

## New Employee Information Check List Permanent Part Time Employees

<b>Please check appropriate box indicating that you received each item.</b>	
<b>Description of Form</b>	<b>Action</b>
<input type="checkbox"/> Intake Form	<b>To be signed in Human Resources</b>
<input type="checkbox"/> Anti-Nepotism Review Request Form	<b>Complete and return if applicable, if not applicable indicate N/A on form and return</b>
<input type="checkbox"/> CORI (Criminal Offense Record Inquiry)	<b>Complete and return</b>
<input type="checkbox"/> Employee Network Use Policy (If applicable)	<b>Sign and return</b>
<input type="checkbox"/> Employee Orientation Booklet	For your information
<input type="checkbox"/> Employee Withholding Allowance Certificate Form W-4 (Federal Income Tax)	<b>Complete and return</b>
<input type="checkbox"/> Massachusetts Employee Withholding Exemption Certificate Form M-4 (State Income Tax)	<b>Complete and return</b>
<input type="checkbox"/> EEO Self-Identification Form	<b>Complete and return (Optional)</b>
<input type="checkbox"/> Housing Rehab Information	For your information
<input type="checkbox"/> Background Information Form	<b>Complete and return</b>
<input type="checkbox"/> U.S. Department of Justice Form I-9 Employment Eligibility Verification	<b>Complete section 1 and return with 2 forms of I.D. from List B &amp; C or 1 form of List A</b>
<input type="checkbox"/> Social Security Statement	<b>Sign and return</b>
<input type="checkbox"/> Sexual Harassment Policy and Procedures	<b>Sign and return signature page</b>
<input type="checkbox"/> Direct Deposit Authorization Form (Optional)	<b>If selected</b> , complete and return with a VOIDED check and attached it to application.
<input type="checkbox"/> Payroll (email direct deposit slip)	For your information
<input type="checkbox"/> Credit Union	For your information
<input type="checkbox"/> Flexible Spending Program (Optional)	<b>Complete the Enrollment form and return</b>
<input type="checkbox"/> Deferred Compensation (Optional)	Andrew Wilson, Retirement Plan Advisor (Request forms from HR) 339-221-2770 andrew.wilson@empower.com
<input type="checkbox"/> OBRA	<b>Complete and return to Human Resources Retirees from City of Waltham are exempt</b>
<input type="checkbox"/> Drug and Alcohol Policy	<b>Sign and return</b>
<input type="checkbox"/> Emergency Contact Info	<b>Complete and return</b>
<input type="checkbox"/> Fair Labor Standards Act	For your information
<input type="checkbox"/> Vehicles Can Be Dangerous (for employees who drive City vehicles)	<b>If applicable, complete and return</b>
<input type="checkbox"/> Hands Free Law	For your information
<input type="checkbox"/> Osha Fact Sheet	For your information
<input type="checkbox"/> Receipt of Employment Information	<b>Complete this form and return</b>
<input type="checkbox"/> State Ethics Form	<b>Sign Signature Page and return **You must complete on-line training and turn in the certificate to the Human Resources Office***</b>

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

\_\_\_\_\_  
Date



# City of Waltham

## ANTI-NEPOTISM REVIEW REQUEST FORM

The Anti-Nepotism Review Request Form must be reviewed by the Personnel Department prior to any employee assignment or employment offer.

### PROPOSED PLACEMENT

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

Soc.Sec.Number: \_\_\_\_\_

Being Considered for: \_\_\_\_\_  
Posting Number Position Title

### DEPARTMENT CERTIFICATION (If additional listings are necessary, attach on a separate sheet.)

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

#### The person proposed for placement listed above is related to:

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

Position: \_\_\_\_\_  
Position Number Classification Title

Relationship (specify): \_\_\_\_\_

#### The person proposed for placement listed above is related to:

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

Position: \_\_\_\_\_  
Position Number Classification Title

Relationship (specify): \_\_\_\_\_

This placement will not result in a relative (or closely identified person) supervising or having any influence over the other relative's employment, promotion, salary administration, or other related management or personnel considerations, or in any other violation of the subject policy.

