



***University of Massachusetts Medical School***

***Leaving the University Guide  
for Benefited Post Docs***

## INTRODUCTION

This Guide provides helpful information concerning benefits and other subjects important to an employee who is terminating employment at UMMS for reasons other than retirement.

Before leaving the Medical School, please read this guide. If you are eligible to retire or if you require additional information about retirement, please contact the HR Service Center at 508-856-5260, option 1 (Benefits).

## CONTENTS

	Pages
<b>I.</b> CHECK LIST	3
<b>II.</b> BENEFITS	4
A. Accumulated Time Off	4
B. Insurance (Health, Life, Dental, Vision, Long Term Disability)	4
C. Tuition	5
D. Retirement	5
<b>III.</b> OTHER IMPORTANT INFORMATION	7
<b>IV.</b> FORMS	8
A. State Board of Retirement Refund/Rollover Form	
B. GIC Enrollment Change/Form 1	
C. Address Change Form	



University of Massachusetts Medical School  
 Human Resources  
 333 South Street, 2<sup>nd</sup> Floor  
 Shrewsbury, MA 01545

## CHECKLIST FOR POST DOCS LEAVING THE UNIVERSITY

<b>Name:</b>	<b>Termination date:</b>
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I would like to schedule an exit interview and have contacted my department's HR Business Partner	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have received and reviewed Leaving the University Guide	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have updated my address in HR Direct (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have contacted Immigration Services at <a href="mailto:ISSOUMMS@umassmed.edu">ISSOUMMS@umassmed.edu</a> for assistance with visa related questions (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have returned the following University property to department administrator or manager:		
<ul style="list-style-type: none"> <li>• Badge/ID -- Parking, Kronos</li> <li>• Keys – office, file cabinets, etc.</li> <li>• Computer equipment</li> <li>• Pager</li> <li>• Cell phone</li> <li>• Procard/credit card(s)</li> <li>• Uniforms</li> <li>• Other _____</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you have any questions, please contact your HR Business Partner.  
Thank you.**

## II. BENEFITS

### ACCUMULATED LEAVE

**Vacation/Earned Time:** Accrued vacation time is paid out on a prorated basis.

**Personal:** Any remaining personal time will not be paid out.

**Sick:** Accrued sick time will not be paid out, unless you are retiring (within 60 days of resignation), in which case you will be paid 20% of accrued sick time. If you are transferring to another state agency, you may be able to transfer your sick time depending on their policy.

**Compensatory:** Accrued holiday compensatory time is not paid out.

## B. INSURANCE

**Health Insurance:** Your current group health insurance will remain in effect through the end of the month following your termination date.

***If your two monthly deductions for health insurance are not taken during the month you leave employment, the Group Insurance Commission will bill you for the missed premium deductions. To be eligible for COBRA benefits, these missed deductions must be paid.***

You will be provided an option to continue in your current health insurance group plan for up to eighteen (18) months under the Consolidated Omnibus Budget Reconciliation Act (COBRA). You will be responsible for the total premium charges.

If you wish to continue group coverage, you must complete the COBRA Application. The application will be mailed to you at your home address directly by the Group Insurance Commission. In order to continue your coverage, the application must be completed and mailed to the Group Insurance Commission within sixty (60) days from the date on the notice, or sixty (60) days from the date your group coverage is due to expire, whichever is later.

If you are a Massachusetts resident, there is an option to elect coverage through the state's Health Connector. The Connector coverage may be a better fit for your needs and budget. Please see the enclosed document entitled "**Health Insurance Alternative**" for details or log onto [www.mahealthconnector.org](http://www.mahealthconnector.org) for more information.

**Life Insurance – GIC:** Your GIC Life Insurance will end on the last day of the month following your termination date. You may apply for term life coverage similar to the group term life insurance. This coverage provides more favorable rates than conversion coverage. Alternately, you may convert your coverage to a non-group policy. If you have any questions about portability and conversion please contact The Hartford at 1-877-320-0484.

**Dental Insurance:** Your dental insurance will end on the last day of the pay period in which you terminate. You may continue your dental coverage for up to eighteen (18) months. You will be responsible for the total premium charges under the terms of COBRA and you will be notified by the COBRA administrators, Crosby Benefits System Inc. You can elect to continue this coverage within sixty (60) days of separation or of notification of your rights, whichever is later. Rates will be provided by Crosby and are also available in the HR Service Center.

**Vision Insurance:** If you carry the voluntary vision insurance, this coverage will terminate on the last day of the pay period in which you terminate. There is no COBRA option for vision insurance.

**Long-term Disability:** Your Long Term Disability Insurance will terminate on the last day of the month following your termination date.

