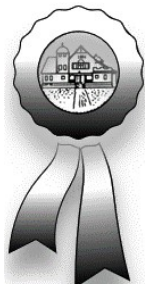




## ONBOARDING DOCUMENTS FOR:



### **BENEFITED** New-Hire (with regular hours of 20 or more per week)



## *Greetings from the Human Resources Department*

Welcome to the Town of Townsend.

Everything you need to get started is included within this package, including forms to meet the contingencies of your employment as outlined within our Offer of Employment letter to you, as well as pertinent information and enrollment forms for all of the benefits we offer.

A handy checklist of everything enclosed is also provided to you as a reference. Carefully complete and sign all applicable forms and then call me to schedule an appointment for drop-off and review. Or, if you prefer, you may present them directly to your Hiring Manager who will review and forward them accordingly.

Either way, when you come in, be sure to bring your drivers license, social security card, and passport (if you have one) so that we may complete your I-9 form and order a CORI background check.

If you have any questions about your enrollment options, please contact:

Middlesex County Retirement System: 800-258-3805 / SMART Plan: 877-457-1900

Blue Cross Blue Shield: 888-455-0331 / TASC Flexible Spending Accounts: 800-422-4661

Boston Mutual: 800-669-2668 / Colonial Life: 401-596-1510

Thank you, and congratulations on your new role with the Town of Townsend!

A handwritten signature in black ink, appearing to read "Callie Huff".

Callie Huff | Human Resources Manager  
Town Hall | 272 Main St. | Townsend, MA 01469  
Phone: 978.597.1700 x1744 | Fax: 978.597.1719  
chuff@townsendma.gov | www.townsendma.gov



# *For Your Convenience*

**BENEFITED New-Hire** (with regular hours of 20 or more per week)

## **Checklist of Documents Enclosed:**

- ☐ Employment Application (if not already on file)
- ☐ CORI Order Form & Acknowledgment
- ☐ INFO (to self-schedule) - Physical Exam
- ☐ INFO (to complete) Conflict of Interest Training
- ☐ Form I-9 Employment Eligibility
- ☐ IRS Tax Form W-4
- ☐ State Tax Form M-4
- ☐ Direct Deposit Form
- ☐ List of Emergency Contacts
- ☐ INFO (to keep) – Overview SS/OBRA/MCRS
- ☐ Job Not Covered by Social Security
- ☐ Mandatory – MCRS Enrollment Form
- ☐ MCRS Option D Beneficiary Form
- ☐ MCRS Lump Sum Beneficiary Form
- ☐ MCRS Supplemental Information
- ☐ INFO (to keep) – BCBS Health Ins Eligibility & Rates
- ☐ VOLUNTARY – BCBS Health & Dental Enrollment
- ☐ INFO (to keep) – BCBS Dental Blue Freedom
- ☐ VOLUNTARY – BCBS Vision Coverage Enrollment
- ☐ INFO (to keep) – TASC Flexible Spending Account
- ☐ VOLUNTARY – (TASC) FSA/DCFSA Enrollment  
(Section 125 Cafeteria Plan)
- ☐ Health Insurance Responsibility Disclosure  
(applicable if new-hire declines health insurance or FSA)
- ☐ VOLUNTARY – Boston Mutual Group Term Life Insurance and Voluntary AD&D Coverage
- ☐ VOLUNTARY – Colonial Life Supplemental Ins.  
(short-term disability plus other voluntary options)
- ☐ INFO (to keep) - Employee Assistance Program
- ☐ Acknowledgments of Receipt
  - ☐ Personnel Policies & Procedures Manual
  - ☐ Harassment Policy & Procedure
  - ☐ Email & Social Media Policy
  - ☐ Job Description

NOTES / QUESTIONS:

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## TOWN OF TOWNSEND EMPLOYMENT APPLICATION



PLEASE READ BEFORE COMPLETING THIS APPLICATION:

*The TOWN OF TOWNSEND does not discriminate in the selection, hiring, appointment or employment of any individual on the basis of race, color, religious creed, national origin, disability, gender identification, veteran status, ethnicity, appearance, or age. No question on this application is intended to secure information to be used for such discrimination.*

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately. If you need more space, feel free to attach a separate sheet, labeled with your name on top. Thank you.

### PERSONAL *If you have already completed an Employment Application for this job, you may skip this step.*

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Personal Email: \_\_\_\_\_

Residential Address:

Number Street City State Zip Code

Mailing Address (if different):

Number Street City State Zip Code

Social Security Number: \_\_\_\_\_ ( ) I prefer to provide this information later

Position(s) desired: \_\_\_\_\_

Salary desired: \_\_\_\_\_ Date available: \_\_\_\_\_

### GENERAL INFORMATION

How were you referred to us?

( ) Newspaper(s) / Other Print Publication(s): \_\_\_\_\_

( ) Website(s) / Online Job Bank(s) / Social Media Site(s): \_\_\_\_\_

( ) Employee Referral: \_\_\_\_\_ ( ) Other: \_\_\_\_\_

( ) School/College: \_\_\_\_\_ ( ) Special Work Program: \_\_\_\_\_

Have you filed an application here before? ( ) Yes, date: \_\_\_\_\_ / for (position): \_\_\_\_\_ ( ) No

Have you been employed here before? ( ) Yes, start date: \_\_\_\_\_ / end date: \_\_\_\_\_ ( ) I still work here ( ) No

If you are under 18, can you furnish a work permit? ( ) Yes ( ) No ( ) Not yet, but I'll get one

Are you employed now? ( ) Yes ( ) No

## EMPLOYMENT EXPERIENCE

---

Start with your present or most recent job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

<b>Employer:</b>	<b>Dates Employed:</b>	<b>Work Performed:</b>
	<u>From</u> <u>To</u>	
<b>Address:</b>		
<b>Job Title:</b>		<b>Supervisor Name / Phone #:</b>
<b>Reason for Leaving:</b>		

<b>Employer:</b>	<b>Dates Employed:</b>	<b>Work Performed:</b>
	<u>From</u> <u>To</u>	
<b>Address:</b>		
<b>Job Title:</b>		<b>Supervisor Name / Phone #:</b>
<b>Reason for Leaving:</b>		

<b>Employer:</b>	<b>Dates Employed:</b>	<b>Work Performed:</b>
	<u>From</u> <u>To</u>	
<b>Address:</b>		
<b>Job Title:</b>		<b>Supervisor Name / Phone #:</b>
<b>Reason for Leaving:</b>		

If you need additional space, please continue on a separate sheet of paper.

May we contact your present employer?

( ) Immediately ( ) After Acceptance of Employment ( ) No

If no, specify reason: \_\_\_\_\_

Describe other training, certifications, licenses (CDL, etc.) or experience applicable to the job you are seeking:

\_\_\_\_\_

## EDUCATION

<b>High School</b>			Circle last completed year 1   2   3   4	
Complete address				
Dates attended	From	To	Graduated ( ) Yes ( ) No	Area of interest:
<b>College</b>			Circle last completed year 1   2   3   4	
Complete address			Major course of study:	
Dates attended	From	To	Graduated ( ) Yes ( ) No	Degree or Certificate received:
<b>Other Schools or Specialized Training</b>			Circle last completed year 1   2   3   4	
Complete address			Major course of study:	
Dates attended	From	To	Graduated ( ) Yes ( ) No	Degree or Certificate received:

Scholastic honors, scholarships, etc.

Do you intend to continue your education? If yes, specify below:

## REFERENCES:

Please supply three professional or work-related references below:

Name	Company	Title	Years Acquainted
1.			
2.			
3.			

**AGREEMENT - Please Read Before Signing**

\*\*\*\*\*

**NOTE:**

If you have any questions regarding the following statement, please ask a Personnel Representative before signing.

.....

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and that employment is for no stated term and may be terminated by me or the Town at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Town with any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town against any liability which might result from requesting such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.*



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .**

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

The Town of Townsend, MA \_\_\_\_\_ is registered under the  
(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Town of Townsend, MA \_\_\_\_\_  
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Town of Townsend, MA \_\_\_\_\_  
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that The Town of Townsend, MA \_\_\_\_\_ may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_ ☐ No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Mother's Maiden: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*



## Occupational Medicine Request for Client Services

Your Name: \_\_\_\_\_

Your Job Title with the Town: \_\_\_\_\_

Address of Department you work in (for billing): \_\_\_\_\_

**Company Name:** The Town of Townsend

**Company Representatives:**

Eric Slagle, Town Administrator - eslagle@townsendma.gov

Callie Huff, HR Manager - chuff@townsendma.gov

**Phone Numbers:** 978-597-1700 (Eric x1701 / Callie x1744)

**To schedule an appointment, please call the Occupational Medicine Department at 978-458-6868.**

Is an interpreter required for this visit? ☐ YES ☐ NO If yes, what language? \_\_\_\_\_

**Appointment**

Day \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_

☐ Circle Health Urgent Care Westford  
198 Littleton Road, Westford, MA

☐ Circle Health Urgent Care Billerica  
199 Boston Rd N. Billerica, MA

Employee must have valid Picture ID a Drug Screen Tests

Due to the pandemic, we are only offering services in the  
Westford and Billerica UC.

**\*Please call us the day before your appointment to let us  
know if you have any of the COVID-19 symptoms**

**INSTRUCTIONS:** Place a check mark next to each service requested.

**Physical Evaluations**

- ☒ Post-offer (pre-placement exam)
- ☐ HRD: Police, Fire
- ☐ DOT physical
- ☐ 7D physical
- ☐ Respiratory Clearance Exams w. PFTs
- ☐ Work Related Injury
- ☐ Surveillance Exams
- ☐ Respirator Fit Testing
- ☐ Return to Work Exams

**Immunizations**

- ☐ Hepatitis B Series
- ☐ MMR
- ☐ Rabies Vaccine
- ☐ Tdap/td

**Drug Screens and Alcohol**

- ☒ Instant 5-panel Urine Drug Screen
- ☐ Instant 10-panel Urine Drug Screen
- ☐ Instant 12-panel Urine Drug Screen
- ☐ Urine collection (for clients using TPAs)
- ☐ Federal Panel Urine Drug Screen
- ☐ Federal BAT
- ☐ Non-Federal Breath Alcohol

**Additional Testing**

- ☐ Pulmonary Function Test (Spirometry)
- ☐ Tuberculin Skin Test (PPD)
- ☐ Chest X-ray – One View
- ☐ Chest X-ray – Two views
- ☐ Audiogram (hearing test)
- ☐ EKG

**Laboratory Testing**

- ☐ Urinalysis with micro
- ☐ T-Spot (lab draw for TB screening)
- ☐ CBC without differential
- ☐ Hepatitis B Surface Antibody (HBSAB)
- ☐ Industrial Blood Lead level
- ☐ ZPP (Zinc Protoporphyrin)
- ☐ Chemistry Profile
- ☐ Rabies Titer
- ☐ MMR Titer
- ☐ Varicella Titer
- ☐ Serum Alcohol
- ☐ COVID 19 Testing





## MANDATORY TRAINING REQUIREMENT:

All newly hired public/municipal employees must complete mandatory Conflict of Interest Law Training per MA State Law within 30 days of hire. Additionally, all public/municipal employees must complete mandatory Conflict of Interest Law Training every two years. These training requirements are IN ADDITION TO acknowledging receipt of the annual *Summary of the Conflict of Interest Law*, as distributed each year by the Town Clerk.



Mass.gov

Search Mass.gov

[Home](#) > [State Employee Resources](#) > [Learn more about the conflict of interest law](#) > [Complete conflict of interest law education requirements](#)

OFFERED BY [State Ethics Commission](#)

# Complete the Conflict of Interest Law Education Requirements

State, county, and municipal employees are required by law to complete the conflict of interest law online training program



The online training program should take about an hour to complete



**[CLICK HERE](#)** for direct access to Complete the Online Training Program

**OR** type the following webpage address into your computer's browser:

**<https://massethicstraining.skillburst.com/User/index.php>**

NOTE: Upon successful completion, a record of your completion will be automatically generated by the system for record keeping by the Town Clerk.

NOT YOUR TYPICAL MUNICIPAL EMPLOYEE?

NOT SURE WHETHER YOU NEED TO COMPLETE THIS TRAINING?

**[CLICK HERE](#)** FOR FURTHER DETAILS REGARDING WHO FALLS UNDER THIS MANDATORY REQUIREMENT

OFFERED BY  
STATE ETHICS COMMISSION





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
<b>Acceptable Receipts</b>  May be presented in lieu of a document listed above for a temporary period.  For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"><li>Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date ( <i>mm/dd/yyyy</i> )
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date ( <i>mm/dd/yyyy</i> )
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date ( <i>mm/dd/yyyy</i> )
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.



**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.

**2023****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	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 . . . . .	<b>3</b>	\$		
	<b>Step 4 (optional):</b> <b>Other</b> <b>Adjustments</b>				
	(a) <b>Other income (not from jobs).</b> 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 . . . . .			<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$		
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$		

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

**Employers**  
**Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name .....

Social Security no. ....

Print home address.....

City..... State..... Zip .....

**Employee:**

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

**Employer:**

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2" .....
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C. ....
3. Write the number of your qualified dependents. See Instruction D. ....
4. Add the number of exemptions which you have claimed above and write the total. ....
5. Additional withholding per pay period under agreement with employer \$.....
  - A. ☐ Check if you will file as head of household on your tax return.
  - B. ☐ Check if you are blind.
  - C. ☐ Check if spouse is blind and not subject to withholding.
  - D. ☐ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

**EMPLOYER: DO NOT withhold if Box D is checked.**

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date. .... Signed .....

**THIS FORM MAY BE REPRODUCED**

**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

**A. Number.** The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

**B. Changes.** You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

**C. Spouse.** If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

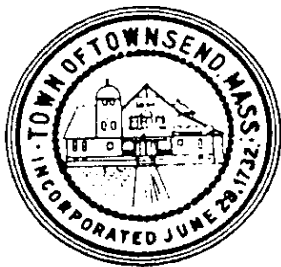
If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

**D. Dependent(s).** You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.





# Town of Townsend

## Office of the Treasurer

272 Main Street, Townsend, Massachusetts 01469-1519

[www.townsendma.gov](http://www.townsendma.gov)

Office: (978) 597-1708 or 1702

Fax: (978) 277-6368

Email: [payroll@townsendma.gov](mailto:payroll@townsendma.gov)

## Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Bank #1: \_\_\_\_\_

Account #: \_\_\_\_\_ 9-Digit Routing #: \_\_\_\_\_

Amount: ☐ \$ \_\_\_\_\_ ☐ \_\_\_\_% ☐ Entire Paycheck      Circle One: Checking/Savings

Name of Bank #2: \_\_\_\_\_

Account #: \_\_\_\_\_ 9-Digit Routing #: \_\_\_\_\_

Amount: ☐ \$ \_\_\_\_\_ ☐ \_\_\_\_% ☐ Entire Paycheck      Circle One: Checking/Savings

Name of Bank #3: \_\_\_\_\_

Account #: \_\_\_\_\_ 9-Digit Routing #: \_\_\_\_\_

Amount: ☐ \$ \_\_\_\_\_ ☐ \_\_\_\_% ☐ Entire Paycheck      Circle One: Checking/Savings

**Please attach a voided check for each bank account to which funds should be deposited.**

**IMPORTANT NOTE: The first payroll check will be a manual check. Direct deposit will start with the second payroll. Do you want the manual check mailed or for pick up in Treasurer's Office?**

**Circle one: Mail or Pick up**

The **Town of Townsend** is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EMERGENCY INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SS Number \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Spouse \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Children \_\_\_\_\_

\_\_\_\_\_

Parents \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Blood Type \_\_\_\_\_ Known Allergies \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Religious Preference \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_





# *For Your Information*

## **Mandatory & Voluntary Retirement Savings Options for Full and Part-Time Town of Townsend Employees**

In the State of Massachusetts, local town governments do not pay into the Social Security System. Those employed by a MA local town government must be informed of this upon hire (whether part or full-time), and must sign an acknowledgment of having received a written statement to this regard (Form #SSA-1945). This form is included within these onboarding documents for you to sign.

*As a result of not paying into the Social Security System, the State of Massachusetts requires all public town employees to contribute a percentage of their earnings toward an alternative savings vehicle as a safeguard for public employees upon retirement. The mandatory contribution vehicles and requirements are different, based on whether an employee works under 20 hours per week or 20 or more hours per week.*

### **MANDATORY contributions for those who work UNDER 20 HOURS/wk:**

Part-time, seasonal, and short-term/temporary Town of Townsend public employees who work less than 20 hours per week fall under the OBRA (Omnibus Budget Reconciliation Act). Employees who fall under OBRA, must contribute a minimum of 7.5% of their earnings into an interest-bearing account under a 457b savings plan called the SMART Plan. The money can be withdrawn at the end of employment without penalty, regardless of age. It can also be rolled over into other retirement savings accounts such as IRAs, (401(k)s, 403(b)s, or other 457 plans upon the end of employment. There is no employer contribution to the SMART Plan.

If you work under 20 hours/week, the OBRA SMART Plan Enrollment Form is included within this Onboarding Kit, which includes a section to list your primary and contingent beneficiaries. If you would like to name more than one primary or more than one contingent beneficiary, please contact Human Resources prior to completing the OBRA SMART Plan Enrollment Form.

### **(ADDITIONAL) VOLUNTARY contributions for those who work UNDER 20 HOURS/wk:**

OBRA employees who work under 20 hours/week, thus required to contribute a minimum of 7.5% into the SMART Plan, may also make *additional* contributions, into another separate plan called a Voluntary SMART Plan. If you work under 20 hours/week and would like to open a Voluntary SMART Plan, you must first enroll in the mandatory OBRA SMART Plan. To open a Voluntary SMART Plan, please contact Human Resources for additional forms.

## **MANDATORY contributions for employees who work 20 OR MORE HOURS/wk:**

Town of Townsend public employees who work 20 or more hours per week must contribute either a minimum of 9% of their regular compensation if they earn less than \$30,000 per year or a minimum of 11% of their regular compensation if they earn \$30,000 or more per year into a qualified plan under section 401(a) of the Internal Revenue Code), via the Middlesex County Retirement System.

To satisfy the Middlesex County Retirement System enrollment requirement, new employees must complete the Middlesex County Retirement System New Member Enrollment Package, regardless of his or her past employment with any governmental entity. NOTE: the New Member Enrollment Package includes the following two separate Beneficiary Forms:

### **Beneficiary Selection Form for Refund of Accumulated Deductions**

Completing this beneficiary form is MANDATORY, on which the employee may list both primary and contingent beneficiaries who will be paid accordingly, in lump-sum, upon the employee's death before retirement IF either 1. the employee did not choose to list an Option D beneficiary or 2. the employee's Option D beneficiary died before the employee did.

### **Beneficiary Selection Form - Option D**

Completing this beneficiary form is OPTIONAL, for the employee to exercise an option to name one sole Option D beneficiary who will be paid a monthly allowance for the rest of their (the beneficiary's) life if the employee dies before they do. The employee can only name one Option D beneficiary. If they do choose to complete the Option D beneficiary form, they must ALSO complete the Beneficiary Selection Form for Refund of Accumulated Deductions so that if their Option D beneficiary dies before they do, the primary and contingent beneficiaries listed on the Beneficiary Selection Form for Refund of Accumulated Deductions will be paid accordingly, in lump sum upon the employee's death.

If you work 20 or more hours/week, the MCRS New Member Enrollment Package (containing both Beneficiary Forms) is included within this Onboarding Kit.

## **VOLUNTARY contributions for employees who work 20 OR MORE HOURS/wk:**

Employees who work 20+ hours/week may NOT voluntarily contribute more than the mandatory minimum to the *Middlesex County Retirement System*. However, they may voluntarily open a separate retirement savings plan called a SMART Plan and make additional contributions to that plan. If you work 20 or more hours/week, and you would like to voluntarily open a separate SMART Plan in addition to the mandatory Middlesex County Retirement System plan, please contact Human Resources for additional forms.

## Statement Concerning Your Employment in a Job Not Covered by Social Security

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

# For Your Information



25 Linnell Circle  
P.O. Box 160  
Billerica, MA 01865  
Hours: 9:00am- 5:00pm Monday-Friday  
Phone: (978) 439-3000 or (800)  
258-3805 Fax: (978) 439-3050  
Email: [mrs@middlesexretirement.org](mailto:mrs@middlesexretirement.org)

## MIDDLESEX COUNTY RETIREMENT SYSTEM

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### MANDATORY Contribution Rates:

Employees contribute a percentage of their regular compensation to the retirement system. A member's contribution rate is set by statute and determined by his or her most recent membership date.\*

To view what is considered regular compensation, visit:

<https://middlesexretirement.org/active-members/regular-compensation/>

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### Membership Date:

### MANDATORY Contribution:

Prior to Jan 1, 1975	5%
Jan 1, 1975 to Dec 31, 1978	7%
Jan 1, 1979 to Dec 31, 1983	7% + 2% of compensation over \$30,000
Jan 1, 1984 to Jun 30, 1996	8% + 2% of compensation over \$30,000
Jul 1, 1996 to Apr 1, 2012	9% + 2% of compensation over \$30,000
<b>Apr 2, 2012 to Present</b>	<b>9% + 2% of compensation over \$30,000</b>

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\* NOTE: If a member receives a refund of retirement contributions from any Massachusetts contributory retirement system and then later re-establishes membership with the Middlesex County Retirement System, his or her contribution rate will be at the new member rate, even if the member re-deposits the amount withdrawn.

Members' contributions will be taken by their employer from their regular compensation on a weekly, biweekly, or monthly basis as determined by their pay period.

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<https://middlesexretirement.org/>

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**PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION**  
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

# Introduction

## New Member Enrollment

Form Last Revised: February, 2020

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The *New Member Enrollment* Form allows a newly hired employee to apply for membership in a public retirement system. The form must be completed by any new employee regardless of his or her past employment with any governmental entity. Certain information on this form must be provided by the Payroll/Personnel Department and verified by the retirement board.

A new member must also complete the *Beneficiary Selection Form for Refund of Accumulated Deductions* and, if applicable, the *Beneficiary Selection Form (Option D)*.

# New Member Enrollment

Form Last Revised: February, 2020

2

**Retirement Board:** Please enter your retirement board information here.

**Name of Retirement Board:** Middlesex County Retirement Board

**Address:** 25 Linnell Circle, P.O. Box 160

**City/Town:** Billerica

**Zip Code:** 01865

**Telephone:** (978) 439-3000

**Fax:** (978) 439-3050

## Employee Information

<b>Employee Last Name:</b>		<b>First Name:</b>		<b>M.I.:</b>	
<b>Social Security # (Entire #):</b>		<b>Phone #:</b>		<b>Sex:</b>	
<b>Street Address:</b>					
<b>City/Town:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Birth/Former Name (if different)</b>			<b>Email:</b>		
<b>Date of Birth*:</b>		<b>Marital Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced*		
<b>Spouse's Name:</b>		<b>Spouse's DOB:</b>		<b># of Children:</b>	

Your Retirement Board will request a copy of birth records, military discharge papers and other pertinent data.

\*If Divorced and you have a Qualified Domestic Relations Order (QDRO), please attach a copy.

## Current/Prior Retirement System Membership

List prior or current public retirement system membership:

Are you retired from any other Massachusetts public retirement system?

☐ YES ☐ NO

Were you ever a member of any other Massachusetts public retirement system?

☐ YES ☐ NO

List prior or current public retirement system membership:

SYSTEM	DATES OF MEMBERSHIP		ARE YOUR FUNDS STILL ON DEPOSIT?	
	From:	To:		
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you wish to purchase past creditable service, please ask your Retirement Board about your options.

Did you ever work for or do you currently work for the Commonwealth or one of its political subdivisions for which you were not/are not a contributing member of a retirement system?

☐ YES ☐ NO

Member Last Name:

First Name:

SSN:

**Other Public Employment in Massachusetts**

List prior or current public employment in Massachusetts or one of its political subdivisions (Non-membership):

EMPLOYER	DATES OF EMPLOYMENT	
	From:	To:

**Veteran Status**

Are you a veteran?

☐

YES

☐

NO

If **YES**, please enter dates of service and attach a copy of your military discharge papers, Forms DD-214, DD-215, DD-256, NGB 22, or NGB 22A.

**DATES OF ACTIVE SERVICE**

From:

To:


I hereby authorize the Treasurer to withhold the proper percentage of my regular compensation due on each pay period and to deposit such deductions to my credit in the annuity savings fund. I understand the full amount of such deductions, with regular interest as provided by law, will be returned to me upon my written request if I terminate my service, unless I plan to accept a position which would entitle me to become a member of any other contributory retirement system in the Commonwealth or other conditions apply. In the event that I die before retiring, my named beneficiary or beneficiaries may receive survivor benefits **OR** a refund of my accumulated total deductions as allowed by law.

I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

**Applicant's Signature:**

Print Employee's Name:

Employee's Signature:

Date:

Member Last Name:  First Name:  SSN: \*\*\*-\*\*-\_\_\_\_\_

**Payroll/Personnel Department**

To be completed by Payroll/Personnel Department and verified by Retirement Board:

Check base rate to be deducted for retirement:

☐ 5% ☐ 7% ☐ 8% ☐ 9% ☐ Additional 2%

If 5%, 7%, or 8%, state reason:

Current Rate of Regular Compensation per Pay Period: \$

Employment Status (Check ALL that apply):

☐ Permanent ☐ Temporary ☐ Full-time ☐ Part-time ☐ 50% ☐ 75% ☐ Other:

Agency/Dept:  Title/Position:

Starting Date of Present Position:

Authorized Signature:  Date:

Print Name:

**Retirement Board**

To be completed by Retirement Board:

Membership Date:

Annual Regular Compensation: \$

% to be Deducted

Current Group Classification:

The member should also complete the *Beneficiary Selection Form (Refund)* or if applicable, the *Beneficiary Selection Form (Option D)*.





MIDDLESEX COUNTY RETIREMENT SYSTEM  
SUPPLEMENTAL NEW MEMBER ENROLLMENT FORM

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***Supplemental Employment Information***

Member's Name:

Social Security Number:

Employer:

Department:

Hours of Employment Per Week:

Covered by Collective Bargaining Agreement: Yes\_\_\_ No\_\_\_

***Supplemental Contact Information***

Work E-mail Address:

Home E-mail Address:

Work Phone:

Cell Phone:

Home Phone:





# Introduction

## Beneficiary Selection Form - Option D (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

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The *Beneficiary Selection Form - Option D* allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement. This is the Member Survivor allowance described at Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D").