Signature: \_\_\_\_\_  
Department Head or Authorized Department Representative Date

**Return complete form to:** Personnel Department

### CERTIFICATION REVIEW (to be completed by Personnel Department)

Signature: \_\_\_\_\_  
Personnel Department Title Date





**NOTICE TO EMPLOYEES**  
**Certification as a Seasonal Employer**

**Employer:** City of Waltham  
119 School Street  
Waltham MA 02451

**EAN:** 78303620

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The above-named employer has been approved by the Massachusetts Division of Employment and Training for certification as a seasonal employer. This applies only to the category of employees listed on the Notice of Seasonal Determination dated 4/5/2012.

If you are a seasonal employee, seasonal wages cannot be used to establish an Unemployment Insurance benefit claim, except under certain conditions. A seasonal employee is one who is hired to work for a specific time period totaling less than 16 weeks in a calendar year.

If you were hired as a seasonal employee, you must be notified in writing by your employer before beginning your seasonal employment.

**Employee Signature**

City of Waltham provided me with a copy of the Seasonal Determination from the Division of Employment and Training dated 4/5/2012. I understand that I am a seasonal employee and that wages from this occupation cannot be used to establish an Unemployment Insurance benefit claim, except under certain conditions.

Employee Name: \_\_\_\_\_ (PRINT)

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

**Employer Signature**

I have provided the above-referenced employee with a copy of the Seasonal Determination from the Division of Employment and Training dated 4/5/2012. The employee understands that he/she is a seasonal employee and that wages from this occupation cannot be used to establish an Unemployment Insurance benefit claim, except under certain conditions.

Name of Employer Representative: \_\_\_\_\_ (PRINT)

Employer Rep. Signature: \_\_\_\_\_ 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



**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.

\_\_\_\_\_ 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

\_\_\_\_\_  
(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 \_\_\_\_\_  
(Organization)

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

I also understand, that \_\_\_\_\_ 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: \_\_\_\_\_

**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*



# CITY OF WALTHAM

## EMPLOYEE NETWORK USE POLICY

### General Policies and Procedures

**Effective Date: May 31, 2004**

### **1. PURPOSE**

1.1 To outline the proper use of City's computer network including, but not limited to, use of the Internet.

### **2. POLICY**

- 2.1 Waltham's data network access to the Internet is provided for City business purposes only.
- 2.2 City Private, City Most Private and City Sensitive Information, including technical business proprietary data may not be communicated via an Internet connection without additional security protective mechanisms being implemented as approved by the MIS Department and the appropriate clearances and approvals being obtained from the City Solicitor.
- 2.3 Transmission of government-classified information via the Internet is strictly prohibited. Contact the City Solicitor for more information.
- 2.4 All files downloaded from the Internet must be scanned using a City approved virus-scanning program prior to executing on a City of Waltham computer. It is recommended that source code be retrieved and reviewed as opposed to binary formats.
- 2.5 Attempts to gain unauthorized access to any computer or communications system on the Internet are prohibited.
- 2.6 Any suspected compromise of a City's computer or communications resource or information via an Internet connection shall be immediately reported to the MIS Department.

### **3. APPLICABILITY**

3.1 This policy applies to all municipal employees using Waltham's computer network.

### **4. EMPLOYEES' RESPONSIBILITIES**

4.1 Department managers and supervisors are responsible for promoting and monitoring compliance with this policy.

4.2 Acceptable Use - The use of the City's computer network must be related to City business. All laws pertaining to copyrighted material and material protected by trade secret must be obeyed.

4.3 Privileges - The use of the computer network is a privilege, not a right. Inappropriate use will result in cancellation of this privilege and disciplinary action by the City.

4.4 Network Etiquette - Users are expected to abide by the generally accepted rules of network etiquette including, but not limited to, the following:

- A) Do not use profane, vulgar or other inappropriate language.
- B) Do not reveal personal information about yourself or your coworkers.
- C) Use electronic mail (email) with the knowledge that it is not private.
- D) All electronic data transfers promoting, aiding, furthering or otherwise in support of illegal activities are prohibited.
- E) Do not use the network in any way that would disrupt other users.
- F) Remember that the information you create, transmit and receive on the City's computer network may be public record and could be disclosed in response to a public records request.