### C. TUITION

If an employee separates from employment with UMMS while the employee, spouse, or dependent child is enrolled in a course or program of study, eligibility for university tuition waivers and system-wide tuition remission will continue until the end of the current semester. At the end of the semester, eligibility for tuition benefits ceases. If an employee separates from employment with UMMS while enrolled in a private school in or outside of Massachusetts, he/she will not be reimbursed for tuition assistance.

### D. RETIREMENT

Under SERS, you must complete an "Application to Withdraw Accumulated Pension Deductions" form if you wish to receive a refund of state retirement contributions or to rollover these contributions into another qualified retirement plan.

**Deferred Retiree Health Insurance:** An employee who has worked for the State for the equivalent of ten (10) full-time creditable years may be eligible to retire, if age 55 (or 60) years or older. If not at least 55 years of age an employee may defer retirement to a later date. In order to be eligible for state retiree health insurance upon retirement, an employee must sign the enclosed FORM-1 and maintain coverage for basic life insurance. This form must be returned to the HR Service Center.

**University of Massachusetts Medical School  
333 South Street  
Shrewsbury, MA 01545  
ATTN: HR Service Center**

#### a) **State Employee Retirement System (SERS)**

An employee who entered service after January 1, 1984, is eligible for a refund of the interest credited to the account according to the following schedule:

- An employee with less than ten (10) years of creditable service and VOLUNTARILY terminated service will be credited with 3% interest on the total deductions.

- An employee with more than ten (10) years of creditable service **or** who involuntarily withdraws from state service will be credited with regular interest. Also, an employee has more than ten (10) years of creditable service should contact the State Retirement Board as he/she may be vested and eligible for retirement at age 55.
- No interest will accrue to an account after two years from the date of separation of employment.

Refunds should be received from the Retirement Board within approximately 8 weeks of submitting the "Application to Withdraw Accumulated Pension Deductions (Refund/Rollover Form)" form to the Benefits department. If the refund is not received within this time, contact the State Retirement Board directly at 800-392-6014 (inside MA) or 617-367-7770 (outside MA).

Address changes during this 8-week period should be sent in writing to the State Retirement Board. The letter should include social security number, date of termination and the University of Massachusetts Medical School as the agency from which employment terminated. The Board's address is:

State Board of Retirement  
One Winter Street, 8<sup>th</sup> Floor  
Boston, MA 02108

If funds are withdrawn and, in the future, the employee returns to state or municipal service, employee will be considered a new member of the retirement system and retirement deduction will be based on the current contribution rate.

For any person who leaves UMMS to obtain employment with another state, county, city, town or other political subdivision in the Commonwealth, state retirement contributions should be transferred to the new retirement system.

**Tax Sheltered Annuity/Deferred Compensation Program:** An employee enrolled in a 403(b) tax-sheltered annuity program or in the Commonwealth-sponsored Deferred Compensation Plan (457 Smart Plan) should contact the provider when leaving employment.

Employees who separate from service may elect to defer accumulated vacation pay. Only a person who is retiring can defer accumulated sick pay. The amount may be deferred for any calendar month only if;

1. The amount would have been available for use or would have been paid to the employee if employment had no terminated.
2. The amount is paid within 2 ½ month following separation from service and
3. An agreement providing for the deferral is entered into before the beginning of the month in which the amounts would otherwise be paid or made available.  
(Requirement #3 applies only to the Commonwealth's 457(b) plan; there is no such requirement for the University's 403(b) plan).

In addition, all deferrals are subject to the employee's maximum 403(b) plan and 457(b) plan deferral limits in the year of the deferral.

### **III. OTHER IMPORTANT INFORMATION**

#### **ADDRESS CHANGE**

If you are moving from your current address, please update your address by logging into PeopleSoft/HR Direct Employee Self Service to update. If the address change occurs after termination, please complete the Address Change Form to ensure your W-2 form is mailed to the correct address.

#### **UNIVERSITY PROPERTY**

All University property and equipment must be returned to your manager prior to your last day of employment. If not returned, the University reserves the right to withhold monies from your last paycheck.

#### **CREDIT UNION**

An UMass College 5 Federal Credit Union member should advise the credit union staff before leaving UMMS.

#### **RELEASING EMPLOYMENT INFORMATION**

When the Human Resources Department is contacted for employment information from other organizations, Human Resources will only verify dates of employment and the last position held.

#### **T-PASS CANCELLATION**

Upon giving notice, it is important to cancel your T- Pass so you will not be billed for the next month's T – Pass.

#### **METPAY-METROPOLITAN AUTO/HOMEOWNER'S INSURANCE**

If you have the MetPay benefit and have your insurance premiums deducted from your paycheck, you will need to notify MetPay to set up another alternative for paying your premiums. MetPay staff can be reached at 800-438-6385, option 1.