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you designate an eligible beneficiary on this form, and that beneficiary is living at the time of your death, the money in your annuity account will not be disbursed to anyone in a one-time, lump-sum payment, even if you have named them to receive such money on your *Beneficiary Selection Form for Refund of Accumulated Deductions*.
- You may name only one person as the Option D beneficiary. That one person may be your spouse, your former spouse who is not remarried at the time of your death, your child, your father, your mother, your sister or your brother.
- If you select a beneficiary other than the spouse to whom you are married at the time of your death, your selection on this form may be superseded by the eligible spouse under the provisions of Option D if you die before retirement.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Option D form with your retirement board, it will supersede any and all prior Option D forms previously filed by you.
- When you sign this form, it should be witnessed by a disinterested party.
- To cancel an Option D beneficiary designation prior to retirement, your written notice must be filed with the retirement board.
- This form becomes void upon your retirement.

# Beneficiary Selection Form - Option D (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: July, 2019

2

**Retirement Board:** Please enter your retirement board information here.

**Name of Retirement Board:** Middlesex County Retirement Board

**Address:** 25 Linnell Circle, P.O. Box 160

**City/Town:** Billerica

**Zip Code:** 01865

**Telephone:** (978) 439-3000

**Fax:** (978) 439-3050

## Member's Information:

		***_**_	
<b>Member's Last Name</b>	<b>Member's First Name</b>	<b>Social Security # (last four)</b>	
<b>Street Address:</b>			
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Email:</b>			
<b>Phone:</b>			

## Choice of Option D Beneficiary

I, (Print Name) \_\_\_\_\_, a member of the \_\_\_\_\_ Retirement System, hereby nominate the beneficiary listed below, under the provisions of Massachusetts General Laws, Chapter 32, Section 12(2)(d) to receive from the retirement system a benefit equal to the Option C retirement allowance which would otherwise have been payable to me, in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superceded if, at my death, I have at least two years of creditable service and leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death, or if living apart, doing so for justifiable cause as determined by the Retirement Board.

## Beneficiary

This person is my:

☐

Parent

☐

Sibling

☐

Unmarried Former Spouse\*

☐

Spouse\*

☐

Child

**Name of Eligible Beneficiary:**

**Beneficiary's Date of Birth:**

(attach birth record)

**Beneficiary's Social Security #:**

**Beneficiary's Street Address:**

**City/Town:**

**State:**

**Zip Code:**

\*If beneficiary is your spouse or former spouse, a copy of your marriage certificate is required

## Member's Signature:

**Print Name:**

**Signature:**

**Date:**

## To Be Completed By Witness (should be disinterested party):

**Print Name:**

**Street Address:**

**City/Town:**

**State:**

**Zip Code:**

**Signature:**

**Date:**



# Introduction

## Beneficiary Selection Form for Refund of Accumulated Deductions (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 11(2)(c)

Form Last Revised: February, 2020

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The *Beneficiary Selection Form for Refund of Accumulated Deductions* allows a member to select a beneficiary or beneficiaries to receive payment of accumulated deductions and other payments due a member if the member dies before retirement, as described at Massachusetts General Laws, Chapter 32, Section 11(2)(c).

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you have designated an eligible beneficiary who is alive at the time of your death on the *Beneficiary Selection Form for Option D*, then the money in your annuity account will not be disbursed to anyone in a one-time lump-sum payment, even if you have designated them on this form.
- Any person or entity may be designated as your Refund of Accumulated Deductions beneficiary under Section 11(2)(c). You may designate multiple beneficiaries and must indicate the percentage of the annuity account that you wish each beneficiary to receive. The percentages must total 100%.
- Your selection of a beneficiary on this form also may be superseded by an eligible spouse under the provisions of Option D.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Section 11(2)(c) form with your retirement board, it will supersede any and all prior Section 11(2)(c) forms filed previously by you.
- When you sign this form, it should be witnessed by a disinterested party.
- This form becomes void upon your retirement.



# Beneficiary Selection Form for Refund of Accumulated Deductions (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 11(2)(c)

Form Last Revised: July, 2019

2

**Retirement Board:** Please enter your retirement board information here.

<b>Name of Retirement Board:</b>	Middlesex County Retirement Board		
<b>Address:</b>	25 Linnell Circle, P.O. Box 160		
<b>City/Town:</b>	Billerica	<b>Zip Code:</b>	01865
<b>Telephone:</b>	(978) 439-3000	<b>Fax:</b>	(978) 439-3050

## Member's Information:

		***_**-____
<b>Member's Last Name</b>	<b>Member's First Name</b>	<b>Social Security # (last four)</b>
<b>Street Address:</b>		
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email:</b>		
<b>Phone:</b>		

## Choice of Beneficiary or Beneficiaries to Receive a Refund of Accumulated Total Deductions at Member's Death:

- Any person or entity may be a beneficiary under Massachusetts General Laws, Chapter 32, Section 11(2)(c). Give complete name and address of each beneficiary on the next page.

I, (Print Name) \_\_\_\_\_, a member of the \_\_\_\_\_ Retirement System hereby request the Retirement Board to pay any sum referred to in Massachusetts General Laws, Chapter 32, Section 11(2)(c) due at my death to the following beneficiary or beneficiaries in the proportions designated on the next pages.

## Beneficiary Selection Form for Refund of Accumulated Deductions

Member Last Name:

First Name:

SSN:

\*\*\*-\*\*-\_\_\_\_\_

## PRIMARY LUMP-SUM BENEFICIARY(IES)

Do NOT name any one person or entity as a beneficiary more than ONCE in this section.

## Primary Lump-Sum Beneficiary Information:

Primary Lump-Sum Beneficiary Information:				% of Benefit**
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				

\*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.

\*\*Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficiaries.

0%

## CONTINGENT LUMP-SUM BENEFICIARY(IES)

In the event that none of the named primary lump-sum beneficiary(ies) above, are alive, or, if an organization, still operating, as of your death.

## Contingent Lump-Sum Beneficiary Information:

Contingent Lump-Sum Beneficiary Information:				% of Benefit**
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				
Full Name: (First, MI, Last):		SSN/EIN*:		
Relationship to You:	Phone:	Date of Birth:		
Address:				

\*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.

\*\*Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficiaries.

0%

**Beneficiary Selection Form for Refund of Accumulated Deductions**

Member Last Name:

First Name:

SSN:

\*\*\*-\*\*-\_\_\_\_\_

I understand that my selection may be superseded if I die with an eligible beneficiary under Option D.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement, this form becomes void.

The types of payments covered under Massachusetts General Laws, Chapter 32, Section 11(2)(c) include:

- The one-time payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- Any amounts payable to a member at his or her death.

**Member's Signature:**

Print Name:

Signature:

Date:

**To Be Completed By Witness** (should be disinterested party):

Name (Print):

Street Address:

City/Town:

State:

Zip Code:

Signature:

Date:





# *For Your Information*

## **Health Insurance Benefits**

### **Eligibility**

The Town provides health insurance in conformance with Chapter 32B of the Massachusetts General Laws. Employees who work twenty (20) hours or more on a regular basis for ten (10) consecutive months per year are eligible. The insurance is not mandatory. Employees may elect to not take the insurance. The employee may opt to join any of the policies offered at the time of employment within thirty (30) days of their effective date of employment. The employee pays 25% share of the cost, and the Town pays 75% share of the cost for Health Insurance. The employee pays 100% of Dental and/or Vision coverage.

Any eligible employee not enrolling in any insurance offered through the Town shall sign a waiver of coverage. Employees may change status or plans during the open enrollment month occurring annually. Employees may not make changes other than in the open enrollment period unless they decide to drop the policy or if they have a change in status. Some examples of change of status are marital changes, the birth/adoption of a child, or the loss of insurance under another policy.

**PLEASE VIEW THE FISCAL YEAR 24 (JULY 1, 2023 - JUNE 30, 2024)  
HEALTH INSURANCE PLAN RATES ON THE FOLLOWING PAGE.**

FY2024					NOTES: > Payroll deductions are processed 1month prior to the coverage date, except for TASC* FSA/DCFSA. > Medex2 Rates change per CALENDAR YEAR, not Fiscal Year.									
For detailed summary information, Ekits, enrollment/change forms etc. go to					<a href="http://townsendma.gov/human-resources">http://townsendma.gov/human-resources</a>					then click on Summary of Benefits link				
HEALTH INSURANCE: MONTHLY AND BY PAYCHECK CONTRIBUTIONS														
HEALTH INSURANCE COVERAGE OPTIONS				See Article 30.3		MONTHLY RATES		EMPLOYEE MONTHLY CONTRIBUTION (25%)		EMPLOYEE PAY CHECK CONTRIBUTION (24 PAYS)				
PPO Blue Care Elect #002310072				Individual		\$1,148.38		\$287.10		\$143.55				
Deductible \$250				Family		\$2,985.55		\$746.39		\$373.19				
HMO Blue New England #004000577				Individual		\$1,034.59		\$258.65		\$129.32				
Deductible \$250				Family		\$2,689.69		\$672.42		\$336.21				
HMO Blue Select #004070076				Individual		\$900.09		\$225.02		\$112.51				
Deductible \$250				Family		\$2,340.03		\$585.01		\$292.50				
CAL YR 2023 Medex 2 with pdp (Medicare 65+) #502281068				Individual		\$355.44		\$88.86		\$44.43				
Medex 2 186.09/2=\$93.045														
Blue Med RX \$169.35/2=84.675				Blue Medicare RX rates represent PDP Option 26 (10/\$20/\$35 RX,2xMO.)										
VOLUNTARY DENTAL INSURANCE: MONTHLY AND BY PAYCHECK CONTRIBUTIONS														
DENTAL INSURANCE COVERAGE OPTIONS						MONTHLY RATES		EMPLOYEE MONTHLY CONTRIBUTION (100%)		EMPLOYEE PAY CHECK CONTRIBUTION (24 PAYS)				
DENTAL BLUE FREEDOM BASIC #002371398				Individual		\$30.72		\$31.74		\$15.87				
Basic 100/80/0				Two Person		\$70.31		\$72.63		\$36.32				
\$50/\$150 Deductible \$1,000				Family		\$96.04		\$99.22		\$49.61				
DENTAL BLUE FREEDOM ENHANCED #002371399				Individual		\$45.89		\$47.41		\$23.71				
Enhanced 100/80/50				Two Person		\$92.37		\$95.42		\$47.71				
\$50/\$150 Deductible \$1,000				Family		\$126.63		\$126.63		\$63.32				
VOLUNTARY VISION INSURANCE: MONTHLY AND BY PAYCHECK CONTRIBUTIONS														
VISION INSURANCE COVERAGE OPTION						MONTHLY RATES		EMPLOYEE MONTHLY CONTRIBUTION (100%)		EMPLOYEE PAY CHECK CONTRIBUTION (24 PAYS)				
VISION INSIGHT #21057														
Lens Copay \$10				Employee		\$6.77		\$6.77		\$3.39				
Frame Allowance \$150				Employee + Spouse		\$11.51		\$11.51		\$5.76				
Contact Allowance \$150				Employee + Child(ren)		\$11.85		\$11.85		\$5.93				
Frequency (Lens/Frames) 12/12				Family		\$18.62		\$18.62		\$9.31				
VOLUNTARY LIFE INSURANCE: MONTHLY AND BY PAYCHECK CONTRIBUTIONS														
VISION INSURANCE COVERAGE OPTION						MONTHLY RATES		EMPLOYEE MONTHLY CONTRIBUTION (50%)		EMPLOYEE PAY CHECK CONTRIBUTION (12 PAYS)				
BOSTON MUTUAL LIFE INSURANCE				See Article 30.2										
\$2000. coverage for each - Group Life & AD&D				Group # G-2027 Div. 1		\$2.00		\$1.00		\$1.00				
Other Plans/Amounts #G-24653 Div 1				Contact:		<a href="mailto:Chuff@townsendma.gov">Chuff@townsendma.gov</a>		<a href="mailto:rhersey@townsendma.gov">rhersey@townsendma.gov</a>						
				Ph: (800) 669-2268		<a href="http://www.BostonMutual.com">www.BostonMutual.com</a>								
COLONIAL LIFE INSURANCE														
				Contact: Kimberly Cunningham										
				Ph: (401)-596-1510 E-Mail: <a href="mailto:Kimberly.Cunningham@ColonialLifeSales.com">Kimberly.Cunningham@ColonialLifeSales.com</a>										
VOLUNTARY FSA & DCFSA														
New fiscal year enrollment based on 26pay periods starting in JULY for JULY Coverage.														
Total enrolled amount divided by how many pay periods left in the fiscal year = deduction amount.														
MANDATORY to RE-ENROLL YEARLY (each Fiscal year).														
TASOnline.com Contact: 800-422-4661				FY2024 Total Annual Maximum		Download the MOBILE APP for easy access!								
Flexible Spending Account (FSA) #1000320480				\$3,050.00		<a href="https://uba.tasonline.com/assets/docs/signin-instructions.pdf">https://uba.tasonline.com/assets/docs/signin-instructions.pdf</a>								
Dare Care Flexible Spending Account (DCFSA) #1000320479				\$5,000.00		<a href="https://uba.tasonline.com/login">https://uba.tasonline.com/login</a>								
NOTE: There is a 1.45min. account access instruction video														



# WELCOME MIIA TOWN OF TOWNSEND



Blue Cross Blue Shield of MASSACHUSETTS



We offer four BCBS health care plans to choose from, with optional vision and dental benefits as well.

To view the entire 170pg New-Hire Enrollment Kit, visit:

[https://planinfo.bluecrossma.com/ekit/2023-miiatownoftownsend-en\\_US.pdf](https://planinfo.bluecrossma.com/ekit/2023-miiatownoftownsend-en_US.pdf)



Effective: 7/1/2023

## WELCOME MIIA TOWN OF TOWNSEND

### GET THE MOST OUT OF YOUR PLAN



VISIT  
MYBLUE



FIND A  
DOCTOR



LOOK UP A  
MEDICATION



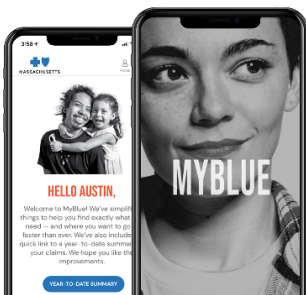
CONTACT US



SAVINGS  
AND DEALS



UNDERSTANDING YOUR  
PLAN AND BENEFITS



### YOUR PLAN IN YOUR HAND

Get an instant snapshot of your health care.

#### Get Started

Register for MyBlue at [bluecrossma.org](https://bluecrossma.org) or  
download the app.

## YOUR EKIT CONTENTS

### PLAN OPTIONS

MEDICAL: Blue Care Elect

[SBC](#) [↓](#) - [Summary](#) [↓](#)

MEDICAL: HMO Blue NE

[SBC](#) [↓](#) - [Summary](#) [↓](#)

MEDICAL: HMO Blue Select

[SBC](#) [↓](#) - [Summary](#) [↓](#)

DENTAL: Dental Blue Freedom High

[Summary](#) [↓](#)

DENTAL: Dental Blue Freedom Low

[Summary](#) [↓](#)

ANCILLARY: Blue 20/20 Materials Only  
Premium Access

[Summary](#) [↓](#)

SUPPLEMENTAL: Medex

[Summary](#) [↓](#)

SUPPLEMENTAL: Blue Medicare RX

[Summary](#) [↓](#)

### HELPFUL RESOURCES

- [↓](#) Non-Hospital Imaging Centers and
- [↓](#) 2022 HCCS Hospital List
- [↓](#) Well Connection
- [↓](#) Intro to Select Network
- [↓](#) Dental Accumulated Maximum
- [↓](#) Enhanced Dental Benefits
- [↓](#) Dental Blue Freedom Fact Sheet
- [↓](#) 24/7 Nurse Line
- [↓](#) Pregnancy and Baby
- [↓](#) Mind and Body \$300 Reimbursement
- [↓](#) Fitness Reimbursement
- [↓](#) Weight Loss Reimbursement
- [↓](#) MyBlue Fact Sheet
- [↓](#) 2nd MD
- [↓](#) Learn to Live
- [↓](#) MIIA Health Programs
- [↓](#) SmartShopper
- [↓](#) Virtual PCP
- [↓](#) Medication Look-up Tool Fact Sheet
- [↓](#) Maintenance Choice Voluntary
- [↓](#) Cost Share Assistance Member Fact

To view full details about all of our Town of Townsend MIIA BCBS Health, Dental, and Vision Plan options, please visit the Landing Page for Town of Townsend Employees at:  
[https://planinfo.bluecrossma.com/ekit/2023-miiatownoftownsend-en\\_US.pdf](https://planinfo.bluecrossma.com/ekit/2023-miiatownoftownsend-en_US.pdf)

OR, if you prefer, contact your Hiring Manager or the Town of Townsend Human Resources Department at [chuff@townsendma.gov](mailto:chuff@townsendma.gov) to request pdfs of enrollment information by email.

## GOT QUESTIONS?

For questions about any of our plan options, contact Blue Cross Blue Shield Directly at 1-888-455-0331, and tell them you are a Town of Townsend MA employee.

## STAY IN TOUCH

Here's some helpful contact information for your plan.

<b>Member Service:</b> General questions about your health plan coverage	Call <b>1-888-455-0331</b> (TTY: 711) Monday–Friday, 8:00 a.m.–6:00 p.m. ET.
<b>Express Scripts®:</b> Questions about your pharmacy benefits	Call <b>1-800-892-5119</b> Available 24/7
Replace or order a new Member ID card	Call <b>1-800-253-5210</b> Monday–Friday, 8:00 a.m.–6:00 p.m. ET
<b>Connect with Message Wire:</b> Get important information about your health and wellness, relevant discounts, and your plan details, directly to your phone	Text <b>bluecrossma</b> to <b>73529</b> , or call <b>1-844-779-8813</b> to join with your Member ID number.
<b>Sign Up for Emails:</b> Stay current on plan updates, programs designed to help you get healthier, and the latest news in the world of health and health care	Visit <b>member.bluecrossma.com/myprofile/communication-preferences</b> and select <b>Sign Up for Email</b> .



**REMEMBER:** Enrollment is required within 30 days of hire, so be sure to start viewing your options soon. Once you decide on a health care coverage plan, promptly complete the following enrollment form and return it to the Human Resources Department.



# THANK YOU FOR CHOOSING A BLUE CROSS BLUE SHIELD PLAN

Please take a few minutes to help us set up your membership by filling out the attached enrollment form.

## BEFORE YOU BEGIN

Please carefully read the instructions below.

**For members of HMO Blue, Network Blue, Blue Choice\*, HMO Blue New England, or Blue Choice\* New England:**

You're required to choose a primary care provider (PCP) when you enroll. Please choose a PCP from your plan's provider directory. Be sure to read "PCP ID #" in Section 2. List your PCP choice on your enrollment form. You can also find the PCP ID number by visiting [bluecrossma.org](https://bluecrossma.org) and selecting **Find a Doctor**.

**For Access Blue Members:**

Although you're not required to choose a PCP, we recommend you choose one by following the instructions in Section 2 on the back of this page.

**Important:** Are you covered by Medicare or other insurance? We need to know if you or any family member listed has Medicare and/or other insurance in addition to your Blue Cross Blue Shield of Massachusetts plan. Be sure to check either **Y** (for yes) or **N** (for no) in the correct box. This information will help us accurately coordinate your benefits. Please follow the instructions in Sections 2 and 3.

Print two copies of your completed application. Keep one for your records and give the other to MIIA to sign and mail to Blue Cross Blue Shield of Massachusetts. To complete your enrollment request, your employer is required to sign the application.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

# Instructions

## Section 1 To Be Filled Out by Your Employer

Your employer will fill out this section.

**Type of Transaction**—Check the box(es) that apply.

**Subscriber Cancellation Codes.** If the subscriber won't be continuing any Blue Cross Blue Shield coverage, carefully select one of the following and indicate the three-digit code on the form.

Code #	Reason for Canceling	Code #	Reason for Canceling
041	<ul style="list-style-type: none"><li>• Changing to other health plan</li><li>• Voluntary termination</li><li>• COBRA cancellation (under 18 months or nonpayment)</li></ul>	061	<ul style="list-style-type: none"><li>• Left employment</li><li>• COBRA ending</li></ul>
042	<ul style="list-style-type: none"><li>• Over 65, changing to Group Medex® plan. (Requires Medicare A and B)</li><li>• Over 65, changing to direct-pay Medex plan. (Requires Medicare A and B)</li><li>• Over 65, changing to Medicare supplement other than Medex plans.</li></ul>	063	<ul style="list-style-type: none"><li>• Transfer</li></ul>
043	<ul style="list-style-type: none"><li>• Medicare (age =&lt; 65)</li></ul>	064	<ul style="list-style-type: none"><li>• Cancellation as of original effective date</li></ul>
		070	<ul style="list-style-type: none"><li>• Deceased</li></ul>
		071	<ul style="list-style-type: none"><li>• Moved out of state (out of HMO service area)</li></ul>
		076	<ul style="list-style-type: none"><li>• Military service</li></ul>

**Note:** If your subscribers are adding or dropping one benefit only (medical/dental), please indicate “add medical,” “add dental,” “cancel medical,” or “cancel dental” in the “Remarks” section.

If your new hires are subject to a probationary period, please indicate the time frame in the “Remarks” section, as well as the qualifying events for new enrollees.

If a subscriber is being moved from an active group to a retiree group (within the same account), this is a transfer and not a termination. Please include the new Medical or Dental Group #.

Cancellation date will be the first day of no coverage.

### Qualifying Events—Remarks:

To assist in the enrollment process, please use check boxes or write in applicable information in the “Remarks” section of the form.

- Open Enrollment—Check this box for open enrollment.
- New Hire—Check this box for new hires to the company.
- COBRA—Check this box if person is continuing coverage under COBRA.
- Add Spouse—Check this box if spouse is being added. Ensure date of marriage is within approved retroactive period.
- Add Dependent—Check this box if adding any dependent.
- Loss of Coverage—Check this box if employee lost coverage through spouse or parent. Please include HIPAA Continuous of Coverage Letter from prior company/insurer. If you have questions, contact your account service representative.
- Other—Check this box if change to family requires additional explanation. Please write in the reason for change (e.g., court order, adoption, New Dependent Law under HCR, legal guardianship, etc.). Include supporting documentation. If you have questions, contact your account service representative.

## Section 2 Yourself (Member 1)

Please fill in all information that applies to you. (REQUIRED)\*

**PCP ID#**—If your health plan requires you to choose a primary care provider (PCP), please fill in this section. Write the PCP ID number (*not* the telephone number) of the doctor you have chosen to coordinate your health care. You'll find the doctor's PCP ID number in the provider directory for your health plan. If you need help choosing a PCP, call our Physician Selection Service at 1-800-821-1388. A representative will help you select a provider. You can find the PCP ID number at [bluecrossma.org](http://bluecrossma.org), select **Find a Doctor**.

**Other Insurance**—Do you have other health insurance or Medicare in addition to your Blue Cross Blue Shield plan? Please be sure to circle either **Y** (for yes) or **N** (for no) in the correct box. If you have other insurance, write the name of the other insurance company and your member identification number.

**To Add or Delete a Member**—Are you adding or deleting a member under your existing membership? If yes, please fill in the areas in Sections 1 and 2. You may need help from your employer to fill in Section 1. Then, give us the details about the members you're adding or deleting in Section 3 and/or Section 4.

## Section 3 Member 2

If you choose a **Family** membership, please fill in this section if you want Member 2 to be covered. (REQUIRED)\* (**Note:** Member 2 cannot be covered under an **Individual** membership.)

**Other Insurance**—Does your spouse have other health insurance or Medicare? Please be sure to circle either **Y** (for yes) or **N** (for no) in the correct box. If your spouse or partner has other insurance, write the name of the other insurance company and your member identification number.

## Section 4 Your Eligible Dependents (Members 3, 4, and 5)

If you choose a **Family** membership, please fill in this section for all children or other eligible dependents you want to be covered. (REQUIRED)\* (**Note:** dependents cannot be covered under an **Individual** membership.)

If you have more than three dependents to be covered, please use additional Enrollment Forms as needed. Indicate on the form that additional forms have been used and write in the total number of dependents you want to be enrolled.

## Section 5 Personal Savings Account

Your employer may have chosen to offer a personal savings account alongside your medical offering. Please consult your open enrollment materials and/or your HR department to determine if this applies to you.

**For each option:**

**Start Date:** Your start date will be considered established for tax purposes as of the start date of your medical plan, provided that you have signed, dated, and submitted the completed application for these accounts on or before that date.

**End Date:** Your end date is the date you choose to stop deposits into the selected financial account. If you have any questions, please see your employer.

**Note:** If you're transferring from one medical/dental plan to another plan, please complete Section 5 of the Enrollment and Change Form to let us know that you will be continuing your personal savings account.

## Section 6 Signatures (Employer & Employee)

**Employee:** Please sign and date the application and return it to your employer. **Employer:** Please sign and date the application and return to Blue Cross Blue Shield of Massachusetts. Please mail to:

P.O. Box 986001  
Boston, MA 02298  
or fax to 1-617-246-7531

\* Under the Affordable Care Act, we're required to collect the Social Security number for you and any dependent enrolling in your plan.

Please Read the Instructions  
Before Filling Out This Form.