4.4 Disclaimer - Access to information via the computer network can mean access to materials that are not useful and may even be offensive. It is impossible to control access to all such materials and users may unintentionally confront them. However, it is the City's position that the value of the useful information generally available via the City's computer network outweighs the inconvenience that users may occasionally experience as a result of unintentionally accessing or being exposed to material that has little value and may be offensive. The City of Waltham makes no warranties of any kind for its computer network service. Neither the City of Waltham, nor the MIS Department will be liable for damages resulting from the use or misuse of the City's computer network services.

4.5 Vandalism - Vandalism will result in cancellation of privileges. Vandalism is defined as any attempt to intentionally and maliciously alter or destroy computer equipment and/or data or to intentionally and adversely interfere with the on-line services provided by the computer network.

## **5. DEFINITIONS**

5.1 Internet--A public global network of networks connecting commercial, government, and educational organizations.

5.2 World Wide Web (WWW)--A hypertext-based system for finding and accessing Internet Resources.

- 5.3 City Private - Contact your City Solicitor for more information.
- 5.4 City Most Private - Contact your City Solicitor for more information.
- 5.5 City Sensitive Information - Contact the City Solicitor for more information.

\_\_\_\_\_  
**Jeannette A. McCarthy** - Mayor

\_\_\_\_\_  
**Kristin Murphy** - Personnel Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Donald Aucoin** – Director of MIS

\_\_\_\_\_  
Date

**Please continue to next page for the Policy Acceptance and Network Activation Form.**









## WELCOME

Congratulations and welcome. The City of Waltham is an Equal Opportunity employer. Each and every individual is considered and treated solely on the basis of qualifications and performance of the job that they hold, without regard to race, color, sex (including gender identity, sexual orientation, and pregnancy), national origin, ancestry, veteran status, age (over 40), religion, disability or genetic information.

What follows is information to familiarize you with the benefits and options you will receive as an employee of the City of Waltham. The Orientation Guide has been prepared to provide employees with a brief summary of those benefits offered by the City of Waltham. This booklet provides details of each benefit, the benefit's eligibility requirement and any pertinent enrollment information.

Employees should refer to any collective bargaining agreements (if applicable) for detailed information on any of the benefits listed in this guide. If at any time there should be a conflict between the description contained within this guide and a statute or a collective bargaining agreement (CBA), the terms of the statute or (CBA) will supersede. If applicable, please contact your union representative for a copy of the CBA.

The City has prepared this book as a guide to policies, benefits, and general information that should assist you during your employment. It is not intended to be a complete guide to employee benefits. However, neither this guidebook, nor any other City communication or practice, creates an employment contract. The City reserves the right to amend, modify or delete any policy or provision that is included in this guidebook.

Should any employee have further questions or desire a more detailed explanation of any of the benefits featured within the packet, please contact the Human Resources Department at 781- 314-3355.

**Please review and familiarize yourself with the ENTIRE orientation package to ensure that you have accessed all of the benefits available to you. COMPLETE AND RETURN THE BOLDED items on your checklist to guarantee the prompt activation of your payroll.**

## GENERAL INFORMATION

### *Appearance*

The City expects all of its employees to dress professionally and use good judgment regarding appearance. Department heads and office related positions should have business dress or business casual appearance. Outside or maintenance personnel should have safety footwear as well as uniforms or appropriate clothing.

### *Attendance*

Please take pride in a good attendance record. Your absence or tardiness is a hardship to others and places an unfair burden on your fellow employees. If you must be absent or late, you must notify your department before your regular reporting time. You must contact your department each day that you are absent. The main telephone number is 781-314-3000.

The standard workweek for most employees is Monday through Friday, 8:30 a.m. to 4:30 p.m., with a one-hour lunch period. Some departments may have different schedules.

