignee and payments can not be paid directly under the Assignee's name.

The Massachusetts Underground Storage Tank Petroleum Product Cleanup Fund ("Fund") will accept an assignment that is consistent with 503 CMR 2.00, the assignment policies of the Massachusetts Office of the Comptroller (see http://www.mass.gov/Aosc/docs/policies_procedures/accounts_payable/po_ap_vendor_Customer_w9.doc), and the provisions outlined in this document. Any fraud or misrepresentation on the part of the Assignor or the Assignee will render the claim ineligible for participation in and for reimbursement from the Fund and will potentially subject the Assignor *and* the Assignee to legal action.

The Commonwealth of Massachusetts makes payments as directed by a Claimant in the remittance section of the [IRS Form W-9 \(Massachusetts Substitute\)](#). The Commonwealth does not condone, support or otherwise endorse assignments of payments. A Claimant may assign payments to a third party but may not assign any responsibilities or other rights related to the reimbursement to a third party Assignee. By allowing an assignment of payments, the Commonwealth assumes no liability or responsibility related to the enforcement of the terms of the assignment, or for resolution of disputes related to the assignment between the Claimant and the Assignee, and the Commonwealth shall have no obligation, financial or otherwise, related to any third party agreement entered into by the Claimant.

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If you have any questions regarding the assignment of a claim payment, please contact the Massachusetts Underground Storage Tank Program (“MassUST Program”) at 617-626-2600 or by writing to the address listed above. After reviewing the policy, you can visit the MassUST Program website at www.mass.gov/ust for forms, regulations, news releases, policies and other program information.

DEFINITIONS:

- "Assignee" - party to whom the Claimant/Assignor has transferred the right to reimbursement claim payments.
- “Assignment” - the transfer of rights to a reimbursement claim payment from the Fund.
- “Assignor” - a party who is eligible to apply to the Fund, or who is already a claimant (of the Fund), and is transferring the right to reimbursement payments from the Fund to an Assignee.
- “Claimant” - a person or entity that files a claim. For the purposes of 503 CMR 2.00, if a claimant is the owner or operator of more than one facility, the term shall apply to a specific facility for which an Application For Eligibility has been filed and for which reimbursement is sought, unless otherwise specified in 503 CMR 2.00.

LIMITATIONS & RESTRICTIONS:

1. This assignment policy only applies to reimbursement payments made by the Fund.
2. Except as provided by this policy, an Assignor may not assign his/her rights, responsibilities and obligations as a Claimant to the Assignee. The assignment adjusts the payment mechanism, not the terms of payment.
3. Requests for assignment must be submitted using the MassUST Notification of Assignment form and the IRS Form W-9 (Massachusetts Substitute), which are both available at www.mass.gov/ust,

NOTE: The IRS Form W-9 (Massachusetts Substitute) must be completed by the Assignor using the Assignor’s legal name and address. In the “Remittance Address”

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box, enter “Payable to” [Assignee Name] and the street address, the city, state and zip of the Assignee on the next line. DO NOT CHANGE THE LEGAL NAME OR ADDRESS OF THE ASSIGNOR TO THE ASSIGNEE.

4. Reimbursement payments will only be made payable to the Assignor and the Assignee for eligible costs, incurred by the Assignor and approved by the Underground Storage Tanks Petroleum Cleanup Administrative Review Board (“Board”), that were not reimbursed to the Assignor as of the effective date of the assignment.
5. Assignments may not be used to circumvent priority processing. Priority processing status is based on the status of the Claimant/Assignor and not the Assignee’s status.
6. All reimbursements payments are subject to available funding.
7. The assignment is irrevocable until the MassUST Program receives written, notarized notification, executed by both the Assignor and the Assignee, that the assignment is terminated. The termination of the assignment is only effective when it is entered on the books and records of both the MassUST Program and, if required, the Office of the Comptroller.
8. Offsets and reductions that would otherwise diminish an Assignor's reimbursement (e.g. insurance and settlement proceeds, deductibles, etc.) will similarly reduce the amount reimbursed to the Assignee. The Assignor will remain fully responsible for the repayment of overpayments to the Fund as a result of audits or other means that have identified that the claim was overpaid or that funds are otherwise owed to the Fund (e.g. insurance or lawsuit settlements, errors or omissions, fraud, etc.)
9. The effective date of assignment is the date that it is entered on the Vendor Customer file of the state accounting system and the records of the MassUST Program.