Please **TYPE OR PRINT CLEARLY**, using blue  
or black ink, to avoid coverage delay

**MASSACHUSETTS**

**Enrollment and Change Form**

**1. To Be Filled Out by Your Employer**

Company Name		Town of Townsend MA		Current Medical Group #:		Medical Group # Transferring To:			
Current BCBS ID #, if any:		Requested Effective Date:		Date of Hire:		Current Dental Group #:		Dental Group # Transferring to:	
		MM DD YYYY		MM DD YYYY					
Type of Transaction <input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE <input type="checkbox"/> TRANSFER				Remarks: (i.e., qualifying event for a new add, change to family or other instruction) <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Change to Family <input type="checkbox"/> Loss of Coverage (HIPAA Continuation of Coverage Letter required) <input type="checkbox"/> New Hire <input type="checkbox"/> Add Spouse <input type="checkbox"/> Other: _____ <input type="checkbox"/> COBRA <input type="checkbox"/> Add Dependent					
Three - digit termination code									

**2. Yourself (Member 1)**

What products? <input type="checkbox"/> HMO Blue Select Network <input type="checkbox"/> Dental Blue Basic		<input type="checkbox"/> PPO Blue Care Elect <input type="checkbox"/> Other: _____		<input type="checkbox"/> HMO Blue New England <input type="checkbox"/> Dental Blue Enhanced <input type="checkbox"/> Dept: _____		Membership Type (Medical) <input type="checkbox"/> Individual <input type="checkbox"/> Family		Membership Type (Dental) <input type="checkbox"/> 2 Person <input type="checkbox"/> Individual <input type="checkbox"/> Family	
Requested Effective Date: _____									
First Name		M.I.		Last Name		Sex		Date of Birth	
Street Address/ P.O. Box #		Apt. #		City/ Town		State		ZIP Code	
Home Phone ( )		Cell Phone ( )		Email					
Social Security # (REQUIRED) <sup>1</sup>		Other Insurance? Y <input type="checkbox"/> / N <input type="checkbox"/>		Other Insurance Company Name		Member Identification Number			
PCP ID # (See instructions)		Name of PCP		City / State		Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			
Are you covered by Medicare? <sup>2</sup> Y <input type="checkbox"/> / N <input type="checkbox"/>		Part A Effective Date MM DD YYYY		Part B Effective Date MM DD YYYY		Part D Effective Date MM DD YYYY		Medicare # <input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date	
								Actively Working? Y <input type="checkbox"/> / N <input type="checkbox"/>	

**3. Member 2**

Please Check One: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced Spouse (court ordered)		Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental							
First Name		M.I.		Last Name		Sex		Date of Birth	
Social Security # (REQUIRED) <sup>1</sup>		Phone ( )		Other Insurance? Y <input type="checkbox"/> / N <input type="checkbox"/>		Other Insurance Company Name		Member Identification Number	
PCP ID # (see instructions)		Name of PCP		City / State		Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			
Are you covered by Medicare? <sup>2</sup> Y <input type="checkbox"/> / N <input type="checkbox"/>		Part A Effective Date MM DD YYYY		Part B Effective Date MM DD YYYY		Part D Effective Date MM DD YYYY		Medicare # <input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date	
								Actively Working? Y <input type="checkbox"/> / N <input type="checkbox"/>	

**4. Your Eligible Dependents (Member 3, 4 and 5)**

Dependent's First Name 3.)		M.I.		Last Name		Sex		Date of Birth	
Social Security # (REQUIRED) <sup>1</sup>		PCP ID # (See instructions)		Name of PCP					
Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>		Full-time student and aged 19 or older <input type="checkbox"/>		Disabled and aged 26 or older <input type="checkbox"/>		Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental			
Dependent's First Name 4.)		M.I.		Last Name		Sex		Date of Birth	
Social Security # (REQUIRED) <sup>1</sup>		PCP ID # (See instructions)		Name of PCP					
Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>		Full-time student and aged 19 or older <input type="checkbox"/>		Disabled and aged 26 or older <input type="checkbox"/>		Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental			
Dependent's First Name 5.)		M.I.		Last Name		Sex		Date of Birth	
Social Security # (REQUIRED) <sup>1</sup>		PCP ID # (See instructions)		Name of PCP					
Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>		Full-time student and aged 19 or older <input type="checkbox"/>		Disabled and aged 26 or older <input type="checkbox"/>		Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental			

Please check if you're using separate forms for additional dependent children ☐ Total # of dependents: \_\_\_\_\_

**5. Personal Savings Account**

<input type="checkbox"/> HSA: Health Savings Account	Start Date	End Date	FSA Goal Amount (Please see instructions for limits.): \$
<input type="checkbox"/> FSA: Health Flexible Spending Account	Start Date	End Date	Health: \$
<input type="checkbox"/> DCFS: Dependent Care Flexible Spending Account	Start Date	End Date	Dependent Care: \$

**6. Signature (Employer & Employee)**

The information here is complete and true. I understand that Blue Cross and Blue Shield will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my health care plan. I understand that Blue Cross and Blue Shield may obtain personal and medical information about me to carry out its business, and that it may use and disclose that information in accordance with law. I acknowledge that I may obtain further information about the collection, use, and disclosure of my information in "Our Commitment to Confidentiality," Blue Cross and Blue Shield's notice of privacy practices.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

1. REQUIRED: Under the Affordable Care Act, we're required to collect the Social Security number for you and any dependent enrolling in your plan.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.



# DENTAL BLUE<sup>®</sup> FREEDOM

MIIA Town of Townsend  
Basic Plan

## UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND  
BENEFITS



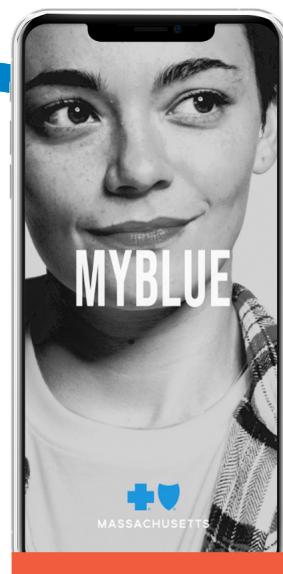
CLAIMS AND  
BALANCES



DIGITAL  
ID CARD

**Sign in**

Download the app, or create an account at [bluecrossma.org](https://bluecrossma.org).



# DENTAL BLUE FREEDOM

Preventive Benefit Group	Basic Benefit Group
No Deductible	\$50 Per Member/\$150 Per Family Calendar-Year Deductible (in-network and out-of-network combined)
Full Coverage	80% Coverage
\$1,000 Per Member Calendar-Year Benefit Maximum (in-network and out-of-network combined)	

## Diagnostic

- One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures
- Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months
- Bitewing X-rays twice per calendar year
- Single tooth X-rays as needed
- Study models and casts used in planning treatment once each 60 months
- Periodic or routine oral exams twice per calendar year
- Emergency exams

## Preventive

- Routine cleaning, scaling, and polishing of the teeth twice per calendar year
- Fluoride treatment twice per calendar year (members under age 19)
- Sealants on permanent pre-molar and molar surfaces (members under age 19). Benefits are provided for one application per bicuspid or molar surface each 48 months.
- Space maintainers needed due to premature tooth loss (members under age 19)

## Restorative

- Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)
- Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period)
- Pin retention for fillings
- Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16)

## Oral Surgery

- Tooth extraction
- Root removal
- Biopsies

## Periodontics (gum and bone)

- Periodontal scaling and root planing once per quadrant each 24 months
- Periodontal surgery once per quadrant each 36 months
- Periodontal maintenance following active periodontal therapy once each three months

## Endodontics (roots and pulp)

- Root canal therapy (permanent teeth, once in a lifetime per tooth)
- Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth
- Therapeutic pulpotomy on primary or permanent teeth (members under age 16)
- Other endodontic surgery to treat or remove the dental root

## Prosthetic Maintenance

- Repair of partial or complete dentures, crowns, and bridges once each 12 months
- Adding teeth to an existing complete or partial denture
- Rebase or reline of dentures once each 36 months
- Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months

## Other Services

- Occlusal adjustments once each 24 months
- Services to treat root sensitivity
- General anesthesia when administered in conjunction with covered surgical services
- Emergency dental care to treat acute pain or to prevent permanent harm to a member\*

\* Emergency care services are not subject to the calendar-year deductible.

# WELCOME TO DENTAL BLUE FREEDOM,

## A DENTAL PLAN DESIGNED TO MANAGE THE COST OF DENTAL SERVICES.

### Your Dentist

Dental Blue Freedom offers a large network of dentists, including dentists in Massachusetts and Rhode Island who participate with Blue Cross Blue Shield of Massachusetts. Dental Blue Freedom members also have access to participating dentists nationwide. When searching for a network dentist, Dental Blue Freedom members can choose from the Dental Blue PPO (Preferred Dentist) or Dental Blue (Participating Dentist) networks. Using a network dentist will minimize your out-of-pocket expenses.

If you would like help choosing a dentist, or already have a dentist and want to know if they participate with your plan, you can call the dentist, look at the current dental provider directory, or call Member Service at the toll-free phone number shown on your Dental Blue ID card. You can also access the online dental provider directory at [bluecrossma.org](http://bluecrossma.org).

### Your Benefits

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

The dental benefits your plan covers are subject to the calendar-year deductible and coinsurance (if applicable), and benefit maximum amounts shown in the chart. The calendar year begins on January 1 and ends on December 31 of each year. The chart also shows the percentage of costs your plan will pay for covered dental services. Many of the covered services have specific time or age limits.

### Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, Blue Cross Blue Shield recommends that your dentist send a copy of the "treatment plan" to Blue Cross Blue Shield before services are provided. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charge for each service. Once the treatment plan is reviewed, you and your dentist will be notified of the benefits available.

Remember, the payment estimate is based on your eligibility status and the amount of your calendar-year benefit maximum at the time the estimate is received and reviewed. (The actual payment may differ if your available calendar-year benefit maximum or eligibility status has changed.)

### Multi-Stage Procedures

Your dental plan provides benefits for multi-stage procedures (procedures that require more than one visit, such as crowns, dentures and root canals) as long as you are enrolled in the plan on the date that the multi-stage procedure is completed. A participating dentist will send a claim for a multi-stage procedure to Blue Cross Blue Shield only after the completion date of the procedure. You will be responsible for all charges for multi-stage procedures if your plan has been cancelled before the completion date of the procedure.

### How Network Dentists Are Paid – Preferred Dentists

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

Payments are calculated based on the provisions of the Blue Cross Blue Shield preferred dentist's payment agreement and the dentist's allowed charge that is in effect at the time the covered dental service is provided. Preferred dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year benefit maximum.

### How Network Dentists Are Paid – Participating Dentists

For dentists who participate with Blue Cross Blue Shield, but do not have a Blue Cross Blue Shield preferred provider contract, benefits are calculated based on the provisions of the participating dentist's payment agreement and the dentist's allowed charge. These dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year benefit maximum.

### How Out-of-Network Dentists Are Paid – Non-Preferred or Non-Participating Dentists

Benefits for covered services by a non-preferred or non-participating dentist are provided based on the allowed charge or the dentist's actual charge, whichever is less. The allowed charge is based on a schedule of charges. You may be responsible for any difference between the dentist's actual charge or the allowed charge, whichever is less. You are also responsible for your deductible and coinsurance (if applicable), and charges beyond your calendar-year benefit maximum.

### When Coverage Begins

You are covered, without a waiting period, from the date you enroll in the plan.

### Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your plan description (and riders, if any) for exact coverage details.

### Accumulated Maximum Rollover Benefits

This dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows you to roll over a certain dollar amount of your unused annual dental benefits for use in the future. There are limits and restrictions on this benefit. Refer to the Accumulated Dental Maximum Rollover brochure for further information.

### Enhanced Dental Benefits

Enhanced Dental Benefits for certain dental care services are available for members who have been diagnosed with qualifying conditions. To learn more about specific conditions included in this benefit, review your plan description (and riders, if any) on MyBlue at [bluecrossma.org](https://bluecrossma.org).

### If You Have to File a Claim

Network dentists will send claims directly to Blue Cross Blue Shield. All you have to do is show them your Dental Blue ID card. The payment will be sent directly to your dentist as long as the claims are received within one year of the completed service.

If you receive care from an out-of-network dentist, you will typically need to submit the claim yourself. Before submitting your claim, get an Attending Dentist's Statement form from Member Service.

After your dentist fills out the form, send it and your original itemized bills to Blue Cross Blue Shield of Massachusetts, P. O. Box 986030, Boston, MA 02298. All member-submitted claims must be submitted within two years of the date of service.

If you have a grievance, see your plan description for instructions on how to file a grievance.

### Other Information

Coordination of benefits applies to plan members who are covered by another plan for health care expenses. Coordination of benefits ensures that payments from other insurance or health care plans do not exceed the total charges billed for covered services.

Your plan description has a subrogation clause, which means that Blue Cross Blue Shield can recover payments if a member has already been paid for the same claim by a third party.

## QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at [bluecrossma.org](https://bluecrossma.org).

Limitations and Exclusions. These pages summarize the benefits of your dental plan. Your plan description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

# DENTAL BLUE<sup>®</sup> ACCUMULATED MAXIMUM ROLLOVER

At Blue Cross Blue Shield of Massachusetts, we know that oral health is a critical part of overall health. That's why we offer a dental benefit that will allow you to roll over a portion of your unused dental benefits from year to year.

## HOW MAXIMUM ROLLOVER WORKS

Beginning 60 days after the last day of your benefit period, your rollover amount will be added to your maximum benefit amount, increasing it for you to use that year and beyond (see below for amounts and maximums).

There is no cost to you. You don't need to do anything. To figure out the amount of benefit dollars that are eligible to roll over, just use the chart below. Start by searching for your benefit period maximum in the first column. If Blue Cross

doesn't pay out more claims dollars on your behalf than the amount in the second column, your benefit maximum for the next year will increase by the amount in the third column.

And, your rollover amount keeps growing and is available for you to use as long as your employer offers this rollover benefit.\* The last column will show you the total amount of additional benefit dollars you can earn. It's one more way we're working to improve health care for all our members.

You can accumulate benefit dollars to help offset higher out-of-pocket costs for complex procedures.

**This benefit applies to you automatically if:**

- You receive at least one service during the benefit period
- You remain a member of the plan throughout the benefit period
- You don't exceed the claim payment threshold in the benefit period

If your dental plan's annual maximum benefit amount is:	And if your total claims don't exceed this amount for the benefit period:*	We'll roll over this amount for you to use next year and beyond:*	However, rollover totals will be capped at this amount:*
\$500–\$749	\$200	\$150	\$500
\$750–\$999	\$300	\$200	\$500
\$1,000–\$1,249	\$500	\$350	\$1,000
\$1,250–\$1,499	\$600	\$450	\$1,250
\$1,500–\$1,999	\$700	\$500	\$1,250
\$2,000–\$2,499	\$800	\$600	\$1,500
\$2,500–\$2,999	\$900	\$700	\$1,500
\$3,000 or more	\$1,000	\$750	\$1,500

\*This is not a flexible spending account (FSA). The amount reflects your benefit maximum for a given year.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).





MASSACHUSETTS

Blue 20/20

## Application / Change Form

Please print clearly.  
Please use a black or blue pen.

Blue 20/20 Group No. \_\_\_\_\_

☐ **New Enrollee**

(Please complete A, C, D, and E)

☐ **Change Request**

(For changes, complete Sections A, B, and all other applicable sections. Plan changes can only be made at Open Enrollment or due to a qualifying event.)

☐ **Termination Date:** \_\_\_\_\_

### A. Employee Information

Name of Employer:		Effective Date:		Dept./Division:	
Social Security Number:		Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name:		First Name:		MI: Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Mailing Address:		City:		State: Zip Code:	
Date of Hire:	Home Phone Number:	Work Phone Number:		Email Address:	

### B. If Making a Change from Previous Enrollment

**Check All That Apply:**

- ☐ Name Change
- ☐ Employee SSN Correction
- ☐ Add/Remove Dependent
- ☐ Address/Telephone Number Change
- ☐ Date of Birth Correction
- ☐ Late Enrollee
- ☐ Other: \_\_\_\_\_

**Add Dependent(s):**

- |  | Date of Occurrence |
|--|--------------------|
| <input type="checkbox"/> Marriage              | _____              |
| <input type="checkbox"/> Domestic Partner      | _____              |
| <input type="checkbox"/> Newborn (up to age 1) | _____              |
| <input type="checkbox"/> Adoption              | _____              |
| <input type="checkbox"/> Court Order           | _____              |
| <input type="checkbox"/> Loss of Coverage      | _____              |
| <input type="checkbox"/> Other                 | _____              |

☐ **Remove Dependent(s)**

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

**Reinstate Coverage:**

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

**Terminate Coverage:**

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

### C. Coverage Selection

**Options Selected:** ☐ Employee ☐ Employee plus Spouse or Domestic Partner  
☐ Employee plus One or More Children ☐ Family

### D. Family Information—Complete for anyone taking or dropping Blue 20/20 Coverage\*

	Name (First, MI, Last Name)	Social Security Number	Date of Birth mm/dd/yyyy	Relationship	Sex
<input type="checkbox"/> Add / <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add / <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add / <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add / <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add / <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add / <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add / <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F

\*Application does not guarantee enrollment.

#### Eligibility Notes:

1. Employees are eligible for coverage if they meet the definition of an eligible employee as defined by their employer and Blue Cross Blue Shield of Massachusetts.
2. Domestic Partners are eligible for coverage if they meet the definition of a Domestic Partner and if allowed by the employer.
3. Dependent Children are eligible for coverage up to age 26.

### E. Statement of Understanding

The information here is complete and true. I understand that Blue Cross and Blue Shield will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my vision plan.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Visit us at [blue2020ma.com](http://blue2020ma.com)**

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

**ATTENTION:** If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: 711).

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

**ATENÇÃO:** Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



## Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:



### HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions and vaccinations
- Eye exams; prescription glasses/lenses

### DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

#### TIPS

- You can choose to enroll in a Healthcare FSA, Dependent Care FSA, and more
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at [irs.gov](https://www.irs.gov)

## Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1.  
With less tax taken, your take-home pay increases!

Consider this example:  
(For illustration only)



Richard has:

- Gross monthly pay of \$3,500
- \$600 per month in eligible expenses

Here is his net monthly take-home pay:

#### Without FSA

(\$600 spent using post-tax dollars)

**\$1,932**

#### With FSA

(\$600 spent using pretax dollars)

**\$2,098**

That's a net increase in take-home pay of **\$166 every month!**

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at [www.tasconline.com/tasc-calculators/tasc-flexsystem-calculator/](https://www.tasconline.com/tasc-calculators/tasc-flexsystem-calculator/)

See how easy it is to start saving with a TASC Benefit Account. See details on reverse.

# How to participate.

It's easy to start saving with a TASC FSA.

Just follow 3 simple steps:

## 1. DECIDE how much you want to contribute for the upcoming plan year

The more you contribute, the lower your taxable income will be. In spite of this, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. (Note: If your employer offers a **Carryover** option, up to \$500 in unused contributions to a Healthcare FSA can carry over to the next year.)

### PLANNING TIPS

**START** by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

**COMPARE** your estimate to the IRS limits at [www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits). If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

## 2. ENROLL by completing the enrollment process

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

### SPECIAL FEATURES



**Individual Giving Account:** Every participant receives a complimentary TASC giving account.

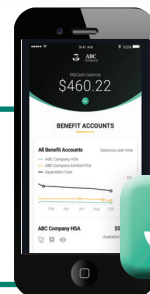


**Identify Theft Protection:** All active participants receive TASC Identity Theft Protection.

## 3. ACCESS your funds easily using the TASC Card

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast — within 12 hours — when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!



Track and manage all TASC benefits and access numerous helpful tools, anywhere and anytime—with just one app!



Search for "TASC" (green icon)



# FY2024 EMPLOYEE ENROLLMENT FORM

## Flexible Spending Account (FSA)

Please sign, date, and complete each line on the enrollment form. Enter zero (0) where no amount is being elected.

**Return the completed and signed form to your employer for processing.**

### For Employer to complete where applicable:

Employer Name TOWN OF TOWNSEND Employer TASC ID # 4219-7450-1589  
Employer Class \_\_\_\_\_ Employer Division \_\_\_\_\_  
Participant Plan Effective Date 07/01/2023 - 06/30/2024 First Payroll Date 07/13/2023

### INDIVIDUAL/PARTICIPANT INFORMATION

First Name:		MI:		Last Name:	
TASC ID # (if known):		Email Address <sup>1</sup> :			
Primary Phone #:		Mobile Phone # <sup>1</sup> :			
Primary Address:	Address Line 1:				Apt:
	Address Line 2:				
	City:				
	State:		ZIP/Postal Code:		+4
Hire Date:		Payroll Frequency:	Bi-weekly		

All fields are required for account setup. Information is confidential and is not used for marketing purposes.

<sup>1</sup>Please provide this information if available (not required).

**MANDATORY to RE-ENROLL YEARLY (each Fiscal year). ANNUAL ELECTIONS** \*New fiscal year enrollment based on 26 pay periods starting in JULY for JULY Coverage.

**Prior to completing your election amounts below, please refer to the instructions on page 2.**

I select the following benefits and amount(s) to be deducted pretax:		Employee Annual Salary Reduction Election Amount		Employee Minimum Annual Election	Employee Maximum Annual Election
<input type="checkbox"/>	Healthcare FSA	\$		\$ <u>0.00</u>	\$ <u>3050.00</u>
<input type="checkbox"/>	Dependent Care FSA (Daycare Expenses)	\$		\$ <u>0.00</u>	\$ <u>5000.00</u> \$2500 if married filing single
<input type="checkbox"/>	Healthcare Premium (NESP) Reimbursement Account	\$	<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

\*Total enrolled amount divided by how many pay periods left in the fiscal year = deduction amount.

### TASC CARD

You will receive one TASC Card to use for your benefit account(s). You may request **one additional card** for your spouse or dependent free of charge. Cards are mailed to your home address 7-10 days after your enrollment has been processed.

**To request an additional TASC Card for your spouse or dependent, print their name below (or request via TASC web portal):**

1	Spouse or Dependent Name (First, MI, Last): (No fee)	
2	Dependent Name (First, MI, Last): (Additional fee may apply)	
3	Dependent Name (First, MI, Last): (Additional fee may apply)	

**\*\* AUTHORIZATION SIGNATURE REQUIRED ON PAGE 2 \*\***



## EMPLOYEE ENROLLMENT FORM

### Flexible Spending Account (FSA)

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#### AUTHORIZATION

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I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts remaining in my flexible spending account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the FSA deduction(s) will be in effect for the entire plan year and cannot be changed or revoked except as permitted by federal law. I understand that my share of eligible group premium(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible insurance contributions deducted pretax and prefer to be taxed on these dollars, I will contact my payroll department. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### ELECTION INSTRUCTIONS

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##### Instructions for entering elections under each applicable benefit account type:

- Healthcare FSA Election:** This amount you expect to pay out-of-pocket toward eligible medical expenses throughout the plan year, which may include deductible and co-insurance portions of health insurance (NOT premiums), dental expenses, orthodontic expenses, eye care, and other eligible healthcare expenses. Per IRS regulations, a participant may elect a maximum based on the current IRS limits. Your employer may have a plan year maximum less than the IRS allowed amount. Review your Summary Plan Description (SPD) or check with your employer for your plan's maximum annual amount. Your annual election will be split into equal amounts to be deducted pretax from every payroll throughout the plan year. Your total annual election amount is available for reimbursement on the first day of the plan year as eligible expenses are incurred.
- Dependent Care FSA Election:** Amount you expect to pay out-of-pocket for eligible day care expenses for the plan year. Your annual contribution must be within the maximum allowable amount under IRS regulations for a family or for married individuals filing single. Plan funds are available as they are contributed.
- Healthcare Premium (NESP) Reimbursement Account Election:** The total annual out-of-pocket cost for privately purchased (individual) insurance **premiums** such as health, disability, and cancer insurance. Other medical expenses are **not** eligible under the NESP Account. Examples of insurance premiums NOT eligible are employer-sponsored group insurance (premiums deducted from your paycheck or your spouse's paycheck), life insurance, long-term care insurance, and premiums for coverage under the federal exchange "Marketplace" program. Please note, when disability premiums are pre-taxed, the benefits received are taxable. NESP is not subject to contribution limits unless otherwise set by your Employer but is subject to the 'Use it or Lose it' rule in which unused funds are forfeited at year-end. NESP Account funds are available as they are contributed.

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**For enrollment assistance: call toll-free 800-422-4661**  
**Have your enrollment form, employer name, and the Client ID# ready.**

Find all IRS limits on our resource web page: <https://www.tasconline.com/benefits-limits/>

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Division of Health Care Finance and Policy

## Employee Health Insurance Responsibility Disclosure Form

You are completing this form because you have declined to participate in your employer sponsored health insurance plan and/or have declined to participate in the employer's "Section 125 Cafeteria Plan" pre-tax purchasing arrangement. A Section 125 Plan is not health insurance; it is a way to purchase health insurance on a pre-tax basis. For information about affordable health insurance options, visit the Commonwealth Connector at < [www.mahealthconnector.org](http://www.mahealthconnector.org) >.

Employers: please complete this section. See reverse side for instructions.	
<b>Employer</b>	<b>Employer Name:</b> <u>Town of Townsend</u> <b>FEIN:</b> <u>046-001-326</u>
	<b>Employer D/B/A:</b> _____
	<b>Employer Address:</b> <u>272 Main St.</u>
	<b>City   State   ZIP Code:</b> <u>Townsend, MA 01469</u>
	1. Did you offer a "Section 125 Cafeteria Plan" to this employee? Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Did you offer employer sponsored health insurance to this employee? Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. If you offered sponsored insurance to this employee, what is the dollar amount of the employee's portion of the monthly premium cost of the least expensive individual health plan offered by the employer to the employee? (If did not offer sponsored insurance, leave blank.) <u>\$ 225.02 FY24</u>
Employees: please complete this section. See reverse side for instructions.	
<b>Employee</b>	<b>Employee First Name</b> <input type="text"/> <b>Middle Initial</b> <input type="text"/>
	<b>Employee Last Name</b> <input type="text"/> <b>Suffix (e.g., Sr., Jr.)</b> <input type="text"/>
	1. Did you accept your employer sponsored health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> None Offered <input type="checkbox"/>
	2. Did you agree to use your employer's "Section 125 Cafeteria Plan" to purchase health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> None Offered <input type="checkbox"/>
	3. Do you have other health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>

### Employee Affidavit

I hereby affirm, under penalties of perjury, that all the information provided herein is true to the best of my knowledge. I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment, that I may forfeit all or a portion of my Massachusetts personal tax exemption and be subject to other penalties pursuant to M.G.L c. 111M, that the Employee Health Insurance Responsibility Disclosure (HIRD) Form contains information that must be reported in my Massachusetts tax return, and that I am required to maintain a copy of the signed HIRD Form.