### ***Safety Belts***

The City of Waltham has an utmost concern for the safety of its employees. According to **Massachusetts General Laws, Chapter 90, Section 13A**, “no person shall operate a private passenger motor vehicle or ride in a private passenger motor vehicle, a vanpool vehicle or truck less than eighteen thousand pounds on any way unless such person is wearing a safety belt which is properly adjusted and fastened.” Because it is law, we require the use of seat belts in city-owned vehicles. For a copy of MGL Chapter 90; Section 13A please visit <http://www.state.ma.us/legis/laws/mgl/90-13A.htm>.

### ***Notification of Available Positions***

All Non-Civil Service vacant positions will be posted on the Human Resources Department website <http://www.city.waltham.ma.us>. Announcements will also be distributed by email to each department for posting. Civil Service positions will be posted according to civil service law and collective bargaining agreements.

### ***Personal Data***

It is required that each employee notifies his/her department head of any changes in personal data. Employees who change an address, telephone number, educational accomplishments, marital status, or individuals to be contacted in event of emergency, must submit a written notification of these changes to their department and to the Human Resources Department.

*To change information with insurance providers you must contact the provider directly.*

### ***Background Check***

The City of Waltham conducts background checks on candidates' post-offer (contingency offer). The type of information that can be collected by the City includes, but is not limited to, a criminal background check, education, employment history, credit, web based available information, public information, former employers and professional and personal references. This process is conducted to verify the accuracy of the information provided by the candidate and determine his/her suitability for employment. Any offer of employment is contingent upon the successful results of the background check.

### ***CORI***

The City endeavors to ensure the safety of the public which it serves, while protecting the civil rights of its employees, volunteers and contractors. Criminal Offender Record Information (CORI) checks are part of a general background check for City employment and volunteer work. City departments will proceed in accordance with the rules set forth by the Criminal History Systems Board.

### ***Pre-employment Physical***

The City of Waltham requires that all permanent employees undergo a pre-employment physical at the City's expense.

## **PAYROLL INFORMATION**

### ***Mandatory Deductions from Paycheck***

The City of Waltham is required by law to make certain deductions from your pay each time one is prepared. Among these are your federal and state income taxes. These deductions will be itemized on your check stub. The amount of the deductions will depend on your earnings and on the information, you furnish on your W-4 form regarding the number of exemptions you claim. If you wish to modify this number, please request a new W-4 form from the Human Resources office or the person who completes your payroll. Only you may modify your W-4 form. Verbal or written instructions are not sufficient to modify withholding allowances. We advise you to check your pay stub to ensure that it reflects the proper number of withholdings. The W-2 form you receive annually reflects how much of your earnings were deducted for these purposes. Any other mandatory deductions to be made from your paycheck, such as court-ordered garnishments, or child support, will be itemized on your pay stub whenever the City of Waltham is ordered to make such deductions.

### ***Credit Union***

Merrimack Valley Credit Union (formerly RTN Credit Union) serves the financial needs of the City of Waltham employees and their families and is committed to helping members achieve financial well-being through quality products and services with personalized service. If you need assistance or have questions, please contact Mike Davis at 781-736-9902, [mdavis@rtn.org](mailto:mdavis@rtn.org) or the RTN Business Development Team at [BizDevelopment@rtn.org](mailto:BizDevelopment@rtn.org) or 781-736-9965.

600 Main St.

Waltham, MA 02452

For [Waltham branch hours](#) and more information, go to [www.rtn.org](http://www.rtn.org).

### ***Direct Deposit***

Paychecks are dispersed each Wednesday for the previous week (with the exception of Board Members and Traffic Supervisors). Employees have the opportunity to have their net pay automatically deposited into an account at the bank of their choice. The bank must be a member of the Automated Clearing House. The forms are available at the Human Resources Department. Once enrolled, if you change banks, please advise your department payroll clerk.

### ***Deferred Compensation Plan***

The plan permits you, on a voluntary basis, to authorize a portion of your salary to be withheld and invested for payment to you at a later date. Neither the deferred amount nor earnings on the plans are taxable until they are actually distributed to you. Further information can be obtained by contacting the plan client account managers identified in the orientation material.

The City of Waltham offers one plan:

#### **Great West**

**SMART Plan-1-877-457-1900 x20084**

[www.mass-smart.com](http://www.mass-smart.com)

### ***Union Dues***

If applicable, the City is required to deduct union dues from your paycheck, those deductions are then forwarded directly to the union. Please contact your union representative for further details.