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NOTIFICATION OF ASSIGNMENT

INSTRUCTIONS: Use this form **ONLY** if you are assigning a reimbursement payment from the Underground Storage Tank Petroleum Product Clean-Up Fund (the "Fund") to a third party ("Assignee"). This form is not required if the Claimant will be receiving the reimbursement directly. Assignments may not be made unless an application seeking payment or reimbursement (Appendix 4) from the Fund was submitted or will be submitted to the Massachusetts Underground Storage Tank Program. With respect to any such application, pursuant to M.G.L. c. 21J and 503 CMR 2.00, this assignment is limited to payments that are payable to the Assignee at the Assignee's address listed in Section II. In order to complete payment processing, a W-9 must also be submitted by the Assignor indicating a remittance address with "Payable to" {Assignee Name} and the Payment Remittance Address of the Assignee. **Only original signed Notification and W-9 forms will be accepted.** Copies or facsimiles will not be processed.

I. CLAIMANT/ASSIGNOR INFORMATION	II. ASSIGNEE INFORMATION {"PAYABLE TO:"}
Name of Claimant/Assignor: _____ Contact Person: _____ Mailing Address: _____ City _____ State _____ Zip _____ Legal Address: (from W-9) _____ City _____ State _____ Zip _____ Phone Number (include Area Code) _____ <input type="checkbox"/> Federal I.D. Number: _____; OR <input type="checkbox"/> Social Security Number: _____	Name of Assignee: _____ Contact Person: _____ Payment Remittance Address: _____ City _____ State _____ Zip _____ Phone Number (include Area Code): _____
III. FACILITY INFORMATION	IV REIMBURSEMENT CLAIM INFORMATION
Name of Dispensing Facility : _____ Facility ID No.: _____ Facility Address: _____ City _____ State _____ Zip _____	Please select <u>only one</u> of the following: <input type="checkbox"/> This Assignment only applies to the Application for Reimbursement, and associated Reconsideration and Conference decisions submitted by the Claimant identified in Section I for the Facility identified in Section III for Eligibility No.: _____ Submittal No.: _____. <input type="checkbox"/> This Assignment will apply to <u>all</u> future payments for Applications for Reimbursement and associated Reconsideration and Conference decisions submitted by the Claimant identified in Section I for the Facility identified in Section III and Eligibility No.: _____. <input type="checkbox"/> This Assignment will apply to future payments for Applications for Reimbursement and associated Reconsideration and Conference decisions submitted by the Claimant identified in Section I for the Facility identified in Section III and Eligibility No.: _____, not to exceed the amount of \$ _____.

NOTIFICATION OF ASSIGNMENT

VI. CERTIFICATION

I certify that I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief as of the date hereof. I also certify that I am authorized to execute this Form on my own behalf or on behalf of the Applicant and submit it to the Massachusetts Underground Storage Tank Program ("MassUST Program"). By completing and submitting this Form, the Applicant hereby directs the MassUST Program to make all payments or reimbursements approved by the Underground Storage Tank Petroleum Clean-Up Fund Administrative Review Board ("Board"), regarding the application(s) for reimbursement as noted in Part IV of this Form, payable jointly to the Assignor and the Assignee noted in Part II of this Form. In providing this direction to the MassUST Program, the Applicant/Assignor:

1. States that the assignment of all payments or reimbursements, regarding the application noted in Part IV of this Form, is irrevocable and unconditional unless the MassUST Program receives written, notarized notification executed by both the Assignor and the Assignee that this assignment is terminated.
2. Acknowledges and understands that the instrument used by the Applicant to assign its payment has not been reviewed, approved or endorsed by the MassUST Program, the Department of Revenue, the Board, or any other instrumentality of the Commonwealth of Massachusetts. The Applicant also acknowledges and agrees that no cost of the aforementioned assignment shall be borne by the Commonwealth of Massachusetts including, but not limited to, any instrumentality of the Commonwealth, an administrative agency or an employee, and said entities and individuals shall bear no liability with respect to any such assignment;
3. States that the person executing and submitting this Notification of Assignment Form, if that person is someone other than the Applicant/Assignor, is authorized to do so on behalf of the Applicant; and
4. Agrees to provide any additional information that the MassUST Program requests or deems necessary regarding the assignment of payment for the application noted in Part I of this form.

I certify that this application is submitted on complete and accurate forms as prescribed by the MassUST Program without alteration of the text.

Signature of Claimant (Assignor) or Authorized Representative: _____ **Date:** _____

Print Name: _____ **Title:** _____

SUBSCRIBED AND SWORN TO before me on this ____ day of _____, 20__, the undersigned Notary Public, personally appeared _____ (name of Applicant or Authorized Representative), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name was signed on the preceding statement in my presence.



(reserved for Notary seal or stamp)

Signature of Notary Public _____

Typed, printed or stamped name of Notary Public _____