**Employee Signature**

**Date (MM/DD/YY)**

		/			/		
--	--	---	--	--	---	--	--

The employer must retain this document for three (3) years and make it available upon request to the Division of Health Care Finance and Policy and the Department of Revenue as required by state regulation 114.5 CMR 18.00.

# Instructions

## EMPLOYER INFORMATION

### EMPLOYER NAME ✓

Employers must enter the company's legal name.

### FEIN ✓

The employer must enter the Federal Employer Identification Number.

### D/B/A ✓

The employer must enter the company's trade name "Doing Business As" here, if applicable.

### Employer Address ✓

The employer must enter the business address including city, state, and ZIP Code.

### Question 1 > TO BE COMPLETED BY SUPERVISOR OR PERSON GIVING EMPLOYEE THE FORM

The employer must indicate either Yes or No (check box).

### Question 2 > TO BE COMPLETED BY SUPERVISOR OR PERSON GIVING EMPLOYEE THE FORM

The employer must indicate either Yes or No (check box).

### Question 3 > TO BE COMPLETED BY PAYROLL DEPT.

The employer must report the dollar amount of the employee's portion of the monthly premium cost of the least expensive individual health plan offered by the employer to the employee, if the employer offers a sponsored health plan (i.e. the employer offers to pay for a portion of the premium).

## EMPLOYEE INFORMATION > TO BE COMPLETED BY EMPLOYEE

### Employee First Name

The employee or employer must enter the employee's first name.

### Employee Last Name

The employee or employer must enter the employee's last name.

### Question 1

The employee must indicate Yes, No, or None Offered if health insurance is not offered (check box).

### Question 2

The employee must indicate Yes, No, or None Offered if a "Section 125 Cafeteria Plan" is not offered (check box).

### Question 3

The employee must indicate Yes or No (check box).

### Employee Signature

The employee must sign and date the Employee Health Insurance Responsibility Disclosure (HIRD) form.

### Note to Employer Regarding Employee Signature

If the employee refuses to sign and date the form, the refusal should be noted in writing and signed by the authorized company representative (e.g., the owner, supervisor or manager, chief executive officer, etc.).

## ALTERNATE VERSIONS OF THIS FORM

Employers may recreate their own version of the Employee Health Insurance Responsibility Disclosure (HIRD) form. However, all information must be included, with the same wording and order, and the sequence and numbering of the Questions must be exactly as it appears on the version provided by the Commonwealth of Massachusetts.

# *For Your Information*



## **30.2 Life Insurance**

The Town provides two thousand (\$2,000.) dollars worth of group term life insurance to all employees who work twenty (20) hours or more on a regular basis or 1040 hours per year. The Town pays 50% of the cost; the employee pays 50% of the cost. The insurance is not automatic. The insurance is not mandatory, and employees may elect to take the insurance at a cost determined by the Treasurers Office on an annual basis. The Town Administrator or the Treasurer's Office shall offer the qualified employee the insurance during employee orientation. Employees, at their option, may purchase additional insurance at 100% of the cost.



## BOSTON MUTUAL LIFE INSURANCE PROGRAM

### TOWN OF TOWNSEND

#### Benefit Summary

BASIC LIFE AND AD&D INSURANCE		GROUP # G-2027	DIV 1
	<u>Life</u>	<u>AD&amp;D</u>	
Active Employees	\$2,000	\$2,000	DIV 1 Premium = \$2.00/mo
Upon Retirement	\$2,000	\$2,000	<u>NOTE:</u> The Town pays 50% so employee only pays \$1.00/mo

#### VOLUNTARY LIFE & AD&D INSURANCE GROUP # G-24653 DIV 1

You must be enrolled in the Basic Life Insurance to join this plan

Active Employees: Choice of \$5,000 to \$40,000 in increments of \$5,000 (All Guaranteed Issue)

Cost: \$.63 per \$1,000 per month (100% employee paid)

	(Cost per month)
Active Employees: \$ 5,000	\$ 3.15
\$10,000	\$ 6.30
\$15,000	\$ 9.45
\$20,000	\$ 12.60
\$25,000	\$ 15.75
\$30,000	\$ 18.90
\$35,000	\$ 22.05
\$40,000	\$ 25.20

Dependent Life:	Spouse:	\$5,000
(Employee must have voluntary coverage to elect dependent coverage)	Children:	
	14 days to 6 months	\$ 400
	6 months to age 19; (to age 25, if full-time student)	\$2,000

Cost for Dependent Life coverage: \$4.33 per family per month

Upon retirement, Life and Accidental Death and Dismemberment benefits reduce to \$5,000.

All benefits, including dependent life, for Active employees and Retirees shall terminate at age 75. Dependent spouse coverage shall terminate at the earlier of termination of the employee's coverage, or when the dependent spouse no longer qualifies as an eligible spouse under the terms of the group policy.

#### Basic & Voluntary Life Insurance Includes:

Accidental Death & Dismemberment Insurance (AD&D)

Waiver of Premium

Right to Convert

*The above information is a summary of benefits; this summary is not your Certificate nor does it constitute coverage for claim. Any discrepancies between this summary and the group policy will be resolved by the language issued in the master policy. Please contact your benefits administrator for policy provisions.*

**BOSTON MUTUAL LIFE INSURANCE COMPANY**

1-800-669-2668 x700

120 Royall Street • Canton, MA 02021



PLEASE PRINT OR TYPE

Please refer to your Administration Kit for enrollment and mailing instructions

**GROUP BENEFITS ENROLLMENT FORM**

EMPLOYEE/FAMILY INFORMATION

Town of Townsend

Employer/Policyholder

Depr. ID

--	--	--	--	--	--	--	--	--	--

Employee Name (Last, First, Middle)

Social Security Number

Home Address (Street, City, State, Zip)

Telephone #

Gender (M/F) Occupation or Job Title

Date of Birth

Age

PAYROLL ☐ Weekly ☐ Bi-Weekly

TYPE: ☐ Monthly ☐ Annual Earnings: \$

Average Hours Worked

Date of Hire

or

Date of Full Time Employment if different

Effective Date

State

Class

Spouse (Last, First, Middle)

Gender (M/F)

Date of Birth

Age

No. of Dependents

**You Must Have Basic Coverage to Elect Voluntary Coverage**
**You Must Have Voluntary Coverage to Elect Dependent Coverage**
**BASIC:**

Group # 2027 Div. 1

YES

NO

Insurance Amount

LIFE &amp; AD&amp;D

☐
☐

\$

**VOLUNTARY:**

Group # 24653 Div. 1

YES

NO

Insurance Amount

LIFE &amp; AD&amp;D

☐
☐

\$

SPOUSE

☐
☐

\$

**DEPENDENT LIFE:**

CHILD(REN)

☐
☐

\$

Name of Your Beneficiary(ies) for Life and/or AD&amp;D Benefits: (Total Percentage of Benefit must equal 100%) List Additional Beneficiaries on separate sheet

Primary Beneficiary(ies):

Residential Address

Date of Birth

Social Security #

Tel. #

Relationship

% of Benefit

Contingent Beneficiary(ies):

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary. If an insured dependent dies, we will pay the proceeds to you.

**ACCEPTANCE OF INSURANCE - Employee Signature Required**

I apply for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the Group Policy or Group Policies issued to my employer by the Boston Mutual Life Insurance Company and authorize deductions, if any, from my earnings of the required premium contribution toward the cost of the insurance. I understand that if I am disabled on the date my insurance would otherwise become effective, I shall only become insured on the date I return to active full-time work. I further understand that if I decline insurance coverage for which I am now eligible and I desire to participate in the plan at a later date, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Employee

Date

**REFUSAL OF INSURANCE**

Employee Name

(Last, First, Middle)

Employee/Policyholder

Group No.

I hereby certify that I have been given an opportunity to participate in the Group Insurance Plan offered by my Employer (or the Association with whom I am affiliated) and insured by Boston Mutual Life Insurance Company and that I have declined to do so with respect to:

☐ Basic Life & AD&D

☐ Voluntary Life & AD&D

☐ Dependent Life

I further understand that if I desire to participate in the Plan at a later date with respect to the coverage checked, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Employee

Date

Signature of Witness

Date



# Colonial Life Voluntary Benefits for Town of Townsend



## EMPLOYEE INFORMATION

NAME:

PHONE NUMBER:

EMAIL:

BEST TIME TO REACH:

BENEFITS OF INTEREST ARE:

## All of the following *Voluntary Benefits* are available through Colonial Life:

**Short Term Disability Insurance** helps you pay everyday living expenses and out-of-pocket expenses not covered by major medical plans. Provides a monthly benefit to replace your income if you are unable to work due to a covered disability. Choose among a variety of plans.

**Accident Insurance** helps offset unexpected medical expenses, such as deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

**Critical Illness + Cancer Insurance** helps offset the out-of-pocket medical and indirect non-medical expenses related to critical illness that most medical plans may not cover. This benefit pays out a lump sum upon diagnosis of any of the covered illnesses.

**Medical Bridge Insurance** helps offset unexpected medical expenses, such as deductibles and co-payments, that can result from a hospital admission and confinement.

**Term & Whole Life Insurance** Colonial provides personal life insurance at a discounted rate to you, your spouse, and/or children. Purchase personal coverage with Colonial that is yours to keep, even if you change jobs or retire. There are several plan options to select from, to meet your needs and fit your budget.

**Dental Insurance** helps preserve your smile with easy-to-use coverage that promotes overall wellness. Benefits can help with a variety of dental costs, from routine cleanings to more advanced procedures.

**Please return form to  
Kimberly Cunningham**

**BY EMAIL TO:**

Kimberly.Cunningham@ColonialLifeSales.com

**OR CALL KIMBERLY:**

401-596-1510

**Complimentary benefit provided to you when you  
speak with a benefit counselor:**



**FREE WellCard** - provides discounts on health and wellness services. It could save you money on doctor office visits, prescription drugs and more. Visit [www.WellCardSavings.com](http://www.WellCardSavings.com) for more information



## Life comes with challenges. Your Employee Assistance Program (EAP) is here to help.

Your Employee Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are at no cost to the employee, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

### **Mental Health Sessions**

Manage stress, anxiety, and depression, resolve conflict, improve relationships, overcome substance abuse, and address any personal issues.

### **Life Coaching**

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

### **Financial Consultation**

Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

### **Legal Consultation**

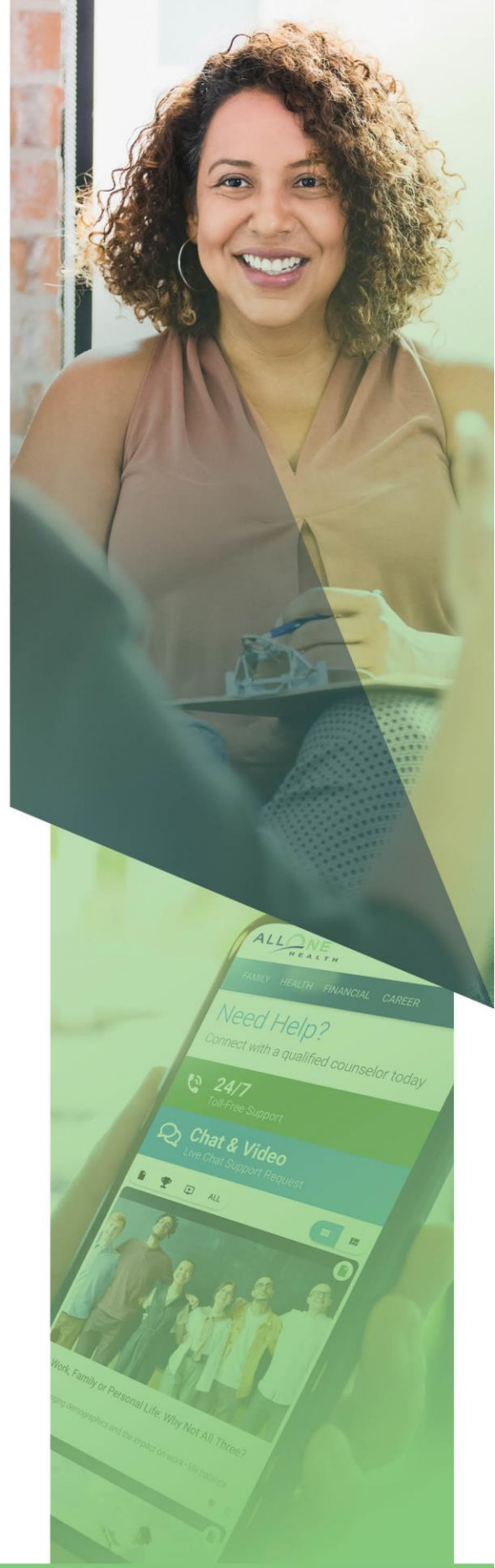
Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

### **Work-Life Resources and Referrals**

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

### **Medical Advocacy**

Get help navigating insurance, obtaining doctor referrals, securing medical equipment or transportation, and planning for transitional care and discharge.



**Call: 1-800-451-1834**

**Visit: [www.myassistanceprogram.com/miia-eap/](http://www.myassistanceprogram.com/miia-eap/)**



# Personnel Policies & Procedures Manual

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(Revised 2020 ADA Coordinator)

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NOTE: If your role falls under an organized Union, please also consult your respective Union's Collective Bargaining Agreement with the Town of Townsend in regard to benefit eligibility, accruals, wages, etc. Individual elements within said Union Agreement may supersede what is outlined here.

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- Form 4 - STATEMENT OF COMPLETION FOR ANNUAL PERFORMANCE
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## INTRODUCTION

### OVERALL STATEMENT OF PURPOSE AND INTENT

The purpose of the Personnel Policies and Procedures Manual is to be the official guideline to all personnel practices in the Town of Townsend. As a written expression of the Town's personnel policies, it will ensure consistent application of all personnel rules and regulations for all Town employees.

This document shall enable supervisors to administer the affairs of their departments within the approved personnel framework and policy statements. As such, it is expected that they will be completely familiar with the contents of the manual and keep their copies up-to-date at all times as amendments are adopted by the Town Administrator, the Board of Selectmen and/or designee.

This manual is intended to ensure compliance with the Town Charter, Town Bylaws and all state and federal laws as well as contractual commitments with Town employees.

It should serve as a reference and source of information for both department supervisors and their employees in determining established policies and procedures.

No department supervisor or employee has the authority to deviate from the written policy, but each does have the responsibility to notify the Town Administrator, the Board of Selectmen and/or designee when in his or her opinion the policies no longer serve the best interest of the Town, its department or employees.

This manual is intended to be an accurate reflection of all personnel policies of the Town. If there are any discrepancies between this manual and the specific terms of any collective bargaining agreement or individual employment contracts duly entered by the Town, the specific terms of the collective bargaining agreements or contracts shall govern. The Town of Townsend reserves the rights to change, add to, or delete provisions as needed.

## **GENERAL INFORMATION**

### **NORMAL BUSINESS HOURS**

The Town of Townsend develops work schedules for employees in accordance with operational needs. Consequently, work schedules may vary from one department or office location to another. The normal business hours for town departments are Monday through Friday. Memorial Hall public office hours are Monday through Friday, 9:00 A.M. to 4:00 P.M. and until 8:00 P.M. on Tuesday evenings. The Board of Registrars holds public office hours as mandated by law and as posted.

Appointed officials and their staff serve under the general direction of the Town Administrator in conjunction with the Board of Selectmen unless the Town Charter makes other provisions. All departments must comply with the policies and procedures set forth in this manual.

### **EMPLOYEE INFORMATION BULLETIN BOARD**

An employee bulletin board is maintained in the mail/fax room located on the lower level of Memorial Hall. In addition, departments not housed in Memorial Hall are requested to maintain employee information bulletin boards in accessible locations for their employees. It is the employees' responsibility to review the bulletin board.

### **PAYDAY**

Payday is every other Thursday for the previous two weeks worked. The workweek is the fourteen day period commencing Sunday at 12:01 A.M. and extending through the following Saturday, midnight. If a payday falls on a holiday, employees will be paid the preceding business day.

### **TIME SHEETS**

All town employees must submit a weekly time sheet, setting forth the hours worked, to their supervisor. The supervisor will certify the time sheet under the pains and penalty of perjury to the best of their knowledge and belief per M.G.L. Chapter 41, Section 41. The approved time sheet is then submitted to the Treasurer's Office for processing on the payroll warrant and then forwarded for approval by the Board of Selectmen.

### **PAYROLL DEDUCTIONS**

Deductions from each employee's gross pay period earnings are of two types: mandatory and voluntary. Involuntary deductions are those required by federal or state law or a court order. Voluntary deductions are those requested by the employee to be made on their behalf and may include such items as employee contributions to benefit plans.

## **JOB DESCRIPTIONS**

All positions, paid or unpaid, shall have a job description in accordance with the Town Charter, Section 7-10 and the Americans with Disability Act (A.D.A.) requirements. Said description shall contain a description of the essential duties of the office, position or employment and a listing of the necessary or desirable qualifications to fill the office, position, or employment. All job descriptions shall be drafted by the Town Administrator in conjunction with the department for which the job description is for and will be kept on file with the Town Administrator and/or designee.

## **PERSONAL PHONE CALLS**

Occasionally, it may be necessary for employees to use the telephone for personal calls. Personal calls must be brief and kept to a minimum. The Employee must pay charges for any long distance or toll personal calls.

## **A.D.A. COORDINATOR**

Town of Townsend does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. Town of Townsend does not discriminate on the basis of disability in its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.

Questions, concerns, complaints, or requests for additional Information regarding the ADA may be forwarded to Town of Townsend's designated ADA Compliance Coordinator.

Name: Eric Chartland

Title: Building Commissioner/ADA Coordinator

Office Address: 272 Main Street Townsend, MA 01469

Phone Number: (978) 597-1709

Individuals who need auxiliary aids for effective communication in programs and services of the Town of Townsend are invited to make their needs and preferences known to the ADA Compliance Coordinator.

## ARTICLE I

### 1. DEFINITIONS

#### *Continuous Service*

Employment with the Town of Townsend which is uninterrupted except for required military leave of absence, authorized holiday, paid vacation, sick leave, and paid leave of absence. Any other absence of more than one week will constitute a break in service and such absence will not accumulate service credits.

#### *Department*

Any department, board, committee, commission, or other agency subject to the Town of Townsend's Policies and Procedures.

#### *Effective Service Date*

The start date for regular employees or when temporary employees are changed to regular status, their effective service date is the date they become regular employees. Effective service shall not accrue while on unpaid leave of absence or suspension, and the effective service date will be adjusted accordingly for the period of absence. Determination of effective service shall always be kept in accordance with all state and federal laws so govern.

#### *Emergency Closure*

Emergency closures as defined in this manual are uncontrolled events such as fire, snow, ice, wind or building evacuation.

#### *Exempt Employee*

An employee of the Town paid either weekly, monthly, or annually for a specific job is also known as a salaried employee as defined by Fair Labor Standards Act.

#### *Full-Time Employee*

Anyone employed by the Town of Townsend who works thirty (30) or more hours per week for fifty-two (52) workweeks per fiscal year.

#### *Municipal Employee*

A person performing services for or holding an office, position, employment or membership in a municipal agency, whether by election, appointment, contract of hire or engagement, whether serving with or without compensation, on a full, regular, part-time, intermittent, or consultant basis as defined by the Conflict of Interest Statute, Chapter 268A, regardless of the number of hours employed.

#### *Non-Exempt Employee*

An employee of the town who is paid strictly for the number of hours worked based upon an hourly rate and is covered by the Fair Labor Standards Act.

#### *Part-Time Employee*

Anyone employed by the Town of Townsend who works at least twenty (20) hours per week for no less than ten (10) consecutive months in any given year.

***Fractional Employee***

Anyone employed by the Town of Townsend who works less than twenty (20) hours per week but at least ten (10) hours per week with regularly scheduled work hours per week.

***Regular Employee***

An individual who is employed in a full-time or part-time position, in the town service, which has required or which is likely to require the services of an incumbent in continuous employment for a period of fifty-two (52) workweeks per fiscal year full time and for ten (10) consecutive months in any given year for part-time.

***Seasonal Employee***

An individual who is employed in a position which requires or which is likely to require the services of an incumbent for a period of less than six (6) months of continuous employment.

***Temporary Employee***

An individual who is employed in a position in the town service which requires or is likely to require the services of an incumbent for a period not to exceed ninety (90) days. This position is not expected to be available on a yearly basis. Notifications for temporary appointments required beyond ninety (90) days must be given to the Board of Selectmen and the Town Treasurer.

***Overtime***

Time worked by a non-exempt hourly employee in excess of forty (40) hours of work required in a week by the Town (unless on an approved alternate schedule). An overtime rate is factored including other compensation as defined by the F.L.S.A. to include but not limited to: Longevity pay, shift differential, hazardous duty pay, educational bonus or incentives.

***Probationary Period***

The first six (6) months of a regular employee's service in a given position is used as a trial period except those covered by the Supervisory Probationary Period as defined in Article 7.3. The employee may be terminated without cause during this period.

***Position***

An office or post of employment in the Town Service with duties and responsibilities calling for the full-time, part-time, fractional, seasonal, temporary or voluntary employment of one person.

***Town***

The Town of Townsend, a municipal corporation in the Commonwealth of Massachusetts, Middlesex County.

## ARTICLE 2

### 2. RESPONSIBILITIES

In addition to the general responsibilities outlined below, this manual establishes responsibilities for specific policies, procedures, rules, and regulations. These responsibilities are established under the appropriate section.

#### **Town Administrator**

The Town Administrator, or his/her designee, is responsible for the day to day administration of the Personnel Policies and Procedures Manual.

The Town Administrator, or his/her designee, shall review the Personnel Policies and Procedures Manual periodically for amendments.

The Town Administrator, or his/her designee, is responsible for the Equal Employment Opportunity and Affirmative Action policies as defined in this manual.

The Town Administrator, in conjunction with department heads, will be responsible for all recruitment and selection procedures as outlined in this manual.

The Town Administrator, or his/her designee, shall be responsible for orienting all new employees to the Town of Townsend in accordance with the provisions of this manual.

#### **Board of Selectmen**

The Board of Selectmen is responsible for the establishment, review, and maintenance of the Personnel Policies and Procedures Manual.

The Board of Selectmen and/or designee shall adopt policies and procedures deemed necessary for the administration of the Personnel Policies and Procedures Manual.

The Board of Selectmen and /or designee is responsible for the review and maintenance of the Town's Classification Plan, and hereby referred to as the "wage matrix".

#### **Department Supervisors**

Shall review and be familiar with the Personnel Policies and Procedures Manual and sign acknowledgment of receipt.

Shall administer their department in accordance with Personnel Policies and Procedures, including the establishment of employee conduct and work rules, which are consistent with this manual.

Shall assist the Town Administrator or his/her designee, in ensuring that the Town is following the Town's Equal Employment Opportunity and Affirmative Action policies.

May recommend in writing revisions to this Manual to the Town Administrator and/or Board of Selectmen.

Shall be responsible for the completion of an annual performance evaluation of their employees, sign all performance evaluations and conduct in person with the employee a review of the evaluation and to have the employee sign off on the review.

In the case of a board or commission acting as a Department Supervisor, an affirmative vote or approval is gained by obtaining a majority vote. (Note: A board or commission may delegate, by a majority vote of the full board, one member to approve payroll in accordance with M.G.L. Chapter 41, Section 41.) Payroll vouchers may be the only item that can be approved by that member of the board. If one member is appointed to sign payroll, a letter certifying the vote and signed by the board, committee or commission must be forwarded to the Town Treasurer, the Town Administrator and to the Town Accountant. Performance reviews, vouchers for reimbursement, and other documentation must be approved by the board or commission. In addition, one member of a board, committee or commission may be designated to conduct employee performance reviews as required.

### **Town Employees**

Town employees shall sign a form acknowledging that they have received a copy of this Manual, their job description and a receipt of the Town's Harassment Policy and any other policies or procedures as required.

Town employees have the responsibility to familiarize themselves with the Personnel Policies and Procedures Manual and shall comply with the provisions of this manual.

Town employees have the responsibility to notify their Department Supervisor when any policy or procedure is not understood by them and to request further clarification.

Town employees shall share joint responsibility with their Department Supervisor for adherence to the Town's Equal Employment Opportunity and Affirmative Action Policies.

Town employees may recommend in writing revisions to this Manual to the Town Administrator for consideration.

## **ARTICLE 3**

### **3. PERSONNEL RECORDS**

The Town Administrator, and his/her designee shall be responsible for establishing and maintaining personnel records as may be required by law and are necessary for effective personnel management.

#### **Contents of Records**

The Town Administrator shall maintain an individual personnel file for each employee, who may include, but not be limited to, the following personnel records:

- The employment application
- Payroll Change Notice Forms
- Special Letters of any kind
- Any investigation information.

- Medical information (to be kept in Separate File not in personnel file)

- A report of all personnel actions reflecting the original appointment, promotion, demotion, reassignment, transfer, separation, leave of absence or layoff. Results of tests, history of employment and correspondence directly related to the employee's past employment record, reclassification or change in the employee's rate of pay or position title, commendations, records of disciplinary action, training records, and other records that may be pertinent to the employee's employment record.

A copy of the following financial documents will be maintained in the Treasurer's Office:

- Federal and State Tax Forms (Withholding Forms).
- Payroll Change Notice Forms.
- Insurance Forms.
- Copy of Federal Immigration Form in a Separate File (I-9 Form)

#### **Access to Records**

Any employee or designee (designated in writing) may upon request to the Town Administrator have access to review his/her personnel file in accordance with M.G.L. Chapter 149, Section 52C. The employee's review of his/her employment record shall be in the presence of the Town Administrator and/or designee during normal business hours. Copies of personnel records may be obtained by request. Personnel records are the property of the Town of Townsend. The Town Administrator, or his/her designee must approve of all additions to or deletions from the personnel files.

#### **Release of Information**

Unless otherwise required by law or court order the Town Administrator and/or designee will not release any information to any individual except the employee or the employee's designee (designated in writing).

## ARTICLE 4

### 4.COMPENSATION PLAN

All employees shall be paid in accordance with the rates per the wage and compensation plan, excluding those positions within a collective bargaining unit, or under personal contract or agreement with the Board of Selectmen.