## **INSURANCE**

### ***Open Enrollment***

The City of Waltham holds an Open Enrollment Fair every spring. Open enrollment for Health insurance is in May and takes effect July 1<sup>st</sup>. During this time of Open enrollment, employees may make changes to their health plans. This is the **ONLY** time changes are allowed, with the exception of qualifying events.

In the event of a loss of health insurance, birth, marriage or divorce, it is the responsibility of the employee to notify the Payroll Department within **30 days of the event**. Birth certificate, marriage certificate and/or divorce decrees will also need to be provided at this time. Failure to meet this timeline will result in waiting until the next open enrollment period.

Health insurance is paid one month in advance. In the event that an employee switches from an individual plan to family plan, the employee will be responsible for paying the difference in cost back to the event date.

### ***Health Insurance Plans***

The City of Waltham offers its permanent employees working at least 20 hours per week two health plan options from which to choose\*:

- Harvard Pilgrim Health Care (HMO) w/Delta Dental
- Blue Cross/Blue Shield: PPO w/No Delta Dental

The City's contributions to the plans are: 89% of the cost of HMO, and 87.5% of the cost of Blue Cross/Blue Shield PPO. New employees may select one of these plans. An open enrollment every May provides employees with an opportunity to change coverage. Employees with a qualifying event may change coverage during the year for the following reasons:

- Change in number of dependents
- Change in employment status that affects your eligibility for benefits
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change of residence that puts you within the enrollment area
- Judgment, decree or order pertaining to child or spouse
- Change in legal marital status

In order to enroll a spouse and/or dependents to your health plan, the City requires a copy of your marriage license and birth certificates for dependents. As of January 1, 2014, dependent children are eligible up to their 26<sup>th</sup> birthday.

Complete information on all health plans and enrollment forms are provided in your orientation package.

## **DELTA DENTAL: (Available with Harvard Pilgrim Health Plan HMO only)**

- Preventative dental services are covered at 100% with no deductible.
- Restorative services covered at 80% after a \$50.00 per person deductible.
- Prosthodontics and Major Restorative are covered at 50%.
- Braces are not covered.

There is no additional cost for the dental coverage with the Harvard Pilgrim coverage. There is no dental coverage offered with Blue Cross Blue Shield. For more information on coverage, please consult the Delta Dental information included in your Orientation Package.

\*If you choose not to select the Health Insurance benefit, you must complete the *Waiver of Group Health Insurance Coverage Form* included in your Orientation Package.

Contact information for these health plans is as follows:

- Harvard Pilgrim Health Plan: 1-800-848-9995 TDD: 1-800-637-8257  
[www.harvardpilgrim.org](http://www.harvardpilgrim.org)
- Blue Cross/Blue Shield: 1-800-262-BLUE (2583) TTY: 1-800-522-1254  
[www.bluecrossma.com](http://www.bluecrossma.com)
- Delta Dental: 1-800-451-1249  
[www.deltamass.com](http://www.deltamass.com)

### **WHEN COVERAGE BEGINS:**

If you begin your employment between the first of the month and the twenty-third of the month, then your health insurance coverage will begin on the first day of the following month. If your employment begins between the twenty-fourth and the last day of that month, then your health insurance will begin on the first day of the second full month.

### **WHEN COVERAGE ENDS:**

If your employment ends between the first and the twenty-third of the month, then your health insurance coverage will end on the last day of that month. If your employment ends between the twenty-fourth and the last day of that month, then your health insurance coverage will end on the last day of the next month.

### ***HIPAA***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits exclusions for pre-existing conditions; prohibits discrimination against employees and their dependents based on health status; guarantees renew-ability and availability of health coverage to certain employees and individuals; and protects many workers who lose health coverage by providing better access to individual health insurance.

The special enrollment rights apply without regard to the dates on which an individual would otherwise be able to enroll under the plan. Special Enrollment periods apply to you and/or your dependents, if you have a new dependent as a result of marriage, birth, adoption or the placement for adoption (qualifying event). Under these rules, a group health plan is required to provide the

opportunity for special enrollment. These individuals should make the request within 30 calendar days of the date the qualifying event occurred.