#### **METLAW-GROUP LEGAL SERVICES PLAN**

If you are enrolled in the MetLaw benefit, your enrollment will expire on the last day of the month that you terminate employment.

If you wish to continue your legal plan benefit after retiring or terminating employment with the University of Massachusetts, you must enroll for portable enrollment within **30 days** of your last payroll deduction for the legal plan.

To apply for portable enrollment:

- An employee needs to call Hyatt's Client Service Center at **1-800-821-6400**, Monday–Friday (8am – 7pm ET). A highly trained Client Service Representative will assist you in the application process.
- Enrollment is prepaid via remittance of a lump sum payment equal to the sponsor's monthly rate times 30 months.  
(\$20.25 X 30 months= \$607.50).
- Upon receipt and approval of payment, Hyatt will send the enrollee verification of the portable enrollment.
- Portable enrollments will remain effective for a 30 month period and refunds will not be issued.
- Under portable enrollment, dependent definitions are the same as for active Employees.

If you should have any questions, please do not hesitate to call  
Hyatt's Client Service Center.

## **TRANSFER/REHIRE**

**Transfer/Rehire to another State Agency:** Your health and life insurance benefits will not be interrupted if you are directly transferring to another state agency. You will have a 60-day wait for dental benefits as UMMS has a separate dental plan than other state agencies. To ensure continuity of your insurance benefits, you should inform your Department Administrator that you are transferring within State Service. Your vacation, sick, and personal days **may** be transferable to another state agency. You should request the Human Resources department of the new agency to request a service record form from the UMMS HR Service Center at [benefits.UMMS@umassmed.edu](mailto:benefits.UMMS@umassmed.edu) or by phone at (508)856-5260, option 1. The form will be completed and returned to the issuing agency, which will determine the accrued leave benefits to be transferred with you to the new position.

**Transfer to City/County/Town:** Your state retirement fund may be transferred to a city, county, or town retirement system. Insurance benefits, vacation and sick time are not transferable. For additional information you should contact the Human Resources department at your new agency.

## **UNEMPLOYMENT INSURANCE**

Unemployment insurance provides temporary benefits to individuals who have become unemployed through no fault of their own and who are looking for full-time employment. The unemployment insurance program is administered by the Commonwealth's Department of Employment and Training (DET) and all DET decisions are made according to the Employment Security Law.

Upon request of the DET, UMMS provides a breakdown of an individual's earnings for the 52-week period prior to the date an unemployment claim is filed and to provide a reason for separation. UMMS does not determine whether or not a terminated faculty

member is eligible to receive unemployment benefits. If you need information please call the TeleClaim Center at 1-877-626-6800 or (617)626-6800 from Monday through Friday, from 8:30 a.m. to 4:30 p.m. or go to [DET](#) for additional information.

There are two ways to file your claim: You can file it in person in one of the sites, to get the address of the nearest UI Walk-In site please call 617-626-6560; or you can call the TeleClaim Center to the number mentioned above.

## **WORKER'S COMPENSATION CLAIMS**

An employee who has a claim pending or who is actually receiving weekly worker's compensation benefits is not entitled to a refund of retirement contributions from SERS until the claim is settled and weekly compensation benefits have ceased.

### **IV. FORMS**

- A. [State Retirement Refund/Rollover Form](#)
- B. [GIC Enrollment Change Form/ Form 1](#)

**The information contained in this handout has been carefully reviewed and is presented as a source of information. References made to the University of Massachusetts Medical School policies or Commonwealth of Massachusetts regulations are designed to be helpful guidelines.**

**If, however, there is a conflict between the materials in this handout, the actual policies and practices of the University and the regulations of the Commonwealth, the latter will prevail.**



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Human Resources  
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EMPLOYEE  
ADDRESS CHANGE FORM

It is the employee's responsibility to provide Human Resources with change of address information. Updated information is needed for mailing of W-2 forms and retirement and health insurance information.

If you need to provide UMMS with a new address and you have already terminated, please complete this form. If you are still an active employee, you may update your address by logging into PeopleSoft/HR Direct to update your address online.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name:	
Social Security or ID#:	
Address Line 1:	
Address Line 2:	
City	
State:	
Country:	
Zip:	
Telephone:	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please sign and return completed form to:  
**UMass Medical School**  
**HR Data Group-HR Service Center**  
**333 South Street**  
**Shrewsbury, MA 01545**  
**Fax: 508-856-4049**  
or return via e-mail to: [HR-Datagroup@umassmed.edu](mailto:HR-Datagroup@umassmed.edu)