The Board of Selectmen, in accordance with the Personnel Policies and Procedures Manual, shall have the responsibility of administering the Town's classification and compensation system.

Advancement of employees through the steps in a grade in the compensation plan shall be based on performance (see policy on Performance Reviews). A performance increase is a salary adjustment within the job grade in recognition of satisfactory performance.

Any employee denied wage/salary adjustments based on an unsatisfactory performance review may be eligible for reconsideration six (6) months after the denial.

An employee, who receives a promotion and has a new job description, shall be assigned by the Board of Selectmen and/or designee to the step in the new grade closest to but higher than that which he/she is currently earning. An employee is required to acknowledge any changes to his/her job description. An employee who is not willing to acknowledge any changes to his/her job description will have a letter signed by their Supervisor, which will be witnessed and placed in their personnel file.

If an employee is transferred to a position in the same grade and step, the employee shall be paid at their same level of compensation.

Compensation for hours worked more than the standard work week shall only be allowed with prior Supervisor approval or with the approval of the Town Administrator and shall be as follows:

#### **Hourly Employees - Overtime**

Hourly employees who are required to work in excess of forty (40) hours a week shall be eligible for pay at the rate of time and one-half (1.5) for all hours worked in excess of 40, with the prior approval of their Supervisor. The overtime rate is factored including other compensation as defined by the Fair Labor Standards Act (F.L.S.A). Paid sick time is not considered when calculating overtime pay. Early releases or building closures due to weather emergencies are not considered when calculating overtime pay.

### **Early Releases or Emergency Building Closures**

In the event of a building closure due to a State or Local declared emergency, the Department Supervisor and/or designee will notify its employees of such closure.

Non-essential personnel will be paid for their regularly scheduled work hours for any workday that a town building is closed under a Governor's State of Emergency or a Local State of Emergency as declared by the Chairman of the Board of Selectmen or other authorized designee and defined by Article I, Section 1 – Definitions, Emergency Closures.

Employee time sheets shall reflect the employee having received pay for an emergency day.

Employees, including but not limited to the following list of employees that are covered by this plan shall be considered “exempt” employees for the purpose of the Fair Labor Standards Act (FLSA):

- Town Administrator;
- Town Accountant;
- Fire Chief;
- Police Chief & Police Lieutenant;
- Water Department Superintendent;
- Town Treasurer;
- Tax Collector;
- Town Clerk;
- Building Commissioner;
- Highway Superintendent;
- Any other employee whose status should be exempt under the FLSA.

All other employees shall be considered “Non-Exempt” employees for the purpose for the FLSA.

## ARTICLE 5

### 5. CLASSIFICATION PLAN

It is the policy of the Town to establish and provide a uniform system for classifying all positions and to establish proper relationships between those positions not part of a bargaining unit based on the level of responsibilities assumed and the minimum qualifications required to perform the job so that the same schedule of compensation may be applied to each class ensuring equal pay for equal work.

#### **Contents of the Classification Plan**

All employees of the Town, excluding those within a collective bargaining unit or under personal contract with the Board of Selectmen, will be employed in positions classified according to the Town's wage matrix. A copy of the wage matrix is available upon request from the Town Administrator. The classification plan consists of the following:

#### **Position Descriptions:**

Each position shall have a written job description, written by the Department Supervisor in conjunction with the Town Administrator. The position description shall consist of a statement describing the nature of the essential functions, required work hours, examples of typical duties, the required minimum knowledge, skills, training, abilities, experience and necessary special qualifications, as well as a determination if the position is exempt or non-exempt from the F.L.S.A. (salary or hourly.)

Position descriptions are intended to be representative of the positions in a class and provide illustrations of the type of work performed, and do not necessarily include all duties performed. Position descriptions are not intended to be restrictive. Qualification statements in each position description establish desirable minimum requirements that should be met by a person before appointment, transfer, or promotion to a position in the class.

#### **Responsibility**

The Town Administrator or his/her designee, shall have the responsibility for the administration and day-to-day maintenance of the classification plan and is authorized to:

Complete studies of proposed new positions and make recommendations on allocations to existing classes; re-establishment of a former class; establishment of a new class of positions; or deletion of a class of positions.

Provide for studies of existing positions when there has been a substantial change in the essential duties and responsibilities, which justify consideration of possible reclassification.

Conduct periodic studies and request such assistance as may be needed to assure that the classification plan remains uniform and current.

Require the submission of position questionnaires or any other related information when considered necessary for the proper maintenance of the plan.

Make routine revisions to job description content such as additions and deletions of essential functions after review with the applicable department head.

### **Classification of New Positions**

New positions may be established upon the recommendation of the Department Supervisor and/or the Town Administrator. The supervisor proposing the creation of a new position shall provide the Town Administrator and/or the Board of Selectmen with a description of the essential duties, skills, knowledge, abilities, and other work performance requirements of a proposed position in sufficient detail to enable them to appropriately classify the newly created position. Final approval of the new position(s) lies with the Board of Selectmen and/or designee and is subject to an appropriation.

### **Reclassification of Positions**

Positions may not be reclassified without the following steps in order:

A completed Position Analysis Questionnaire submitted by the employee and/or supervisor,

Review by the Town Administrator,

Review and classification by the Board of Selectmen and/or designee.

The Town Administrator and/or designee, shall notify the Department Supervisor and the employee of the decision for the classification request and if applicable, starting date of salary change.

## ARTICLE 6

### 6. RECRUITMENT AND SELECTION

Every person, regardless of race, color, creed, age, sex, religion, disability, sexual orientation, or national origin, applying for employment in the Town will receive equal treatment. Persons shall be recruited from a geographic area as wide as necessary to assure that qualified candidates apply for various positions. The recruitment, selection and promotion of candidates and employees shall be based solely on job related criteria as established in the position descriptions and in accordance with proper personnel practices.

For employees working for an elected board/commission, a majority vote by the Board is required to make a recommendation to the Board of Selectmen for appointment.

For employees working for an elected official, the elected official is required to make a recommendation to the Board of Selectmen for appointment.

#### **Recruitment**

The Department Supervisors, in conjunction with the Town Administrator or his/her designee, shall have a major role in the recruitment and selection of personnel not covered by a personal contract or collective bargaining agreement. The qualifications, classification and salary range for positions shall be established in accordance with the Town's wage matrix.

#### **Notice of Vacancies**

Upon the identification of a vacancy or on the authorization of a new position, the Department Supervisor shall prepare a job vacancy notice. The job vacancy notice shall include the job title, major duties of the position, qualifications, salary ranges, a closing date for applications, and application instructions. Recruitment for a position shall not begin until the Town Administrator or his/her designee approves the job vacancy notice. Notices of vacancy shall be posted and shall follow the Town Charter unless otherwise governed by a specific state statute or contract or collective bargaining agreement.

#### **Posting and Advertisement of Job Vacancy Notices**

Notices of vacant positions shall be minimally posted in house on the town bulletin board after date stamped by the Office of the Town Clerk for not less than ten (10) calendar days, including Sundays, prior to the closing date for applications for employees and the public to review as required by Section 7-10 of the Town Charter. Advertising for entry-level positions should be adequate to ensure that a sufficient number of qualified applicants apply for available vacancies. No position may be filled until at least fourteen (14) days following the date such notice was posted to permit reasonable consideration of all applicants.

**Applications**

All candidates applying for employment in the Town shall complete an official employment application form and return the form to the appropriate Department or to the Town Administrator's office. The application will be postmarked or stamped received with the closing date specified in the position announcement. Each applicant shall sign the form, and the truth of all statements shall be certified by the applicant's signature.

**Selection**

The Department Supervisor shall establish any one or a combination of selection procedures in order to determine the candidates' ability to perform in the position:

- Written examination
- Interview
- Practical (or performance) Test
- Evaluation of Experience and training

The methods of selection used shall be developed in a manner so as to not discriminate by age, race, gender, ethnicity, religion, sexual orientation or disability.

**References**

A candidate's former employers, supervisors, and other references may be contacted as part of the selection process. References and other background investigations shall be documented and made part of the applicant's file. All reference checks and investigations shall be completed prior to the offer of employment.

**Application Records**

The Town Administrator or his/her designee shall maintain the application, reference checks, and related documents submitted for the period required by law. The Town shall to the extent as allowed by law maintain the confidentiality of the application.

**Appointment**

The Department Supervisor shall make all appointment notifications in writing to the Board of Selectmen. The written notice of appointment shall include the salary, the starting date, and any conditions of employment not covered in these personnel policies.

**Pre-Placement Medical Examinations**

Persons selected for employment with the Town, after receipt of notice of an offer of employment and prior to the starting date of employment, are required to have a pre-placement medical examination, unless the position for which the person being appointed does not require a fitness for duty examination. The examination shall be at the expense of the Town by a physician designated by the Board of Selectmen. The examining physician shall advise as to the applicant's fitness for the position that the applicant is being hired for.

**Other Requirements**

For selected positions, driving record checks, Criminal Offender Record Information (CORI) checks and drug and alcohol checks may be required.

**Failure to Report**

An applicant who accepts an offer of employment and fails to report to work on the day set by the Department Supervisor, without prior approval of the change, shall be deemed to have declined the offer and the offer of employment shall be deemed withdrawn.

**Nepotism**

Supervisors are not allowed to hire or to supervise relatives as defined in the Massachusetts General Laws Chapter 268A-Conflict of Interest statute.

**Bonding of employees**

Employees, who by the nature of their job descriptions are required to handle large sums of money and/or as required by Massachusetts General Laws, shall be "Bonded" at the town's expense pursuant to M.G.L. Chapter 41, Section 109A.

The Town Clerk is bonded pursuant to M.G.L. Chapter 41, Section 13, the Tax Collector is bonded pursuant to M.G.L. Chapter 60, Section 13 and the Treasurer is bonded pursuant to M.G.L. Chapter 41, Section 35. All employees handling sums of money are covered under the Town's blanket bond policy.

**Issuance of Town Property**

The Department Supervisor shall issue any Town property, i.e. automobiles, computers, cellular phones and beepers, confidential manuals and other documents, keys, credit cards, uniforms and ID badges in accordance with specific department rules and regulations. Upon separation of service from the Town, the employee must return any Town property assigned to them during an Exit Interview or prior to receipt of their final paycheck.

**Vacancy Exception**

In the event that a position becomes vacant within fifteen (15) working days after it was filled through the process outlined in Article 6 and the Town Charter 7-10, the Department Supervisor reserves the right to reconsider the pool applicants used to fill the position vacated during the fifteen (15) working day period.

## ARTICLE 7

### 7. ORIENTATION AND PROBATIONARY PERIOD

The Department Supervisor and/or Town Administrator is responsible for informing new employees of their rights, responsibilities, duties, and obligations.

#### **Orientation**

The Department Supervisor will:

Notify the new employee of a starting date, time, and designated location for starting work.

Provide specific rules, regulations, policies, and procedures of the employee's assigned department including the safety policies and procedures within seven (7) calendar days of the start of the employment.

Thoroughly explain all the benefits and options the employee is entitled to and shall assist the employee with completion of appropriate forms within seven (7) calendar days of the start of employment.

Obtain a signed acknowledgment from the employee that they have been orientated and received a "New Employee Information Packet" and a copy of this "Personnel Policies & Procedures Manual". A copy of this form will be placed in their personnel file.

#### **Probationary Period for All New Employees**

All new employees shall be required to successfully complete a probationary period to begin immediately upon the employee's starting date and to continue for a one-year period. The probationary period shall be utilized to help new employees achieve effective performance standards. The Department Supervisor shall use the probationary period to observe and evaluate the employee's performance against such standards. At the completion of the first three months and again at the completion of the first six months, the Department Supervisor will complete a written evaluation of the new employee. The employee may be dismissed without cause anytime during the six-month probationary period. The employee will not have the right to appeal this removal.

#### **Probationary Period - Supervisors**

Any employee, who has been promoted into a supervisory position within the Town of Townsend, will be required to successfully complete a supervisory probationary period, to begin immediately upon the employee's starting date as a supervisor, which will continue for a six-month (6) period unless otherwise extended at the discretion of the Board of Selectmen and/or designee. Probationary period not to exceed nine (9) months total. The supervisory probationary period will be utilized to help new supervisors achieve effective performance standards. During a supervisory probationary period, the employee retains the right to return to his/her former position. The employee may not be dismissed during this probationary period, unless other reasons may exist which justify dismissal.

## ARTICLE 8

### 8. EMPLOYMENT OF MINORS

Massachusetts General Laws (MGL) Chapter 149 Section 66 and 67 governs the employment of those under the age of 18. Following are guidelines as to hours worked and permit needed for those employees under the age of 18. All questions regarding the hiring of minors shall be referred to the Town Treasurer and/or the Town Administrator.

*Under no circumstances may these provisions be relaxed or violated.*

**Persons 13 years and under:**

Employees who are under the age of 14 may not be hired under any circumstance.

**Persons aged 14 & 15:**

Those employees whose ages are 14 or 15 at the time of hire shall be required to submit to the Town an employment permit which is obtainable from the school district in the town in which the employee resides.

These employees are allowed to work only under the following conditions:

- 1) Hours must be scheduled between the hours of 7:00 AM and 7:00 PM (7:00 AM to 9:00 PM from July 1 to Labor Day). Hours may not be worked outside this time frame.
- 2) Can work no more than three (3) hours per day on school days.
- 3) Can work no more than eight (8) hours per day during a period of not more than nine (9) consecutive hours on non-school days.
- 4) Can work no more than six (6) days per week.
- 5) Can work no more than eighteen (18) hours per week in school weeks.
- 6) Can work no more than forty (40) hours per week in non-school weeks.
- 7) Cannot operate power equipment as defined by M.G.L. Chapter 149, Section 61.
- 8) Must be under direct supervision of an employee 18 years or older.

**Persons aged 16 & 17:**

Those employees whose ages are 16 or 17 at the time of hire shall be required to submit to the Town an educational certificate which is obtainable from the school district in the town in which the employee resides.

These employees are allowed to work only under the following conditions:

- 1) Hours must be scheduled between the hours of 6:00 AM and 10:00 PM. Hours may not be worked outside this time frame.
- 2) Can work no more than nine (9) hours per day.
- 3) Can work no more than forty-eight (48) hours per week.
- 4) Cannot operate power equipment as defined by M.G.L. Chapter 149, Section 62. Safety orientation must be given and acknowledged by the employee as having received such training.

## **ARTICLE 9**

Revised July 2, 2019

### **9.CODE OF CONDUCT**

The Town of Townsend strives to create and maintain a positive work environment. The Town stresses courteous and respectful behavior towards your fellow employees and the public. An employee should have a responsible attitude. The following standards will assist in clarifying differences in judgment. These standards simply outline general principles on which employees are expected to base their behavior. The examples are not meant to be all-inclusive. In general, employees can anticipate that actions harmful to another employee or to the Town are cause for disciplinary procedures or possible dismissal. Employees are expected to respect the individual rights and privacy of others.

#### **Standards**

Employees are expected to perform all duties assigned by their department head or designee regardless of your title, unless deemed to be illegal or unethical.

If anyone is injured, notify the department head or designee immediately. All claims must be reported to the Town Administrator and as applicable to the appropriate Insurance Carrier. A Supervisor's Report of Injury must be completed and submitted to the Board of Selectmen's office.

Property belonging to the Town, its customers, vendors or employees shall not be defaced or damaged, nor shall Town equipment or property be used without authorization or for personal matters.

#### **Dress code Standards**

The Town of Townsend has a recognized interest in promoting a favorable public image by ensuring that its employees with customer contact are presentable and reflect positively on the image of town government.

#### **Violations of Standards**

The following are considered violations of town policy for which disciplinary action, such as immediate suspension and possible termination may occur:

Reporting to work under the influence of drugs or alcohol, possession or use of alcohol or illegal drugs during working hours.

Fighting or any belligerent behavior or misconduct that endangers the life or property of others.

Any security violation involving a willful intent to defraud (such as theft).

Possession of dangerous weapons.

Flagrant insubordination such as leaving a work location contrary to direct instructions, refusal to do assigned tasks.

### **Conflict of Interest**

The Massachusetts Conflict of Interest Law, Chapter 268A of the General Laws, prohibits public employees from soliciting or accepting gratuities for or because of, their official duties. This law prohibits certain activities, which could result in a conflict of interest or create the appearance of a conflict of interest. If you have any questions, please contact the Town Administrator. Pamphlets providing information on the Conflict of Interest statute are available from the Treasurer, the Town Clerk and the Town Administrator.

### **Special Municipal Employees**

Generally municipal employees are prohibited from holding more than one paid position or contracting with the same city or town. However, special municipal employee status can be assigned to certain municipal positions by vote of the Board of Selectmen. Several specific municipal positions are automatically designated as “special” under the law. Employees are eligible to be designated as a special municipal employee provided that:

The employee is not paid; or

The employee holds a part-time position that allows them to work at another job during normal working hours; or

The employee was not paid by the town for more than 800 working hours (approximately 20 weeks full-time) during the preceding 365 days.

It is the municipal position that is designated as having special status, not the individual. Therefore, all employees holding the same office or position must have the same classification as special. Refer to State Ethics Commission Fact Sheet No. 4 entitled “Special Municipal Employees”, copy of which is available from the Board of Selectmen’s office. An employee needs further clarification on any issue you have regarding the Conflict of Interest Law, please feel free to call the State Ethic’s Commission’s Legal Division at 617-727-0060.

### **Gifts & Contributions**

Employees are prohibited from soliciting or accepting any gift, gratuity, favor, entertainment, loan or any other item of substantial value (\$50 or more) from anyone with whom they have or are likely to have official dealings. Massachusetts Conflict of Interest Law Chapter 268A of the General Laws addresses this issue in detail. The Town of Townsend takes this issue seriously. Violators face potential prosecution under the law.

### **Release of Public Records or Disclosure of Confidential Information**

The Town of Townsend has contact with many organizations including state, county and federal governments, private businesses, news media and citizens. In many cases the Town is dealing with

issues that are of a confidential and sensitive nature. Employees must be cautious not to disclose confidential or sensitive information which could lead to legal and financial repercussions for the Town, poor public relations and/or bad employee morale.

The Massachusetts Public Records Law provides that any person has the right of access to public information. This right of access includes the right to inspect, copy or have copies of records provided upon the payment of a reasonable fee. A guide to the Public Records Law is available from the Office of the Town Clerk.

## ARTICLE 10

### 10. HARASSMENT POLICY

(Revised October 13, 2016)

#### I. PURPOSE

This Policy describes the Town's prohibition of unlawful discrimination and harassment in the workplace, in order to ensure compliance with all applicable federal laws and state statutes and regulations.

#### II. APPLICATION

The Policy applies to all employees of the Town of Townsend, excluding those employees under the supervision and control of the School Committee. Employees whose employment is governed by a collective bargaining agreement are subject only to those provisions of this Policy not specifically regulated by law or agreement.

#### III. POLICY

It is the Policy of the Town to promote a professional and productive workplace in which all employees are treated with dignity and respect. Employees are expected to act in a positive manner and contribute to a productive work environment that is free from harassing or disruptive activity. Discrimination, including harassment, whether based upon race, color, gender, gender identity, national origin, religion, ancestry, age, sexual orientation, disability, maternity leave, genetic information, active military status, or other bases prohibited under state or federal anti-discrimination statutes, will not be tolerated. To achieve the goal of providing a workplace free from discrimination, the Town will implement the procedure described below to address any potential inappropriate conduct.

##### A. Coverage

This Policy applies to all employment practices and employment programs sponsored by the Town. This Policy shall apply, but not be limited to, the areas of:

- Recruitment
- Selection
- Compensation and benefits
- Professional development and training
- Reasonable accommodation for disabilities or religious practices
- Promotion
- Transfer
- Termination
- Layoff, and
- Other terms and conditions of employment.

This Policy may apply to discrimination (including harassment) that occurs between co-workers that takes place outside the workplace (including, but not limited to, online conduct or conduct utilizing the internet or other electronic media). When the conduct complained of occurs outside of the workplace, the Town may consider the following and other factors in assessing whether the conduct constitutes conduct in violation of this Policy:

- whether the event at which the conduct occurred is linked to the workplace in any way, such as at a Town-sponsored function.
- whether the conduct occurred during work hours.
- the severity of the alleged outside-of-work conduct.
- the work relationship of the complainant and alleged harasser, which includes whether the alleged harasser is a supervisor and whether the alleged harasser and complainant come into contact with one another on the job.
- whether the conduct adversely affected the terms and conditions of the complainant's employment or impacted the complainant's work environment.

Because the Town takes allegations of unlawful discrimination and harassment seriously, officials will respond promptly to complaints and, where it is determined that such inappropriate conduct has occurred, will act promptly to eliminate the conduct and impose such corrective action as is necessary, including disciplinary action where appropriate.

Please note that while this Policy sets forth the Town's goals of promoting a workplace that is free of discrimination and harassment, **the Policy is not designed or intended to limit the Town's authority to discipline or take remedial action for workplace conduct which is deemed unacceptable, regardless of whether that conduct satisfies the legal definitions of discrimination or harassment.**

#### B. Examples of Prohibited Discriminatory Behavior

It is not possible to list all the circumstances that may constitute discrimination in violation of this Policy. Discrimination may take many forms, including both verbal and nonverbal behaviors. Prohibited behavior includes, but is not limited to, the following behaviors connected to someone's membership in one or more groups protected by law as noted in the first paragraph above: slurs or other derogatory comments; sharing demeaning pictures, cartoons, or jokes; demeaning gestures, and; any conduct constituting sexual harassment.

#### C. Definition of Sexual Harassment

Sexual Harassment - That conduct, including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, which may constitute sexual harassment when:

- 1) submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment.
- 2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- 3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Hostile Work Environment – A form of sexual harassment, where pervasive and sexually hostile working conditions unreasonably interfere with an employee's ability to do his or her job.

Quid Pro Quo – Another form of sexual harassment, where tangible job benefits are offered or withheld in exchange for sexual favors.

Note: While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which, if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

1. Unwelcome sexual advances, whether they involve physical touching or not.
2. Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life, comment on an individual's body, comment about an individual's sexual activity, deficiencies, or prowess.
3. Displaying sexually suggestive objects, pictures, cartoons.
4. Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments.
5. Inquiries into one's sexual experiences; and,
6. Discussion of one's sexual activities.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually-oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a work place environment that is hostile, offensive, intimidating, or humiliating to male or female workers may also constitute sexual harassment. This can include conduct that is aimed at a person's sexual orientation or gender identity.

#### IV. PROCEDURES

##### A. Complaints of Sexual Harassment

If an employee believes that he or she has been subjected to sexual harassment, it is the Town's policy to provide the employee with the right to file an internal complaint. This may be done orally or in writing.

An employee may file a complaint of sexual harassment by contacting the Town Administrator. Alternatively, an employee may file his or her complaint with the Chief of Police. These persons will remain available to discuss any concerns employees may have and to provide information about the Town's Policy on sexual harassment and the complaint process.

#### B. Sexual Harassment Investigation

When a complaint of sexual harassment is received, the Town will promptly investigate the allegation in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. The Town's investigation will include a private interview with the person filing the complaint and with any witnesses. The Town will also interview the person alleged to have committed sexual harassment. When the investigation has concluded, the Town will, to the extent appropriate inform the person filing the complaint and the person alleged to have committed the conduct of the results of that investigation.

If it is determined that inappropriate conduct has occurred, the Town will act promptly to eliminate the offending conduct, and where appropriate, impose disciplinary action.

#### C. Complaints Concerning Other Forms of Discrimination and/or Harassment

Complaints alleging forms of discrimination and/or harassment, other than sexual harassment, will be processed in accordance with Paragraphs B and C above, whenever appropriate.

#### D. Confidentiality

Given the sensitive nature of complaints of discrimination and/or harassment, all parties and witnesses in a complaint, as well as department heads, supervisors, etc. who are aware of a complaint or investigation thereof, are strongly encouraged to maintain this information as confidential, so as not to negatively impact an investigation. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances.

All employees are reminded of the provisions of G.L. c. 268A, § 23(c)(2), which prohibit a municipal employee or official from improperly disclosing information that is protected from disclosure under the public records law, and acquired by an employee or official in the course of official duties. Section 23 also prohibits a municipal employee or official from using such information to further the employee's/official's personal interest. Violations of Section 23 may lead to disciplinary action, up to and including termination.

#### E. Retaliation

Any retaliation against an individual who has formally or informally complained about discrimination, including harassment, or has cooperated with an investigation of a discrimination complaint, is prohibited.

Retaliation can be overt or subtle. Retaliation may include, but is not limited to, treating a complainant or witness differently, more harshly or in a hostile manner; physical interference with movement such as blocking a path; derogatory comments or action which would tend to have a chilling effect on other complainants; sudden investigations of the complainant's private life, or; sudden strict enforcement of work rules. Retaliation in any form will not be tolerated.

#### IV. SANCTIONS

If it is determined that inappropriate conduct has been committed by an employee, the Town will take such action as is appropriate under the circumstances. Such actions may include counseling, informal or formal reprimands, written or verbal warnings, suspension, reduction in pay, reduction in duties, transfers, and other formal sanctions, including termination from employment.

#### V. STATE AND FEDERAL REMEDIES

In addition to the above, if an employee believes he or she has been subjected to sexual harassment, he or she may file a formal complaint with either or both government agencies listed below. Using the Town's complaint process does not prohibit an employee from filing a complaint with either of these agencies. Please note that both agencies have a short time for filing a claim (300 days).

##### 1. The United States Equal Employment Opportunity Commission (EEOC)

John F. Kennedy Federal Building  
475 Government Center  
Boston, MA 02203  
Phone: (800) 669-4000  
TTY: (800) 669-6820

##### 2. The Massachusetts Commission Against Discrimination (MCAD)

###### **Boston Office**

One Ashburton Place  
Sixth Floor, Room 601  
Boston, MA 02108  
Phone: 617-994-6000  
TTY: 617-994-6196

###### **Springfield Office**

436 Dwight Street  
Second Floor, Room 220  
Springfield, MA 01103  
(413) 739-2145

**Worcester Office**

Denholm Building  
484 Main Street, Suite 320  
Worcester, MA 01604  
(508) 453-9630  
(508) 453-9641 - FAX

**New Bedford Office**

800 Purchase St., Rm 501  
New Bedford, MA 02740  
(508) 990-2390  
(508) 990-4260 - FAX

**VI. REASONABLE ACCOMMODATION**

The Town will not discriminate against people with disabilities in any employment practices or in terms, conditions or privileges of employment, including, but not limited to: application, testing, hiring, assignment, evaluation, disciplinary action, training, promotion, medical examination, layoff/recall, termination, compensation, leaves or benefits. The Town will make reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless such action would cause an undue hardship to the operations of the Town.