If you decline enrollment under the City of Waltham plan for yourself or your dependents (including your spouse) and state in writing that you and/or your dependents have coverage under another group health plan or health insurance coverage as the reason for declining to enroll you may also have special enrollment rights. Special enrollment rights may apply to you and/or your dependents in the event that you and/or your dependents are no longer eligible for this other coverage.

Your plan offers an Annual Open Enrollment in May which is effective July 1st of each year, giving you the opportunity to enroll yourself and /or your dependents if you have previously declined/waived coverage for you and your dependents.

***Consolidated Omnibus Budget Reconciliation Act (COBRA)***

COBRA requires employers to offer employees and their families the opportunity to continue their group health care coverage for 18 to 36 months following termination, depending upon the “qualifying event” that leads to the ultimate termination of coverage. The City will notify you of your COBRA rights in writing. If you do choose continued coverage, you have 60 days from the date you would lose coverage to inform the Human Resources Department. If you elect coverage, you will have 45 days from the date of the election of coverage to pay premiums due from the date of your loss of coverage. If you do not choose continued coverage, your group coverage will end and cannot be reinstated.

Life Insurance Plan:

**Boston Mutual Life Insurance Company  
120 Royall St., Canton, MA. 02021-9968  
1-800-669-2668 ext. 700**

The City of Waltham offers its permanent employees working at least 20 hours per week basic life insurance in the amount of \$15,000\*. To be eligible for the additional optional coverage, employees must first be enrolled in the basic program. On the enrollment form, Plan A is the basic plan and Plan B is the optional plan.

Permanent employees working at least 20 hours per week, under age 75 who desire additional optional coverage are entitled to purchase life and accidental death and dismemberment insurance in \$5,000 denominations up to the amount of the employee's salary.

Permanent employees working at least 20 hours per week, under the age of 75 are entitled to purchase dependent coverage. Dependent coverage includes only life insurance. Accidental death and dismemberment are not included.

In order to be eligible for dependent coverage, you must first purchase at least \$5,000 in additional optional coverage. The entire optional premium for coverage is paid by the employee through payroll deductions.



When an employee is terminated, resigns, reduces their hours to less than 20, or reaches age 75, all additional optional coverage ends. The employee has the right to convert the full amount of additional coverage to an individual policy.

When an employee under age 75 retires, he/she may take his/her additional coverage with them until age 75.

For more information see your orientation package, contact the Human Resources Department, or visit the Boston Mutual webpage at: <http://www.bostonmutual.com/>

\*The City contributes 50% of the premium.

### ***Permanent Life/Cancer Insurance Coverage***

The orientation package includes additional information on permanent life and cancer insurance coverage provided by LifePlus Insurance Agency. Enrollment for this coverage is available upon hire and in May during benefit open enrollment for July implementation. For more information contact the LifePlus Insurance Agency client service representative, at 1-781-837-9222 or <http://www.lpins.com>

### ***Workers' Compensation***

Workers' compensation benefits are provided for injuries arising out of and in the course of your employment. **Employees must report all work-related injuries and illnesses to their supervisor immediately, no matter how minor they may appear.** Worker's Compensation Informational booklet must be filled out, regardless of the nature of the injury, and returned to the Human Resources Department forthwith. If medical attention is required, the City of Waltham has the right to send you to the provider of their choice for the initial visit. Follow-up care provided as needed. If it is a medical emergency, 911 should be called.

### ***Unemployment Compensation***

Depending upon the circumstances, employees may be eligible for Unemployment Compensation upon termination of employment or a reduction in hours of work with the City of Waltham. The Department of Employment and Training determines eligibility for Unemployment Compensation. The City pays the entire cost of this insurance program.