Employees seeking reasonable accommodations may submit their request in writing to the Town Administrator.

**VII. EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The Town will not discriminate in its employment practices, on the basis of race, color, gender, gender identity, national origin, religious creed, ancestry, age, sexual orientation, disability, maternity leave, genetic information, active military status, or another basis prohibited under state or federal anti-discrimination statutes. This shall include such areas as recruitment, selection, compensation and benefits, professional development and training, reasonable accommodation for disabilities or religious practices, promotion, transfer, termination, layoff, and other terms and conditions of employment.

**ARTICLE 11****PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Town of Townsend provides health coverage to you through its membership in the MIIA Health Benefits Trust ("the Trust"). The Trust, in turn, provides health coverage to you through its contract with Blue Cross Blue Shield of Massachusetts. The Town of Townsend is providing

this notice to you pursuant to the Health Insurance Portability and Accountability Act and the regulations promulgated thereunder (“the Privacy Rule”).

This Privacy Notice describes how your protected health information may be used and disclosed to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **Disclosures Under the Privacy Rule**

Under the HIPAA Privacy Rule protected health information relating to you may be used and disclosed for certain purposes without your prior written authorization. For example, protected health information is used in providing your health coverage. That information is used for treatment (for example, to help your providers coordinate and manage your health care), for payment (for example, to provide payment to your health care providers for the health care they provide to you) and for health care operations (for example, to conduct quality assessment and improvement activities).

The Privacy Rule also permits disclosure of protected health information by a covered entity without the member’s prior written authorization, and without providing the member the opportunity to agree or object, in the following situations:

- 1.) Where use or disclosure is required by law.
- 2.) To a public health authority that is authorized by law to collect or receive such information.
- 3.) To a governmental authority where there is a reasonable belief by the covered entity that the individual is a victim of abuse, neglect or domestic violence.
- 4.) To a health oversight agency for oversight activities authorized by law.
- 5.) In the course of certain judicial or administrative proceedings in response to a court order, subpoena, discovery request or other lawful process.
- 6.) To a law enforcement official for certain law enforcement purposes.
- 7.) To a coroner, medical examiner or funeral director for identification of a decedent and similar purposes.
- 8.) To organ procurement organizations or similar entities for the purpose of facilitating transplantations, etc.

- 9.) For medical research that has been approved by an institutional review board or similar medical panel.
- 10.) Where the covered entity in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.
- 11.) For certain specialized government functions including certain military and veterans activities, certain national security and intelligence activities, protective services for the President and other leaders; certain medical suitability determinations by the Department of State; and certain correctional and law enforcement custodial situations.
- 12.) As authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

The conditions pursuant to which disclosures may be made for the above-listed purposes are more fully described at 45 CFR 164.512.

Uses and disclosures of protected health information other than those listed, above, may only be made with your written authorization. You may revoke any such authorization at any time by submitting a written revocation of that authorization, except to the extent that the covered entity has acted in reliance on the authorization.

### **Your Rights**

Under the agreement between Town of Townsend and the MIIA Health Benefits Trust, the Town of Townsend does not have access to your medical and hospital records. The Trust and Blue Cross Blue Shield of Massachusetts, however, do have access to that information. As a practical matter, most of the rights described, below, will most effectively be exercised by directing requests to both the Town of Townsend and to the Trust.

You have the right to inspect and copy your protected health information that is maintained in a designated record set. You will be provided with access to this information within thirty (30) days of our receiving a written request for it. You may be charged a reasonable fee for copying and mailing the records. Your rights with respect to the inspection and copying of records are more fully described at 45 CFR 164.524.

You have the right to request restrictions on certain uses and disclosures of protected health information (as provided at 45 CFR 164.522(a)) to carry out treatment, payment or health care

operations. While we are not required to agree to a requested restriction, we will carefully consider any request.

You have the right to request that we allow you to receive communications of protected health information from us by alternative means or at alternative locations if you state that the disclosure of all or part of that information could endanger you. We will accommodate any such reasonable request.

You have the right to request that PHI in a designated record set be amended for as long as the Plan maintains the PHI. The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, is not part of a designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. Your request to correct, amend, or delete information should be in writing. You will be notified if an adjustment is made as a result of your request. If an adjustment is not made, you will be sent a letter explaining why within 30 days. In the case of a denial, you may ask that your request be made part of your records, or you may file a statement of disagreement with us. You may also file a complaint with us or with the Secretary of Health and Human Services. If an amendment is made we will attempt to inform you and provide the amendment within a reasonable time to anyone identified by you as possessing the subject protected health information as well as to persons who we know have the protected health information that has been amended.

You have the right to receive an accounting of the disclosures (if any) of your protected health information that we have made. This right to an accounting does not apply to uses or disclosures that were made in connection with treatment, payment or health care operations, nor does it apply to disclosures that you authorized or to other disclosures listed at 45 CFR 164.528(a). This right to disclosures is more fully described at Section 164.528.

You have the right to obtain upon request a paper copy of this notice from the Town of Townsend

### **General**

The Town of Townsend is required by law to maintain the privacy of protected health information and to provide individuals with notice of the Town of Townsend's legal duties and privacy practices with respect to protected health information.

This notice is effective April 14, 2003. The Town of Townsend is required to abide by the terms of this notice. We reserve the right to change this notice. Any changes to this notice may be effective for all protected health information that the Town of Townsend maintains. A revised notice will be mailed to you within thirty (30) days of its effective date.

**You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with the Town Administrator, , at 272 Main Street, Townsend (978) 597-1702. Please be assured that you will not be retaliated**

against for filing a complaint. You may also contact our Privacy Official to receive further information concerning our privacy policies.

## ARTICLE 12

### 12. Employee Assistance Program

The Employee Assistance Program (E.A.P.) is a confidential counseling service providing professional help to employees for any type of personal and/or work-related problem. As well, their family members may receive counseling services for personal problems. Many professional services are covered either partially or totally by health insurance.

For more information, a E.A.P. brochure is available from the office of the Board of Selectmen.

## ARTICLE 13

### 13. DISCIPLINE

All employees are responsible for observing regulations necessary for proper operation of departments in the Town. Any disciplinary action will be subject to all Federal and State Laws, Town By-law, Charter and the A.D.A. where applicable. Corrective and disciplinary action when imposed shall be implemented in progressive stages from minor to severe. Such action is intended to be from a less severe to more severe corrective action to bring about the necessary change in work habits. However, in some circumstances, actions, or omissions, which have resulted or will result in harm to the Town, its employees and patrons, may require imposition of severe sanctions in the first instance. Progressive disciplinary actions may include, but are not limited to oral reprimand, oral reprimand with notation to the personal file, written reprimand, suspension with pay, suspension without pay, demotion and discharge.

The following shall be sufficient cause for disciplinary action being treated on a case by case basis:

Insubordination: Refusal to perform assigned work or violation of any reasonable official order or failure to carry out any lawful and reasonable directions made by a supervisor.

Chronic tardiness or absence from duty without reasonable excuse.

Use or possession of alcohol or non-prescribed controlled substance and/or illegal narcotics while on duty.

Willful misuse, misappropriation, negligence or destruction of Town property or conversion of Town property to personal use or gain.

Fraud in securing employment.

Disclosure of confidential information.

Conviction of a felony, depending upon individual circumstances and job classification.

Violation of safety rules, practices and policies.

Engages in sexual, gender, race or religious harassment.

Demonstrated incompetence or inefficiency in performing one or more assigned duties.

Willful neglect or nonperformance of one or more assigned duties.

**Disciplinary Procedures:**

Department Supervisors shall be responsible for enforcing rules and regulations. The type or level of disciplinary action imposed is at the discretion of the Department Supervisor and is dependent upon the nature and seriousness of the disciplinary violation. Supervisors with union employees must ensure that the proper steps in the union contract are strictly followed. Disciplinary action by the initiating Supervisor shall include the following: Oral Reprimand, and Written Reprimand. All requests for Suspensions and Dismissal shall be submitted to the Town Administrator.

**Oral Reprimand Conference**

It is the responsibility of the immediate supervisor to recognize and handle disciplinary cases. Employees who break a rule are not problem employees unless they are habitual offenders. An oral reprimand conference is the first and often the only step in the disciplinary procedure. It is encouraged that a third party is present during the conference. In this conference, the supervisor tries to reach an understanding of the causes for the offense and to impress upon the employee the need for corrective action. The conference can eliminate misunderstandings immediately and set the desired standards of conduct and performance. A written record of oral reprimands is kept in the employee's personnel file. After a period of twelve (12) months, the reprimand may be removed from the employee's file at the employee's written request if his/her performance and conduct have been satisfactory during that time.

**Written Reprimand**

Should an oral reprimand fail to result in improved behavior, a written reprimand may be necessary. A written reprimand will specify the nature of the employee's offense, the efforts made previously to correct the problem, and a warning to the employee that future disciplinary action may be taken if the matter is not corrected. A copy of the written reprimand shall be sent to the employee and to the Town Administrator. The employee may write a letter, which responds to the reprimand, and send it to the supervisor and the Town Administrator. Such a letter shall be placed in the employee's personnel file. After a period of twelve (12) months, the reprimand may be removed from the employee's file at the employee's written request if his/her performance and conduct have been satisfactory during that time.

**Suspension**

The Department Supervisor may request a suspension with/without pay of any employee employed by the Town of Townsend with the approval of the Board of Selectmen and/or designee who will consult with Labor Counsel as applicable. The procedure defined by the Town Charter, Section 7-8 must be minimally adhered to.

For Suspension: The Supervisor may recommend, in writing, to the Board of Selectmen that an employee be suspended. Within five (5) days of written notice of suspension, the employee may request in writing a hearing before the Board of Selectmen. The Board of Selectmen shall hold a hearing within seven (7) days of said written request for hearing to determine if the proposed discipline is justified.

An employee suspended in accordance with the Town Charter shall be considered for

reinstatement or removal at the end of such suspension. An employee whose suspension and/or discharge under this section is decided to have been without cause shall be deemed not to have been suspended or discharged, and shall be entitled to compensation for the period for which said employee was not paid.

Employees may also be suspended and/or discharged for unsatisfactory performance of work on the job. Prior to such suspension, unless in the case of a grievous violation of policy, the employee's immediate supervisor must make every effort to correct performance by counseling, oral reprimand and a written statement.

### **Dismissal**

Dismissal is the most severe and permanent form of disciplinary action. The Department Supervisor who proposes to dismiss an employee shall consult in detail with the Town Administrator and Board of Selectmen prior to taking any action. The procedure defined by the Town Charter, Section 7-8 must be minimally adhered to.

For Dismissal: The Department Supervisor may recommend, in writing, to the Board of Selectmen that an employee be dismissed. Within five (5) days of written notice of dismissal, the employee may request in writing a hearing before the Board of Selectmen. The Board of Selectmen in conjunction with Labor Counsel shall hold a hearing within seven (7) days of said written request for hearing to determine if the proposed discipline is justified.

Once it is decided to dismiss an employee, the Town Administrator with the approval of the Board of Selectmen shall send the affected employee a letter by certified or registered mail, return receipt requested that states the grounds for the action and the employee's appeal rights. The letter may be hand delivered by the Board of Selectmen or designee who will obtain the employee's signature that they are in receipt of the original letter. If the employee does not sign for the certified or registered letter, upon return to the Town, a Town Constable shall be given the letter to serve to the employee. The letter of dismissal shall be effective immediately.

### **Demotion for Cause**

When the employee's ability is impaired to the extent he/she is unable to perform his/her assigned duties, but not hampered to the extent he/she is unable to work at lower paid related duties, a Department Supervisor may, in consultation with the Town Administrator, the Board of Selectmen, and/or with Labor Counsel, recommend that an employee be demoted. Prior to the employee being demoted, the employee shall be given a hearing before the Board of Selectmen to determine whether such action is justified. As in other disciplinary actions, the grounds shall be stated in a letter to the affected employee, a copy of which shall be signed by the employee acknowledging receipt.

### **Hearing Procedure for Suspension, Dismissal or Demotion for Cause**

This will outline the conduct of hearings by Department Supervisors, Boards and Committees which are involved in the discipline of employees.

**HEARINGS:**

1. All hearings shall be conducted in accordance with the Open Meeting Law.
2. The hearing will be presided over by Labor Counsel, and he/she will have the authority to determine what evidence and/or information will be admitted. The Department Supervisor, Board or Committee initiating the disciplinary action against an employee will also be represented by counsel, either Town or Labor Counsel.
3. The employee may have a representative of their choosing who may present evidence on his/her behalf or they may choose to represent themselves.
4. All testimony shall be in question and answer format with the exception that the employee may make a narrative statement to the Supervisor, Board or Committee either at the beginning or the end of the evidentiary portion of the hearing.

**EVIDENCE:**

1. Any party wishing to submit documents shall bring sufficient copies so that the Hearing Officer, opposing representation, and the employee or the appointed officer or member of multiple member body involved will receive a copy.
2. The Department Supervisor and/or members of the Board or Commission will be present to hear all evidence.
3. The formal rules of evidence will not apply to hearings conducted under this policy.

**WITNESSES:**

1. Witness lists must be prepared and submitted in writing by both the employee and the Town at least twenty-four (24) hours prior to the hearing date. No witness not listed will be permitted to be heard.
2. All testimony shall be given under oath.
3. All witnesses shall be subject to cross-examination.

**DELIBERATIONS/DISCIPLINE:**

1. The members of the Board or Committee will deliberate and vote on the issue of discipline at the conclusion of the hearing.
2. Such deliberations and/or discipline may take place on a different date than the actual hearing.

## ARTICLE 14

### 14. PROBLEM RESOLUTION PROCEDURE

It is the policy of the Town of Townsend to provide an effective and acceptable means for employees to bring problems and complaints concerning their well being at work to the attention of their supervisor. When the employee feels aggrieved, he/she should follow the steps below in order to have their complaint answered and/or investigated.

Employees are encouraged to bring any problems or valid complaints regarding their employment or working environment to their direct Supervisor and/or the Town Administrator.

The following steps should be followed:

Employee presents informally any grievance or complaint to his/her direct Supervisor. This informal discussion shall take place within seven (7) working days of the situation occurring. The direct Supervisor shall attempt to resolve the matter and shall respond in writing to the employee within five (5) working days.

If the grievance or complaint has not been settled, it shall be presented in writing to the Town Administrator.

The Town Administrator shall act on a complaint by scheduling a meeting with the employee no later than thirty (30) working days after receipt of written submission of the matter. The Town Administrator shall take the question under advisement, collecting such facts relating thereto as it may deem helpful. Not later than ten (10) working days after said meeting, the Town Administrator and/or designee shall render his/her decision in writing.

If the decision rendered by the Town Administrator is considered unsatisfactory to either party, then final appeal may be made, in writing, including a full record of the disposition of this matter at any prior steps, within ten (10) working days from when the Town Administrator responded or should have responded, to the Board of Selectmen.

#### **Removal of Records from Personnel Files**

As defined in M.G.L. Chapter 149, Section 52C if there is a disagreement with any information contained in a personnel record, the Town of Townsend and the employee may mutually agree upon removal or correction of such information. If an agreement is not reached, the employee may submit a written statement explaining the employee's position and such statement will become part of the employee's personnel record.

## ARTICLE 15

### 15. PERFORMANCE REVIEW AND LONGEVITY PAY

#### ANNUAL PERFORMANCE REVIEW

Employees shall be reviewed annually. A performance review should be conducted by March 1 of each year. The department supervisor is responsible for the completion of all annual performance evaluations of their employees and to conduct in person with the employee a review of the evaluation and to have the employee sign off on the review. The employee must sign off on the evaluation to be considered a performance review in accordance with the policies and procedures of this Manual. Upon completion, the department supervisor must file a "Statement of Completion" form with the Town Administrator and/or designee for placement into the employee's personnel file.

#### LONGEVITY PAY

##### **Longevity full-time employees:**

At five (5) years of service to the Town, computed and paid at the anniversary date of the employment thereafter, each employee shall receive an annual sum of \$300.00.

At ten (10) years of service to the Town, computed and paid at the anniversary date of employment thereafter, each employee shall receive an annual sum of \$600.00.

At fifteen (15) years of continuous service, the annual sum shall be increased to \$900.00 per year.

##### **Longevity part-time employees:**

At ten (10) years of service to the Town, computed and paid at the anniversary date of employment thereafter, each employee shall receive an annual sum of \$300.00.

At fifteen (15) years of continuous service, the annual sum shall be increased to \$600.00 per year.

#### **Longevity Payment**

All longevity payments will be made as a single payment in a separate check, subject to budget appropriation. As of July 1, 2001, no longevity payments are to be calculated in a rate of pay (i.e. matrix).

## ARTICLE 16

### 16. TRAINING AND EDUCATION

To provide a high level of service to our citizens and customers, employees continually need to improve existing skills and develop new ones, acquire new knowledge, and increase their overall competence. Accordingly, the Town shall foster and promote programs of training for employees for the purpose of improving the quality of services provided by the Town.

We expect that a great deal of your development will take place on the job. To complement your work experience, the Town will provide internal training sessions, as department supervisors deem necessary. The Town may also sponsor employees to attend off-site training sessions from time to time to develop their skills.

It is the responsibility of the Department Supervisor to recommend a budget for training, off-site training and seminar attendance and mileage reimbursement for use of personal vehicle.

## ARTICLE 17

### 17. RESIGNATIONS/TERMINATION

#### **Notice**

An employee shall give his/her Department Supervisor notice of resignation as soon as is possible prior to his/her last day of work. It is the Department Supervisor's responsibility to provide a written copy of the resignation to the office of the Board of Selectmen and when applicable, to the Town Clerk.

#### **Layoffs**

The Town of Townsend reserves the right to lay off any employee whenever such action becomes necessary by reason of budgetary constraints, lack of work, the abolition of a position, a material change in duties or organization or for any other appropriate reasons.

#### **Seasonal Employees**

Each seasonal worker shall be considered as terminated from his/her seasonal employment as noted by the Department Supervisor on the change in State form filed with the Town Treasurer at their initial appointment.

#### **Exit Interview**

The Department Supervisor or the Town Administrator will conduct an exit interview prior to the employee's last day of work or in the case of termination, on the termination date. A copy of which shall be filed in the personnel records maintained by the Town Administrator. An "Exit Interview" form is available from the Town Administrator.

#### **Reference Inquires/Employment Verifications**

Only the following information shall be provided to concerning any employee past or present and will be supplied by the Treasurer's office:

- Dates of Employment
- Position Held
- Rate of Pay at separation

All requests for additional information shall be referred to the Town Administrator and/or designee.

## ARTICLE 18

### 18. Holiday

The following holidays shall be recognized by the Town on the day on which they are legally observed by the Commonwealth of Massachusetts or as may be determined by the Board of Selectmen, and on these days, employees who are entitled to holiday leave, without loss of pay, shall be excused from all duty except in cases of emergency personnel as outlined in the Emergency Operations Plan.

**Full-time Employees** as defined in Article 1:

New Year's Day	Martin Luther King Day	President's Day
Patriot's Day	Memorial Day	Independence Day
Labor Day	Columbus Day	Veterans' Day
Thanksgiving Day	Christmas Day	

With the approval of their Department Supervisors, full-time employees may request to work the Veterans' Day holiday when it falls on a weekday in exchange for the day after Thanksgiving off.

**Part-time Employees** as defined in Article 1 and who are normally scheduled to work on days that holidays are observed:

New Year's Day	Memorial Day
Independence Day	Labor Day
Thanksgiving Day	Christmas Day

**Fractional Employees** as defined in Article 1: Upon completion of one year of service, an employee will be entitled to receive (3) three paid Personal Days per fiscal year.

### Special Circumstances

Whenever any of the above-named holidays fall on a Saturday or Sunday, the preceding Friday, in the case of a Saturday holiday, and the following Monday, in the case of a Sunday holiday, shall be recognized as the holiday for the purpose of time off.

Holiday leave will be granted on the holiday whenever possible. If according to the needs of a department, holiday leave cannot be granted on the day on which the holiday is observed, the employee shall receive pay for time worked as well as the holiday pay (for a total of 2.5 X regular pay). If an employee is required to work a holiday, the Department Supervisor must notify the Town Administrator in advance.

An employee who is on leave without pay or is absent without pay for any of his/her scheduled workday immediately preceding or immediately following a holiday shall not received holiday pay.

## **ARTICLE 19**

### **19. PERSONAL LEAVE**

#### **Policy**

Personal Days shall be taken and charged in one-hour increments.

On July 1, eligible employees will be credited annually with three (3) personal leave days, which may be taken during the following 12 months. Personal leave shall be taken in no less than one-hour increments.

Employees hired after July 1, but before November 1 shall be credited with two (2) such personal leave days during their first partial year of service. Employees who are hired on or after November 1 but before March 1 shall be credited with one (1) such personal leave day during their first partial year of service. Employees hired after March 1 shall not receive such personal leave days.

#### **Conditions**

Personal days cannot be used in conjunction with vacation, holidays, or sick days unless with approved by the Department Supervisor. Personal days shall not be considered hours worked.

#### **Accrual**

Personal days shall not accrue from fiscal year to fiscal year. Personal days not used within a fiscal year shall be forfeited.

#### **Termination**

Unused personal days shall not be reimbursed upon termination for any reason.

## ARTICLE 20

### 20. VACATION LEAVE

#### **Policy**

The Town provides vacation leave for all regular full-time and part-time employees who work not less than twenty (20) hours per week. Annual vacation may be taken as earned with the approval of the Department Supervisor. Employees should give as much advance notice as possible when requesting vacation periods or days. One-week advanced notice should be given for vacation periods whenever possible.

The rate of vacation pay shall be the employee's regular straight time rate of pay in effect for the employee's regular job on the day immediately proceeding the employee's vacation period or day.

Employees may receive their vacation pay prior to the start of their vacation period provided that the vacation pay is submitted in advance under proper payroll procedures.

Unused vacation will be paid to an employee upon termination or by dismissal through no fault or delinquency on the part of the employee, by retirement or by resignation. The employee shall be paid at his/her current rate of pay, an amount equal to the vacation allowance as earned and not taken in the vacation year prior to such termination. In addition payments shall be made for that portion of the vacation allowance accrued in the vacation year during which termination occurred up to the time of the employee's separation from the payroll. A termination report must be completed by the Department Supervisor and submitted to the Treasurer's office.

Vacation time may not be accumulated from year to year. It must be taken annually between July 1<sup>st</sup> through June 30<sup>th</sup>. Unused vacation will be forfeited.

#### **Eligibility**

##### **Full-time employees:**

Each full-time employee shall be eligible for paid vacation time after six (6) months of service with the Town. Employees shall start to earn vacation allowance as of their date of hire. Vacation allowances shall be earned during the fiscal year annually based upon the following schedule:

Six Months	One (1) week of regularly scheduled work hours.
One Year	Two (2) weeks of regularly scheduled work hours
Five Years	Three (3) weeks of regularly scheduled work hours
Ten Years	Four (4) weeks of regularly scheduled work hours.
Over Ten Years	One (1) additional vacation day for each year over ten (10) years of service up to a maximum of five (5) weeks vacation after fifteen years (15) of service.

**Part Time Employees**

Each part time employee shall be eligible paid vacation after one (1) year of service with the Town. Employees shall start to earn vacation allowance as of their date of hire. Vacation allowances shall be earned each fiscal year annually based upon the following schedule:

One Year	One (1) week of regularly scheduled work hours
Five Years	Two (2) weeks of regularly scheduled work hours
Ten Years	Three (3) weeks of regularly scheduled work hours.

**Death**

Whenever employment is terminated by death, the beneficiary of the deceased shall be paid an amount equal to the vacation allowance accrued in the vacation year prior to the employee's death but which had not been taken.

**Vacation Authorization**

The Department Supervisor shall determine approval and timing of vacations with due regard to the wishes of the employee and the needs of Town services. Vacation requests will be made and granted in regard to basis of seniority subject to the approval of the employees' immediate supervisor. Department Supervisors should request projected leave schedules from employees at the beginning of each fiscal year.

**Additional Vacation Day**

An employee shall be granted an additional day of vacation if, while on vacation leave, a designated holiday occurs which falls on or is legally observed on Monday, Tuesday, Wednesday, Thursday, or Friday.

**Tracking**

The Treasurer's Office and the Department Supervisor will track each employee's vacation leave balance. Employees may at any time contact the Treasurer's Office or their Department Supervisor to determine their balance of vacation leave.

## **ARTICLE 21**

### **21. SICK LEAVE**

All employees who have completed the six-month of continuous service and work a minimum of twenty (20) hours per week shall be entitled to sick leave.

#### **Policy**

Sick leave shall apply when personal illness, family illness, disabling non-work-related accidents, prescribed medical examinations and absences concerned with accidents or illness and deemed justifiable by the department supervisor. Sick Leave shall be taken in half-day increments. Employees shall not be compensated for accrued but unused sick leave upon the termination of their employment.

#### **Eligibility**

Full-time and part-time employees shall accrue sick leave at a rate of 1  $\frac{1}{4}$  (one and one-quarter) days per month for each month of continuous employment.

#### **Accrual of Sick Leave**

Sick leave credits may be carried over from year to year, to a maximum of 150 days. Unused credits are not reimbursable upon termination of employment.

#### **Reporting Sick Leave to Employer**

An oral notification shall be given in advance as early as possible before the beginning of regular work hours in the case of illness. Except in the case of an emergency, an employee should notify the appropriate supervisor of illness and absence within two hours of the regular starting time of the workday.

The employee if requested will produce a physician's certificate of illness after three (3) days absence or after a series of repeated absences during the year. The original certificate shall be forwarded to the Town Administrator and a copy filed with the Treasurer's Office.

The Treasurer' Office and the Department Supervisor will keep track of each employee's sick leave balance. Employees may, at any time, contact the Treasurer's Office or their immediate supervisor to determine their balance of sick leave available.

## ARTICLE 22

### 22. JURY LEAVE

#### **Policy**

Any employee who shall be required to serve on any County or Federal Jury or Grand Jury shall be paid the difference between the amount paid for such service and his/her straight time rate, for the time lost from his/her scheduled work by reason of such service. Provided, however, for the first three (3) days of any Massachusetts jury service, such employee shall be paid the full amount for the time lost from his scheduled work, subject to the following provisions:

An employee must notify his/her supervisor within three (3) working days after receipt of notice of selection for jury duty.

An employee called for jury duty who shall be temporarily excused from attendance at Court must report for work if sufficient time remains after such excuse to permit him/her to report to his/her place of employment and work.

#### **Eligibility**

To be eligible for such payments, the employee must furnish a copy of a "Jury Service Certificate" to the Employer from the appropriate court officer showing the date and time served and the amount of pay received.

## ARTICLE 23

### 23. MILITARY LEAVE

#### **Long Term Military Service**

Employees entering the Armed Forces of the United States, pursuant to the provisions of the Universal Military Training and Service Act, as amended by the Military Selective Service Act of 1967 (and as may be hereafter amended), shall be granted all rights and privileges provided by law.

#### **Short Term Military Duty Pay**

Employees who are National Guardsmen or United States Armed Forces Reservists and who are on ordered annual active duty, shall be paid for such time lost from work for not more than seventeen (17) days per year, at their base rate of pay, less the pay received from the armed services. Payment shall not be made to members of the National Guard when mobilized during an emergency in the Commonwealth. Employees are required to request such leave as far in advance as possible.

## ARTICLE 24

### 24. FAMILY AND MEDICAL LEAVE

#### **Eligibility**

All full and part-time employees who have been employed by the Town of Townsend for at least twelve months and have worked a minimum of 1,250 hours during the immediately preceding twelve months are eligible for a leave of absence under this policy. All requests for F.M.L.A. shall be directed to the Town Administrator.

#### **Policy Statement**

In accordance with the Family and Medical Leave Act of 1993 (FMLA), the Town of Townsend will grant eligible employees up to twelve weeks of unpaid leave during any twelve-month period for any of the following reasons:

to care for the employee's child within one year of birth, adoption, or the initiation of foster care;

to care for a child, spouse, or parent with a serious health condition; the employee's own serious health condition makes the employee unable to perform his/her job.

Upon the completion of FMLA leave, an employee generally will be reinstated to the position that the employee held with the leave commenced, or to an equivalent position with equivalent pay, benefits and other terms and conditions of employment.

#### **Scheduling of leave**

Eligible employees may take a maximum twelve weeks of leave during any twelve-month period. In all cases, the twelve-month period shall be measured from September 1<sup>st</sup> to August 30<sup>th</sup>.

Family leave, i.e., leave for childbirth, adoption, or foster care must be taken and completed within one year of the birth, adoption, or the initiation of foster care. Such leave ordinarily is taken all at once. However, with the employer and employee's consent, F.M.L.A. may be taken intermittently or on a reduced leave schedule arrangement that satisfies the operational needs of the Town of Townsend.

Medical Leave, i.e., leave for the serious health condition of an employee or the employee's relative, may be taken whenever medically necessary. Depending on the circumstances, medical leave may be taken all at once, intermittently, or on a reduced leave basis. However, if the employee's need for intermittent leave or leave on a reduced basis is foreseeable based on planned medical treatment, the employee must make a reasonable effort to schedule the treatment in a way that will minimize disruptions to the Town of Townsend's operations. The Town of Townsend may, with justifiable cause, ask an employee to modify his/her treatment schedule, with the approval of the medical provider,

to better accommodate the Town of Townsend's needs.

### **Employee notice requirements**

If an employee's need for FMLA leave is foreseeable, the employee must provide his/her supervisor with at least thirty days advance verbal notice before the leave can begin, or as much notice as is practicable under the circumstances. Such notice should include the employee's reason for requesting leave as well as its anticipated times and duration. [Note: under the Massachusetts Maternity/paternity Leave Statue, only two weeks notice is required. If the employee requests eight weeks of leave or less, only two weeks notice may be required.

If an employee's need for FMLA leave, or its approximate timing is not foreseeable, the employee is expected to give his/her supervisor notice as soon as possible under the circumstances. Ordinarily, such notice should be provided within one to two working days after the employee learns of the need for the leave.

Employees will be provided a detailed notice from the Town Administrator at the time they request FMLA leave, which specifies the expectations and obligations of the employee during FMLA leave and the consequences of any failure to meet these obligations.

### **Medical certification requirements**

Any employee requesting a medical leave, either to care for a sick relative or because of the employee's own medical condition, must provide a doctor's statement supporting the employee's need for leave within fifteen days after requesting leave. Employees should contact the Town Administrator as soon as their need for a medical leave is determined to obtain the Town of Townsend's Medical Certification Form.

A doctor's statement must be submitted monthly while an employee is on medical leave in order to certify the employee's continuing need for leave. A doctor's statement also may be required if the employee requests an extension of leave, or if there is a significant change in circumstances related to the employee's need for leave.

In the event of two disputed opinions on the need for leave, the third opinion of health care provider shall be final and binding on the employer and the employee.

### **Status of compensation and benefits while on FMLA Leave**

FMLA leave will be without pay except when an eligible employee uses accrued sick, vacation, or personal time to qualify for compensation during leave. The Town of Townsend will require that employees use seventy-five (75%) of total and combined accrued sick, vacation and personal leave. Employees may elect to use the additional twenty-five (25%) percent of accrued paid leave.

The Town of Townsend will maintain an employee's health insurance coverage for the duration of the employee's FMLA leave as though the employee were continuously employed. The Town of Townsend will continue to pay its portion of the employee's health insurance

premiums provided that the employee pays his/her contributory portion on a timely basis. Employees requesting leave should contact the Treasurer's Office to arrange an acceptable payment schedule.

The Town of Townsend will maintain and pay its portion of the premiums for other benefits during FMLA leave, including life and disability insurance, provided that the employee pays his/her contributory portion on a timely basis. [Note: The Town of Townsend is not required to continue any benefits other than medical insurance during FMLA leave unless a lapse in coverage would jeopardize the resumption of such benefits at the conclusion of FMLA leave].

### **Return to Work**

An employee on FMLA leave is expected to report periodically to the employee's supervisor on his/her status and intent to return to work.

The Town of Townsend will make every effort to restore all employees on leave to their original or equivalent positions with equivalent pay, benefits, and other employment terms. However, it may be necessary to deny restoration to certain highly compensated "key employees" in order to avoid substantial and grievous economic injury to the Town of Townsend's operations. The Town Administrator will notify any employee who qualifies as a "key employee" and thus might be denied restoration, as soon as possible after the employee requests leave.

As a condition of returning to work, an employee who has been on medical leave must present a doctor's statement certifying that the employee is well enough to resume work. A medical certification also will be required in any case where an employee on FMLA leave represents that he/she is unable to return to work for medical reasons. If an employee fails to return from FMLA leave, the Town of Townsend may seek reimbursement for any health insurance premiums that it paid during leave unless the employee cannot return for medical reasons or other circumstances beyond the employee's control. The Town reserves the right to seek a second and third medical opinion on the need for Family of Medical Leave. The employer will pay for additional opinions.

### **FMLA Employee responsibilities**

#### **Serious Health Conditions**

When the employee is confronted with a serious health condition of either the employee, their spouse, son, daughter or parent, and this health condition requires foreseeable, planned medical treatment, the employee shall:

- 1) Make a reasonable effort to schedule the treatment so as not to unduly disrupt the operation of the employer, subject to the approval of the health care provider.
- 2) Provide the employer with not less than 20 days notice before the leave is to begin.

When both spouses entitled to leave under this section are employed by the Town of Townsend, the aggregate number of workweeks of leave to which both may be entitled will be limited to 12 workweeks during any 12 month period.

**Childbirth or placement**

When the employee finds it necessary to seek leave for childbirth or child placement which is foreseeable, the employee shall:

- 1) Provide the employer with not less than 30 days notice before the leave is to begin, excepting that;
- 2) If the leave required must be taken in less than 20 days, the employee shall provide such notice as soon as practicable.

When both spouses entitled to leave under this section are employed by the Town of Townsend, the aggregate number of workweeks of leave to which both may be entitled will be limited to 12 workweeks during any 12-month period.

If a female employee uses the FMLA leave for disability in pregnancy, then the employee would be entitled to the Massachusetts Maternity Leave Act for the birth of the child for an additional 8 weeks of leave after the child is born.

**Reporting to employer**

The employee is required to report to the employer on a periodic basis to be determined by the employer. The employee shall advise the employer of the status of the leave, his/her intent to return to work and when return to work is expected.

**Monthly physician's statement**

The employee shall be responsible for obtaining and forwarding to the employer a monthly physician's statement certifying that continued leave is required.

**Return to work**

The employee must present to the employer a statement signed by the physician certifying that the employee is able to return to work and to assume all duties required by his/her position.

**Recovery of insurance premiums paid by employer**

If the employee refuses to return to work when able to do so, or has no intent to return to work, the employer has the right to seek reimbursement from the employee for all insurance premiums paid by the employer during the leave preceding the refusal to return to work.

**Requirement of employee co-payment of insurance benefit premiums during leave**

The employee is required to pay, on or before the fourth Monday of each month, all premium payment(s), which the employee is obligated to pay prior to the leave period.

**No accrual of seniority or benefits during leave**

Although the employee will not lose any seniority or benefits during the leave period, there will be no accrual of additional seniority or benefits during leave.

**Reinstatement to prior position**

The employer will make every effort to return the employee to his/her pre-leave position and any reinstatement will be in accordance with any existing collective bargaining agreements and existing personnel policies and practices, if applicable.

## **ARTICLE 25**

### **25. SMALL NECESSITIES LEAVE ACT**

The Small Necessities Leave Act mandates that certain employers provide up to 24 hours of unpaid leave during any twelve-month period to “eligible employees.” This leave is in addition to the 12 weeks already allowed under the Federal Family and Medical Leave Act.

Employees are eligible for the 24 hour leave under the statute if their employer has 50 or more employees working within 75 miles of the worksite of the employee requesting leave. In addition, the employee must (I) have been employed for at least 12 months by the employer from whom the leave is requested, and (II) provided at least 1,250 hours of service for the employer during the immediately previous 12 month period.

#### **25.1 Reasons for taking leave**

The 24 hours-unpaid leave may be taken for any of the following reasons:

- To participate in school activities directly related to the educational advancement of a son/daughter of the employee.
- To accompany the son/daughter of the employee to routine medical or dental appointments.
- To accompany an elderly relative of the employee to routine medical or dental appointments or appointments for any other professional services related to the elder’s care.

#### **25.2 Notice requirement/certification**

To be entitled to leave, employees must provide notice to the Town of Townsend as follows:

- If the need for leave is foreseeable, the employee must request the leave no later than seven (7) days in advance.
- If the need is not foreseeable, the employee must notify the employer as soon as practicable under the circumstances of the individual case.

To the extent possible, employees must provide written notice to the Town of Townsend. If not feasible, employees may request leave orally.

Certificate and/or requests for leave provided by employees must be kept in the employee’s personnel record and must be maintained for three years in accordance with M.G.L. Chapter 149, Section 52C. Records and documents relating to medical certifications or medical histories of employees’ family members must be maintained as confidential medical records and kept in separate files from the usual personnel files.

### **25.3 Unlawful acts by employers**

A violation of the Act occurs when the employer:

- Fails to provide the time requested by the eligible employee.
- Fails to restore the employee to the position held by the employee when the leave commenced, or fails to restore the employee to an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment.
- Discharges or in any manner discriminates against any individual for opposing any practice made unlawful by the Act.
- In any other manner discriminates against any individual because the individual:
  - 1) has filed any charge, or has instituted or caused to be instituted any proceeding, under or related to the Act; or
  - 2) has given, or is about to give any information in connection with any inquiry or proceeding relating to any right provided under the Act; or
  - 3) has testified, or is about to testify, in any inquiry or proceeding relating to any right provided under the Act.

### **25.4 Enforcement**

The Act authorized the Attorney General to initiate either a criminal action against an employer who violates the Act and/or seek injunctive relief against such employer. Any employer convicted of a criminal violation of the Act is subject to a \$500.00 fine.

In addition, any aggrieved employee may institute a civil action for injunctive relief an/or damages against his/her employer. Should the employee prevail, he/she will be entitled to treble damage costs of the litigation and reasonable attorney's fees.

### **25.5 State Remedies**

For additional information contact the Attorney General's Fair Labor and Business Practices Division in Boston at (617) 727-3465, or in Springfield at (413) 784-1128.

## ARTICLE 26

### 26. BEREAVEMENT LEAVE

Leave of absence with pay may be granted to an employee who suffers the loss by death of a spouse or domestic partner, child or grandchild, parent of either the employee or spouse or domestic partner, brother or sister or person living in the employee's immediate household, for a period not exceeding four (4) working days.

Similarly, leave of absence with pay may be granted to an employee who suffers the loss by death of his/her spouse or domestic partner's brother or sister, grandparent or grandchild, son or daughter-in-law for a period not exceeding two (2) days.

In the event of a tragedy or extenuating circumstances, upon request, an employee may be granted bereavement leave for other family or non-family members excluded above at the discretion of the Department Supervisor.

One (1) bereavement day may be granted for purposes of attending or participating in the funeral services of a co-worker.

This leave shall not be charged against sick leave or vacation time.

## **ARTICLE 27**

### **27. MATERNITY/PATERNITY/PATERNITY LEAVE**

#### **27.1 General Leave**

Anyone who shall have given at least two (2) week's notice to his/her Department Supervisor of his/her anticipated date of departure and intention to return, shall be entitled to maternity/paternity/paternity leave for a period not exceeding eight (8) weeks for the purpose of giving birth or adopting a child under three years of age, and shall be restored to his/her previous, or a similar, position with the same status, pay, length of service credit, and seniority, wherever applicable, as of the date of his/her leave. Said maternity/paternity leave shall be without pay.

An employee on maternity/paternity leave shall not be required to be restored to his/her previous position or a similar position if other employees of equal length of service credit and status in the same or similar position have been laid off due to economic conditions or other changes in operating condition affecting employment during the period of such maternity/paternity leave; provided however, that such employee on maternity/paternity leave shall retain any preferential consideration for another position to which she may be entitled of the date of her leave.

Such maternity/paternity leave shall not affect the employee's right to receive vacation time, sick leave, bonuses, advancement, seniority, length of service credit, benefits, plans or programs for which he/she was eligible at the date of his/her leave, and any other advantages, or rights of her employment incident to his/her employment position; provided, however, that such maternity/paternity leave shall not be included, when applicable, in the computation of such benefits, rights, and advantages; and provided further, that the Town need not provide for the cost of any benefits, plans or programs during the period of maternity/paternity leave unless the Town so provides for all employees on an unpaid leave of absence. If an employee has accrued personal, sick or vacation leave at the commencement of maternity/paternity leave the employee may use such leave for which they may be eligible under the personal, sick or vacation leave provisions of this manual.

#### **27.2 Additional Benefits During Maternity/Paternity Leave**

When an employee, at their option, combines maternity leave and FLMA leave, the employee shall be entitled to leave for a period not to exceed twelve (20) weeks.

If the employee refuses to return to work when able to do so, or has no intent to return to work, the employer has the right to seek reimbursement from the employee for all insurance premiums paid by the employer during the leave preceding the refusal to return to work.

## ARTICLE 28

### 28. LEAVE OF ABSENCE

#### 28.1 General Policy

Upon written application to the department supervisor, with the approval of the Town Administrator or its designee, including a statement of any reasons, any employee who has completed his/her probationary period, who has been employed at least three (3) consecutive months who has given at least two (2) weeks prior notice of his/her anticipated date of departure and who has given notice of his/her intention to return, may be granted a leave of absence without pay up to a maximum of 30 calendar day increments per year. Absences for periods of time more than thirty (30) days shall require the approval of the Board of Selectmen or its designee, who shall consult with the Department Supervisor. Employees on unpaid leave shall return to work at the specified date and time unless the Department Supervisor extends the leave. Failure to return to work on the specified date, except in the case of a leave for medical necessity or disability for which the Town's workers compensation insurer is making payments, will be considered a resignation from the employment of the Town with the loss of all seniority and benefits. Employees returning from an unpaid leave of absence shall be credited with seniority and benefits at the level at which they were frozen.

#### 28.2 Benefits during Leave of Absence

Employee sick leave and vacation do not continue and/or accrue during leave of absence without pay but shall remain frozen at the levels at which they existed at the commencement of the leave. In order to continue coverage under the Town's health and life insurance plans, the employee shall be required to pay the employee contribution premiums for the plans they are enrolled in at the time of the commencement of their leave. Premiums are to be paid to the Town of Townsend and given to the Treasurer on or before the fourth Monday of each month.

## ARTICLE 29

### 29. ADMINISTRATIVE LEAVE

#### 29.1 Administrative Leave

The Board of Selectmen and/or designee for various emergency situations may grant administrative leave with pay. The following are examples:

- Snowstorms and other dangerous weather conditions
- Building construction
- Fire
- Miscellaneous building maintenance problems including heat & air conditioning, ventilation, etc.
- Emergency Medical Reason defined as a danger, threat to themselves or others.

## **ARTICLE 30**

### **30. INSURANCE AND RETIREMENT BENEFITS**

#### **30.1 Summary**

This policy will govern the treatment of insurance and shall include Life, Health and Disability. Information on all insurance's, health plans and retirement benefits are available from the Treasurer's Office.

#### **30.2 Life Insurance**

The Town provides two thousand (\$2,000.) dollars worth of term life insurance to all employees who work twenty (20) hours or more on a regular basis or 1040 hours per year. The Town pays 50% of the cost; Employee pays 50% of the cost. The insurance is not automatic. The insurance is not mandatory, and employees may elect to take the insurance at a cost determined by the Treasurers Office on an annual basis. The Town Administrator or the Treasurer's Office shall offer the qualified employee the insurance during employee orientation. Employees at their option may purchase additional insurance at 100% of the cost.

#### **30.3 Health Insurance**

The Town provides health insurance in conformance with Chapter 32B of the Massachusetts General Laws. Employees who work twenty (20) hours or more on a regular basis for ten (10) consecutive months per year are eligible. The insurance is not mandatory. Employees may elect to not take the insurance.

The employee may opt to join any of the policies offered at the time of employment within thirty (30) days of their effective date of employment. The employee pays 25% share of the cost; the Town pays 75% share of the cost. Any eligible employee not enrolling in any insurance offered through the Town shall sign a waiver of coverage. Employees may change status or plans during the open enrollment month occurring annually. Employees may not make changes other than in the open enrollment period unless they decide to drop the policy or they have a change in status. Examples of change of status are marital changes or the loss of insurance under another policy.

Employees upon retirement pay 100% of the cost on or before the fourth Monday of each month. Late payments may cause cancellation of insurance.

#### **30.4 Reduction in Hours**

If an employee's hours are reduced below twenty (20) hours per week on a regular basis for ten (10) consecutive months per year, the following procedures shall be implemented.

A) Life Insurance - Policy for that employee shall be canceled on the effective date of change in the reduction of hours.

B) Health Insurance, Voluntary Reduction in Hours - If the reduction in hours is due to employee request or as a result to satisfy the needs of the employee, the current policy shall

be canceled on the effective date of change in the reduction of hours. Insurance coverage is available until thirty-one (31) days later as premiums are paid monthly in advance. (Reference M.G.L. Chapter 175, Section 110G.)

### **30.5 Consolidated Omnibus Budget Reconciliation Act (Cobra) Provisions:**

- A) There are provisions under Federal Law for employees who lose group coverage due to a reduction in hours. These employees may be eligible to maintain insurance under the Town's group policy at full cost (102%) to the employee for period of not less than eighteen (18) months.
- B) There are also provisions under Federal Law for employees who have left the employ of the Town to maintain group coverage. These former employees may be eligible to maintain insurance under the Town's group policy at full cost (102%) to the individual for a period of not less than eighteen (18) months.
- C) Late payments may cause cancellation of insurance.
- C) Further information on these programs may be obtained through the Town Administrator.

### **30.6 Worker's Compensation**

The Worker's Compensation system provides replacement income and medical expenses to employees who suffer work-related injuries or illnesses. Benefits may also extend to the survivors of workers who are killed on the job.

Worker's Compensation shall be provided to all employees in conformance with Massachusetts General Laws. Should an employee have any questions, please contact the Town Administrator.

## ARTICLE 31

### 31. BREAKS

An employee must be afforded the opportunity to take at least a one-half (1/2)-hour meal break if the employee is scheduled to work six (6) or more consecutive hours per day work period. (Reference M.G.L. Chapter 149, Section 100.) If the employee is relieved from his/her duties the meal break is unpaid. If the employee is not relieved from his/her duties the meal break is paid. Department Supervisors are to make every effort to provide employees with the opportunity to receive an unpaid relieved from duty meal break.

Employees are also allowed one ten- (10) minute break every four- (4) hours.

All other breaks are assigned based on departmental policy. Please consult your supervisor for further information.

## **ARTICLE 32**

### **32. PAYROLL/PAY DAY**

#### **32.1 Time Sheets**

A time sheet must be filled out and signed by the employee's supervisor as to hours worked for that week for all town employees. Time off due to vacation, sickness and other leaves allowed shall also be indicated on the time sheet. Time sheets for all town employees shall be submitted to the Treasurer on Mondays by 10:30 A.M. The Town Accountant and Town Treasurer will process the payroll for the Board of Selectmen to approve and sign the payroll warrant to distribute checks on Thursdays to Department Supervisors or their designee. The Department Supervisor or designee will then distribute checks to the individual employees within their department.

A time sheet must be filled out and signed by the employee as to hours worked for that work week and submitted to their Department Supervisor prior to 9:00 A.M. on Mondays except when a holiday falls on Monday then it would change to Tuesday. This will allow the Department Supervisor sufficient time to process the total departmental payroll for submission to the Treasurer's Office.

#### **32.2 Format**

Departments must use time sheets that have been approved by the Board of Selectmen and the Treasurer. Other forms may be used if prior approval has been received from the Board of Selectmen and/or the Treasurer. The Department Supervisor transcribes individual employee hours to a payroll summary form. Any discrepancies noted shall be corrected on the time sheet and initialed by the employee prior to processing payroll to the Treasurer's Office.

Department Supervisors sign under the following clause:

Approved for the Selectmen, we hereby certify under penalties of perjury that the statements set forth in this payroll are true to the best of our knowledge and belief.

Employees sign under the following clause:

I, the undersigned, agree that I have worked the stated hours for the above referenced stated week ending payroll and that I have been given the opportunity to take all breaks due me.

#### **32.3 Signature**

An employee's supervisor, Department Supervisor or designee must sign off on the time sheet as to its accuracy in accordance with M.G.L. Chapter 41, Section 41. A commission, committee, or board of trustees of the town may for purposes of Section 41 designate any one of its members to make oath to a payroll of its members or employees. A copy of the letter authorizing a designee to sign the time sheet for an employee must be filed with the Town Administrator, the Town Treasurer, and the Town Accountant.

#### **32.4 Payroll Change Notices**

Payroll change notices shall be filed for all new employees and for a current employee, when a change in pay, address or position occurs. Department Supervisors are to fill in all applicable sections of the “New Employee/Change in Status” form available from the Town Administrator or the Treasurer’s Office. The notice shall be filed prior to the first day of work for a new employee and prior to the effective date of the change for a current employee.

## **ARTICLE 33**

### **33. EXPENSE REIMBURSEMENT**

#### **33.1 Policy**

If a Town employee is required to use his/her own personal vehicle to conduct business for the Town, that employee must first obtain authorization from his/her supervisor. Once that authorization has been given, the employee will be reimbursed at a rate determined by the Board of Selectmen. Other reimbursements may include tolls, parking, accommodations, and meals. All expense reimbursements must be approved in advance by his/her supervisor. For the employee to receive reimbursement, he/she must first complete an expense voucher with appropriate receipts and have his/her supervisor approve it. (An expense voucher form is appended to this manual.)

#### **33.2 Reimbursement-General Conditions**

Reimbursement shall be approved only if there is strict compliance with the following conditions:

- The expenditure shall have been made by an official or employee of the Town of Townsend in the performance of official duties, the benefit from which accrues to the Town of Townsend.
- The request for reimbursement shall be submitted to the employee's Department Supervisor on a form provided for this purpose, properly executed.
- Travel within the Commonwealth shall be approved by the employee's Department Supervisor.
- Travel outside the Commonwealth shall be approved by the employee's Department Supervisor and must be indicated in the budget as a separate line item from in state travel.

#### **33.3 Nature of Reimbursements**

Reimbursements shall be approved, subject to the general conditions, only for expenditures as follows:

- Use of privately owned automobiles.
- Fares paid to a common carrier.
- Meals.
- Hotel accommodations.
- Registration Fees.
- Telephone and telegraph charges.
- Service charges based on percentage of 3 or 4.
- Automobile tolls and parking charges.
- Taxes.

#### **33.4 Use of Privately Owned Automobiles**

Reimbursement for the use of privately owned automobiles shall be approved, subject to the general condition set forth above, and subject to the following:

The rate of reimbursement, except as provided in the following paragraph, shall be 50.6 cents per mile of official travel.

- The rate of reimbursement may be amended from time to time by the Board of Selectmen.
- Reimbursement shall not be approved for:
  - 1) Any expenditure for washing, polishing, repair or maintenance item of service.
  - 2) Mileage between an employee's place of abode and his/her assigned place of employment.
  - 3) Mileage claimed by more than one official or employee for any concurrent trip in the same automobile.
  - 4) Any expenditure for garage and/or parking within the Town of Townsend.
  - 5) Any expenditure of any fine or forfeiture.

### **33.5 Fares paid to a Common Carrier**

Reimbursement shall be approved, subject to the general condition, and subject to further conditions as follows:

- The amount for a one-way trip shall be the fare by the least expensive route between point of origin and destination.
- The amount for a trip shall be the fare by the least expensive route from point of origin to destination and return.
- Reimbursement shall be limited to coach fare

### **33.6 Hotel Accommodations**

Reasonable reimbursement shall be approved, subject to the general conditions, provided that the Department Supervisor shall have approved the rate of accommodations prior to the incurring of the expense, and provided further that the maximum duration of stay shall not exceed the actual number of days required to accomplish the purpose for which the travel was authorized, and that receipted bills showing type of accommodation, number of persons, rate per day, date of occupancy, and total amount paid shall be submitted in support of request for reimbursement.

### **33.7 Meals**

Reimbursement shall be approved, subject to the general conditions, and subject to such maximum allowances as the Board of Selectmen may, from time to time set, as follows:

- Per day - \$30.00
- Breakfast only - \$5.00
- Lunch only - \$10.00
- Dinner only - \$15.00
- Conference or convention rate, for meals scheduled as a part of the meeting at a hotel or conference site which the official or employee is authorized to attend.

### 33.8 Taxes

- Reimbursement of payment shall be approved for any federal or state excise tax, provided such tax is not subject to a municipal corporation exemption.
- Exemption certificate or number may be obtained from the Board of Selectmen prior to a trip or other anticipated expenditure.
- The Town will reimburse employees who are required by the Town to use their personal vehicle on Town business at the rate of 50.6 cents per mile.

## ARTICLE 34

### 34. DRUG AND ALCOHOL

#### 34.1 Policy Summary

The Town of Townsend is a drug and alcohol-free workplace. The manufacture, use, possession and distribution, disposition of alcohol and or a controlled substance is prohibited while in the workplace, as is reporting to work under the influence of alcohol or a controlled substance. The use or possession of medication prescribed by an authorized health care provider is permitted, provided the employee reviews his or her duties as a Town employee with the authorized health care provider prescribing the medication, and informs his or her supervisor if the medication may have an impact on the performance of the employee, or the safety of the employee, other employees, or the public. Use of “over the counter” medications is permitted, provided the employee informs his or her supervisor if the medication may have an impact on the employee’s performance or the safety of the employee, other employees, or the public. Violation of this policy may result in disciplinary action, including, but not limited to, suspension and/or termination.

#### 34.2

The Town establishes as a condition of employment that each employee must abide by this Drug and Alcohol Policy. Each employee must notify the Town Administrator of any conviction for violation of any federal or state criminal drug law occurring in the workplace.

#### 34.3 Scope

All employees of the Town are subject to the provisions of this policy. Employees may not consume any mood-altering substances during their work period.

#### Definitions

<b><i>Alcohol:</i></b>	The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl and isopropyl alcohol.
<b><i>Alcohol Concentration:</i></b>	Also called alcohol content, the alcohol in a volume of breath, (expressed as grams of alcohol per 210 liters of breath) as indicated by an evidential breath test, such as a breathalyzer.
<b><i>Alcohol Use:</i></b>	The consumption of any beverage, mixture, or preparation, including medications containing alcohol.
<b><i>Controlled Substances:</i></b>	<p>In this policy, the terms ‘drugs’ and ‘controlled substances’ are interchangeable and have the same meaning. Unless otherwise provided, these terms refer to:</p> <ul style="list-style-type: none"><li>➤ Marijuana</li><li>➤ Cocaine</li></ul>

- Opiates
- Phencyclidine (PCP)
- Amphetamines, including methamphetamines.

***Substance Abuse:***

Refers to patterns of substance use that result in health consequences or impairment in social, psychological, and occupational functioning.

***Prohibited Alcohol and Controlled Substance Related Conduct***

- a.) Reporting for work and/or remaining in the workplace while having a blood alcohol concentration of .04 or greater and/or while testing positive for any controlled substance. An exception to this ruling would be if the physician advises the employee that it does not interfere with their ability to perform essential functions in a safe manner. Employees who are taking over the counter and/or prescription drugs which may produce a positive test result are expected to inform the Department Supervisor of their use of such drugs at the time the prescription is first given by their physician or when they begin to use the over the counter drugs.
- b.) Possessing alcohol and/or controlled substances while working.
- c.) Consuming alcohol or using any controlled substance while on call, including during breaks or meal breaks.
- d.) Refusing to submit to an alcohol and/or controlled substance test required for pre-employment, by reasonable suspicion or post-accident and/or follow-up testing requirements contained in Policy and/or to cooperate with or follow the instructions of the person(s) designated by the Board to administer any such test.
- e.) Using alcohol within eight (8) hours of an accident and/or prior to undergoing a post-accident test, whichever comes first.

***Required Testing***

All employees of the Town of Townsend are required to submit to drug and alcohol tests under any of the following circumstances:

- a.) All new employees prior to performing any duties on their first day on the job.
- b.) Any employee operating a motor vehicle involved in an accident while on duty which resulted in a fatality and/or the issuance of a citation and/or criminal complaint to said employee for a moving traffic violation arising out of said

accident.

- c.) Any employee about whom the Town Administrator and/or any other person or person(s) designated by the Board of Selectmen has a reasonable suspicion that said employee has and/or is violating the prohibitions set forth in this Policy.
- d.) All tests conducted pursuant to this section will be done by a person(s) and/or facilities designated by the Board of Selectmen at the Town's expense. No test shall be delayed more than two (2) hours because of said request for testing.
- e.) Failure by an employee to submit to an exam required by this section with two (2) hours of being ordered to do so and/or to cooperate with or follow the instructions of the person(s) designated by the Board to administer any such test will be deemed to be insubordinate unless such requirements are waived in writing by the Board of Selectmen or its designee.

### **Results of Prohibited Conduct**

- a.) Any employee of the town may be disciplined, subject to the applications of just cause principles, up to and including discharge for engaging in conduct prohibited by this Policy.
- b.) In addition to any discipline which may be imposed, no employee may continue to work if found to have a blood alcohol level of .04 and/or if found to be under the influence of a controlled substance. Any such employee will be immediately relieved from duty without pay until he or she passes a "return to duty" test for alcohol with a blood alcohol level of .02 or less and/or tests negative for controlled substances.
- c.) "Return to Duty Tests" for alcohol and/or controlled substances will be conducted by a person(s) and/or facility designated by the Town at the expense of the employee.
- d.) In addition to a "return to duty" test, as a condition of continued employment, any such member of the service shall also be evaluated by a substance abuse professional designated by the Town and complete any assistance program designated by said professional. The employee may be required to utilize the Town's Employee Assistance Program (E.A.P.). The cost of said evaluation and/or program shall be born by the employee beyond the E.A.P. services provided by the Town.
- e.) Any employee who has engaged in conduct prohibited by this Policy shall be subject to random unannounced drug and/or alcohol tests for twelve (12) months

to sixty (60) months following such prohibited conduct. Said tests will be conducted by person(s) or facilities designated by the Town at the Town's expense.

**Supervisor's/Employee Responsibility:**

It is the responsibility of any Department Supervisor to counsel employees whenever they see changes in performance or behavior that suggest that an employee has an alcohol or other drug problem. Although it is not the supervisor's job to diagnose the employee's problem, the supervisor should encourage such an employee to seek help and tell him/her about available resources for getting help including referral to the town's Employee Assistance Program (E.A.P.) Because all employees are expected to be concerned about working in a safe environment, they also should encourage their fellow employees who may have an alcohol or other drug problem to seek help.

**Employee Assistance Program (E.A.P.)**

The Town of Townsend provides an Employee Assistance Program (E.A.P.) which is a confidential counseling service provided professional help to employees and their family members for any type of personal problem. E.A.P. services include initial assessment, short-term counseling (up to three (3) sessions) referral and follow-up. Any employee of the town who is concerned about any mood-altering substance abuse is encourage to utilize the program voluntarily to prevent any prohibited conduct according to town policy. A brochure is available from the Selectmen's or Treasurer's Office.

**Required Reporting**

Any employee involved in an incident as outlined in this Policy shall make a written incident report and notify the Board of Selectmen and/or their supervisor within twenty-four (24) hours.

## ARTICLE 35

### ACT TO PROTECT CONSCIENTIOUS EMPLOYEES CHAPTER 149, SECTION 185

Protection is available to employees who reasonably believe that an activity, policy or practice of their employer or of another employer with whom their employer has a business relationship, violates a law, or rule or regulation promulgated pursuant to a law, or poses a risk to public health, safety or the environment.

Employees who fall within the scope of the Act's protection as stated above cannot be discharged, suspended, demoted, or subject to any other adverse action in the terms and conditions of employment for

1. Disclosing or threatening to disclose such an activity, policy, or practice to a supervisor or to a public body; or
2. Providing information or testifying before any public body Investigating or conducting a hearing regarding such an Activity, policy, or practice or
3. Objecting to or refusing to participate in such an activity, policy or practice.

However, an employee will be protected only where the employee has made disclosure to the employer and afforded the employer a reasonable opportunity to make corrections before making disclosure to a public body unless

1. the employee is reasonably certain supervisors are aware of the matter and the situation are of an emergency nature, or
2. the employee fears disclosure will result in physical harm, or
3. disclosure is made to the judiciary or to a law enforcement officer to provide evidence of what is reasonably believed to be a crime.

Employees exercising their rights under this statute have two years to file a civil action in Superior court and are entitled to claim a jury trial. Remedies that may be available include reinstatement, payment of fringe benefits and seniority rights, injunctive relief, triple damages, and costs and attorney's fees.

Reasonable attorney's fees may be awarded to the employer in the event an employee files an action without basis in laws or in fact and does not move to dismiss that suit within a reasonable time after determining the employer would not be liable for damages.

Employees retain all other rights under federal and state law and regulation and under any collective bargaining agreement or employment contract. However, filing of a civil suit under this statute shall be deemed a waiver of all other rights and remedies.

Employees reporting a perceived violation of law or regulation or a risk to public health safety or the environment shall submit a written report to the Town Administrator or if the complaint involves the Town Administrator, the complaint should be addressed in writing to the Board of Selectmen.

## ARTICLE 36

### 36. SAFETY POLICY STATEMENT

It is this policy of the Town of Townsend that all employees work under the safest possible conditions in each department. To this end, every reasonable effort will be made to provide and maintain a safe and healthy work environment, safe equipment, proper materials and to establish and require safe work practices at all times.

Accidents which injure people, damage machinery or equipment and destroy materials and property, cause needless suffering, inconvenience, and expense.

The Selectmen's Office will see that all department heads and supervisory personnel carry out their designated responsibilities in the area of loss control.

All accidents must be thoroughly investigated using the appropriate form. The most immediate supervisor should conduct investigations. The responsibility of department supervisor will be to make sure the accident investigations are complete and that emphasis is placed on determining the responsible condition for each and every incident.

It is the responsibility of employees to make job safety a part of their daily concern. As an employee of the Town of Townsend, it is your duty to observe rules of conduct and safety and to properly use any and all safety equipment provided.

Employees are our most important asset. Your safety is our greatest responsibility. We appreciate your full cooperation in making this policy effective.

## ARTICLE 37

POLICY #03-2019

REPLACE POLICY #2012-02 Electronic Communication and Computer Usage Policy

Purpose: Email is an expedient and easy means of communication, but must be used carefully, both to ensure compliance with the Open Meeting Law and the Public Records Law and to ensure the content of said communications will be professional, courteous and responsible. Therefore, the Board of Selectmen has established the following policy, which is meant to augment and emphasize the importance of the laws of the Commonwealth of Massachusetts.

Policy: Email Communications Policy

### **I. PRIVACY:**

There is no expectation of privacy for use of Town-issued email accounts or private email accounts over which Town business is conducted (hereinafter "Town Emails") by Town employees ("Employees") or by elected or appointed board, committee, commission members ("Officials"). The Town reserves the right to review, examine and/or monitor all emails from Town-issued email accounts, at any time, with or without notice. Use of the Town-issued email accounts constitutes acceptance of such monitoring.

### **II. PROFESSIONALISM AND ETHICS:**

Though e-mail is an expedient and easy means of communication, said communications nevertheless must comport with general standards of professionalism. When sending emails, all Officials and Employees will:

- ☐ Conduct business in a truthful and accurate manner.
- ☐ Keep communications and correspondence professional and appropriately personable. Email should not be used for communications that express anger or criticism.
- ☐ Apply the same grammatical quality and professional letter writing standards that are applicable to paper-based correspondence. Email correspondence should reflect the Town's commitment to quality, performance and professionalism at all levels.
- ☐ Be aware that all laws, the Code of Conduct and other Town policies related to Sexual Harassment and Unlawful Harassment apply to the use of Town Emails.

### **III. PERSONAL EMAILS:**

Employees are allowed very limited personal use of Town-issued email accounts, under the following circumstances:

- ☐ The use is incidental (the email is subject to the public records law)
- ☐ There is little or no cost to the Town.
- ☐ Any use is brief in duration, occurs infrequently, and is the most effective use of the Employee's time or state resources.
- ☐ The use does not interfere with the performance of the Employee's official duties.
- ☐ The use does not disrupt or distract from the conduct of the Town business due to volume or frequency.
- ☐ The use does not disrupt other Employees and does not obligate them to make a personal use of Town resources.
- ☐ The use does not compromise the security or integrity of Town property, information, or software.

#### **IV. OPEN MEETING LAW APPLICABILITY:**

All Email use by the any Employee or Official the Town of Townsend will comply with the requirements of the Open Meeting Law (“OML”). A copy of the OML is given to all committee members by the Town Clerk when they take the oath of office. Additionally, the OML Guide and OML decisions are available on the web at [www.mass.gov/ago/openmeeting](http://www.mass.gov/ago/openmeeting).

Email communications by, between, or among Officials should not address substantive policy issues, decisions, or deliberations. Email should not be used to discuss policy issues on an item coming before the board, committee or commission for discussion, to make decisions, or carry on deliberations.

Deliberations in violation of the OML, may include emails among a quorum of the public body, serial communications, and communications through an employee conduit. Officials may not attempt to circumvent the OML, by using Employees as a conduit.

Email communication by, between or among Officials should ordinarily only be used to schedule meetings, transmit factual information, such as reports or documents, about the subject of deliberation, request information or similar administrative type communications. Email should not be used to opine, comment or deliberate upon such information.

#### **V. PUBLIC RECORDS APPLICABILITY:**

“Public Records” are defined by statute to include all documentary materials or data, regardless of physical form or characteristics, made or received by an officer or employee of any... municipality of the Commonwealth, unless falling within a statutory exemption (M.G.L. c.4, §.7). Therefore, the Secretary of the Commonwealth advises that the Public

Records Law clearly applies to government records generated or received electronically. All electronic mail sent, and all electronic mail received by principal addressees at a Town-issued address, or any address, when used in an official capacity, should be considered a public record subject to inspection and disclosure and scheduled retention and disposition.

#### **VI. DISCIPLINE:**

Any Employee who violates this Policy shall be subject to appropriate discipline, up to and including termination of employment or removal from his/her position in accordance with the terms of the applicable collective bargaining agreement and/or personnel policy, recall from his/her elected position, termination of contract or agreement for volunteer or intern services.

The Town prohibits acting against any Employee for reporting a violation of this Policy or for cooperating in an investigation. Any Employee who retaliates against another Employee for reporting a violation of this Policy or for cooperating in an investigation will be subject to disciplinary action, termination of employment or removal from his/her position in accordance with the terms of the applicable collective bargaining agreement and/or personnel policies, recall from his/her elected position, termination of contract or agreement for volunteer or intern services.

#### **VII. MISCELLANEOUS:**

**Amendments:** The Town intends to follow each provision of this policy but reserves the right to change any provision at any time if circumstances warrant or require.

**Waiver:** A failure to enforce this Policy does not constitute a subsequent waiver of any violation of this Policy.

**Governing Law:** This Policy shall be read and interpreted in conjunction with all other Town policies and procedures.

**Collective Bargaining:** This policy is not intended to interfere with employee rights under Massachusetts General Laws Chapter 150E.

## ARTICLE 38

### SOCIAL MEDIA

#### INTRODUCTION

**The Town of Townsend (the “Town”) depends upon a work environment of tolerance and respect for the achievement of its goals in serving the citizens of the Town.**

#### PURPOSE

The purpose of this policy is to provide notice to Town employees (“Employees”), elected or appointed board, committee and commission members of the Town (collectively “Officials”), and contractors, volunteers, and interns (“Affiliates”) (collectively “Users”) that their use of personal web pages and websites, blogs, microblogs, social networking sites, chat rooms and other forms of social media, as well as their comments on electronic sites hosted by other persons, groups or organizations (“Social Media”), both on and off duty, must conform to the law and this policy. This policy is designed to promote and govern the professional and personal use of Social Media in a responsible manner and to avoid uses that can: (1) breach confidentiality by revealing protected information about the Town, its citizens, or its Employees; (2) expose the Town to legal liability for behavior that may be false, deceptive, libelous, slanderous, offensive, malicious, misleading or causes harm to others; (3) interfere with productivity and/or ability to perform duties and responsibilities as Employees and Officials of the Town or any other behavior prohibited by the Code of Conduct.. This policy is not intended to list all forms of acceptable and unacceptable use of Social Media by Employees and Officials.

#### PRIVACY.

Town owned property: There is no expectation of privacy for use of Town-issued email accounts, Internet, Intranet or Town-owned cell phones, smart phones, pagers, lap tops, computers, operating systems, electronic storage systems and computer equipment and software (hereinafter “Town’s Resources”). The Town reserves the right to review, examine and/or monitor all Town Resources, at any time, with or without notice, including individual user folders and other information stored on the Town’s Resources systems. Use of the Town’s Resources constitutes acceptance of such monitoring.

Internet Use: There is no guarantee of privacy in accessing the Internet both on and off duty while using town resources (town direct internet connection and town Wi-Fi are to be considered a town resource while town guest Wi-Fi shall not be considered a town resource), including use of Social Media sites, users should assume that all connections and sites visited will be monitored and recorded by the Town. Use of personally owned or non-town resource devices shall be limited to use of the guest Wi-Fi. There is no expectation of privacy in publicly disseminated information, which may include information transmitted through Social Media while using a town resource. Public dissemination constitutes acceptance of such monitoring.

Town Review: Town review, examination and monitoring helps to ensure compliance with Town policies, assists with internal investigations and supports the management of the Town's information systems.

#### GENERAL PROVISIONS.

This section describes acceptable and unacceptable uses of all Social Media by Users of the Town resources both on and off duty. Users should use their best personal judgment when using any form of Social Media and must ensure that their use does not violate this or any other Town policy.

While Users may use Social Media while off-duty, their status as Users of the Town resources requires that the content of any postings on those Social Media sites or other web pages not be in violation of existing Town by-laws, policies, directives, rules or regulations. The Town's image as a professional organization is key to maintaining the respect of its constituents. Although the Town recognizes that Users may choose to express themselves by posting personal information and/or commenting on Social Media, this right of expression is not free from limitation. That is, while the Town acknowledges its Users have the First Amendment right to free speech, that right is not absolute and extends only to matters of public concern contributing to public discourse. Therefore, Users must exercise caution with respect to comments they post in general and, in particular, those comments concerning the Town, a department of the Town, and/or the Town's Employees.

The Town specifically acknowledges that police officers and firefighter-EMTs may be required to use Social Media to perform their job duties and that such use, subject to the direction and authorization of the respective Chief, is permissible. Such actions shall not be deemed a violation of this Policy provided the police officer or firefighter acts within the scope of the Chief's direction or authority.

Users' use of Social Media is subject to the Town's Sexual and General Harassment Policy as well as the Town's other policies and standards of conduct, rules, regulations, and by-laws.

All use of Social Media must conform to the following regulations:

All Users are expected and required to conduct themselves in a manner consistent with the Town's policies and standards of conduct.

Users must not violate the due process rights of or reveal any confidential or privileged information about the Town, its employees, its constituents, or its contractors. Users must be careful to protect against the inadvertent disclosure of confidential information.

Users must not engage in harassment in contravention of the Town's Sexual Harassment Policy regardless of the time, place, form, or way the information is posted or transmitted. Comments may be deemed to violate this Policy even if the Town's name or the names of any of its Employees are not posted in the comment.

Users must make reasonable efforts that they are always honest and accurate when posting information or news, and if they make a mistake must correct it quickly. Users may not post any information or rumors they know to be false about the Town, fellow Employees, constituents, suppliers, vendors, contractors or any other entities or individuals.

Users must remain courteous and respectful towards fellow employees, Town officials and the public when posting information. This does not preclude disagreement, but rather requires civil discourse.

Users may express only their personal opinions and should never represent themselves as a spokesperson for the Town unless specifically designated by the Town. Members of the Police and Fire Departments must abide by the chain of command. A spokesperson for the Police or Fire Department can only be authorized and designated by his or her Chief. If the Town is a subject of the content created by Users, the User should be clear and open about the fact that he/she is an Employee, Official, or Affiliate of the Town and should make it clear that his/her views do not represent those of the Town, fellow Employees, suppliers, vendors, or any other agent of the Town. Users who publish blogs or other online posts related to their work or subjects associated with the Town must make clear that they are not speaking on behalf of the Town.

Users are expressly prohibited from using Social Media to engage in any activity or conduct that violates federal, state, or local law (e.g., software or data piracy, child pornography, etc.).

Users should be aware that residents, property owners and others appearing before boards, commissions and committees or doing business in Town departments include persons of various races, religions, national origins, sexual orientations, genders, gender identities, or other legally protected classifications. Public comments in any forum, including on Social Media, that contain slurs or express bigotry toward any one of the classifications shall be considered a violation.

Officials are prohibited from posting content in violation of the Open Meeting Law, including prohibitions against serial communications.

Users are prohibited from using Social Media to engage in any activity that constitutes a conflict of interest for the Town or any of its Employees and Officials.

Department heads and supervisors are expressly prohibited from using any review or recommendation feature or system on a Social Media site (e.g., LinkedIn) to post negative reviews or other comments about any current or former Employees.

### USE OF SOCIAL MEDIA AT WORK.

Except as otherwise required by the Department Head or as part of an Employee's job duties, the use of Social Media while on duty should not interfere with Employees' ability to perform the duties and responsibilities assigned. The Town's computer systems are to be used for business purposes only. Personal use of social media networks or personal blogging of online content from Employees' personal devices is discouraged. To the extent that said personal use of Social Media interferes with Employees' ability to perform duties and responsibilities assigned, disciplinary action, up to and including termination, may result.

Access to and use of Social Media must not interfere with an Employee's and Official's ability to perform the duties and responsibilities assigned. In so far as an Employee is permitted to use Social Media in the course of his/her employment as set forth in this Policy, access to and use of Social Media must not interfere with an Employee's productivity.

### COMPLAINTS OR PROBLEMS OF MISUSE.

Should any User receive or become aware of a violation of this policy, the User is encouraged report the violation to the Town Administrator and/or the Board of Selectmen as soon as possible.

The Town encourages any Users who use Social Media in contravention of this policy to be honest and admit the error as soon as it occurs. Although errors cannot always be erased, prompt notification can make a significant difference in the Town's ability to correct or remedy the issue.

### DISCIPLINE.

Any User who violates this Policy shall be subject to appropriate discipline, up to and including termination of employment or removal from his/her position in accordance with the terms of the applicable collective bargaining agreement, personal services contract and/or personnel policy, recall from his/her elected position in accordance with any recall provisions established for the town of Townsend, termination of contract or agreement for volunteer or intern services.

The Town prohibits acting against any User for reporting a violation of this Policy or for cooperating in an investigation. Any User who retaliates against another User for reporting a violation of this Policy or for cooperating in an investigation will be subject to disciplinary action, termination of employment or removal from his/her position in accordance with the terms of the applicable collective bargaining agreement and/or personnel policy, recall from his/her elected position, termination of contract or agreement for volunteer or intern services.

### MISCELLANEOUS.

Amendments. The Town intends to follow each provision of this policy but reserves the right to change any provision at any time if circumstances warrant or require.

Waiver. A failure to enforce this Policy does not constitute a subsequent waiver of any violation of this Policy.

Governing Law. This Policy shall be read and interpreted in conjunction with all other Laws, Charter provisions and Town policies and procedures.

Collective Bargaining. This policy is not intended to interfere with employee rights under Massachusetts General Laws Chapter 150E.



TOWN OF TOWNSEND

EMPLOYEE ACKNOWLEDGEMENT  
RECEIPT OF  
PERSONNEL POLICY & PROCEDURES

I, \_\_\_\_\_, AM IN RECEIPT OF A COPY OF THE TOWN OF  
TOWNSEND'S PERSONNEL POLICY AND PROCEDURES.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

THIS FORM IS TO BE RETURNED TO THE EMPLOYEE'S SUPERVISOR/  
DEPARTMENT HEAD AND KEPT IN THE EMPLOYEES PERSONNEL FILE.

Returned to:

\_\_\_\_\_  
(Department Head)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)



**TOWN OF TOWNSEND**

**EMPLOYEE ACKNOWLEDGEMENT  
RECEIPT OF  
HARASSMENT POLICY & PROCEDURE**

I, \_\_\_\_\_, AM IN RECEIPT OF A COPY OF THE TOWN OF  
TOWNSEND'S SEXUAL HARASSMENT POLICY AND PROCEDURE AS

REVISED July 26, 2004

REVISED October 13, 2016

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

THIS FORM IS TO BE RETURNED TO THE EMPLOYEE'S SUPERVISOR/  
DEPARTMENT HEAD AND KEPT IN THE EMPLOYEES PERSONNEL FILE.

Returned to:

\_\_\_\_\_  
(Department Head)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)



**TOWN OF TOWNSEND**

**EMPLOYEE ACKNOWLEDGEMENT  
RECEIPT OF  
EMAIL & SOCIAL MEDIA**

I, \_\_\_\_\_, AM IN RECEIPT OF A COPY OF THE TOWN OF  
TOWNSEND'S EMAIL & SOCIAL MEDIA POLICY

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

THIS FORM IS TO BE RETURNED TO THE EMPLOYEE'S SUPERVISOR/  
DEPARTMENT HEAD AND KEPT IN THE EMPLOYEES PERSONNEL FILE.

Returned to:

\_\_\_\_\_  
(Department Head)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)



**EMPLOYEE ACKNOWLEDGEMENT  
RECEIPT OF  
JOB DESCRIPTION**

Employee Name: \_\_\_\_\_

**Statement of Employee**

CERTIFICATION: I certify that I have received and reviewed the job description, covering essential functions and minimum qualifications, abilities and skills of the position.

Date: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

Returned to:

\_\_\_\_\_  
(Department Head)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)