## **EMPLOYEE BENEFITS**

### ***Flexible Spending Account Program***

A Flexible Spending Account (FSA) plan allows employees to pay for certain unreimbursed healthcare and dependent care expenses with before-tax dollars. For many participants, the FSA plan provides a better tax benefit than is available to an individual taxpayer. The flexible spending account program permits each employee to set aside up to \$5000 pre-tax dollars for dependent care expenses and up to \$3050 for medical expenses not reimbursed. Money that is reimbursed to you for paid expenses is tax-free. You pay no state, federal, social security, or Medicare taxes on that money. You may only enroll during open enrollment (usually each December) or if you have a "change in status/qualifying event" the following are considered changes in status/qualifying event:

- Change in number of dependents

- Change in employment status that affects your eligibility for benefits
- Dependent satisfies or ceases to satisfy eligibility requirements
- Significant change of residence or work-site
- Judgment, decree or order pertaining to child or spouse
- change in legal marital status

For additional information, contact the City of Waltham account representative with Sentinel Benefits at 1-888-762-6088, or visit their website at: [www.sentinelgroup.com](http://www.sentinelgroup.com)

### ***Bereavement Leave***

Non-union employees are entitled to one to three (1–3) days up to a maximum of five (5) days for the death of immediate family members, including: spouse, mother, father, grandmother, grandfather, daughter, son, sister, brother, aunt, uncle, grandchild, stepfamily of the employee or spouse of step family. Union employees will follow Bereavement Leave under current CBA Agreement. The department head may grant additional days to employees under extenuating circumstances.

### ***Family Medical Leave Act***

The City's policy for the Family and Medical Leave Act of 1993 (FMLA) covers basic procedures governing leaves taken under FMLA so as to ensure compliance with the federal statute which allows eligible employees an unpaid leave for up to 12 weeks in one 12-month period, or in the case of certain family military leave, up to 26 weeks in one 12-month period. Eligible employees must (1) have worked at least 1,250 hours (approximately 25 hours per week) for the City within the last twelve months, and (2) have been employed by the City at least 12 months prior to the request for such leave. Please contact the Human Resources Department for detailed benefit information and a copy of the Act.

### ***Domestic Violence Leave Act***

All full-time, part-time, seasonal and temporary employees are eligible for Domestic Violence Leave. The City is committed to the protection of employees that provide service to the City from domestic violence by giving them the necessary tools to deal with domestic violence issues. This policy, along with the efforts of our EAP (Employee Assistance Program), can be utilized if the need arises to take time off to deal with a domestic violence issue. Please contact the Human Resources Department if you should have any questions regarding this Act.

### ***Small Necessities Leave Act***

Massachusetts enacted the Small Necessities Leave Act (SNLA) in 1998, expanding upon the rights granted by the federal Family and Medical Leave Act (FMLA). The SNLA grants eligible employees a total of 24 hours of unpaid leave during any 12-month period, *over and above* the leave granted under the FMLA. To be eligible, an employee must (1) have been employed for at least 12 months by the employer from whom the leave is requested, and (2) have provided at least 1,250 hours of service to the employer during the previous 12-month period. Please contact the Human Resources Department if you should have any questions regarding this Act.

### ***Parental Leave Act Policy***

In accordance with MGL 149 the City grants up to 8 weeks of Parental Leave to both male and female eligible employees for the purposes of birth, adoption or placement pursuant a court order.

Unless combined in accordance with other leave practices, parental leave is unpaid leave. Employees shall not be required to exhaust all time off prior to taking the leave. The Act provides that 2 employees of the same employer shall only be entitled to eight weeks of leave in the aggregate for the birth or adoption of the same child. Eligible employees are defined as employees who have completed their initial probationary period, not to exceed three months, or if there is no such probationary period, employees who have been employed for at least 3 consecutive months as a full-time employee. For additional information please contact the Human Resources Department.

### ***Pregnant Workers Fairness Policy***

The City of Waltham provides accommodations to allow pregnant employees or prospective employees or those with conditions related to their pregnancy to perform the essential functions of their jobs. In addition, the City will not discriminate against employees or prospective employees who are pregnant or have a condition related to pregnancy including, but not limited to, lactation or the need to express breast milk for a nursing child.

### ***Holidays***

The following holidays shall be allowed for permanent employees and in the event, one occurs within the working week, each employee shall be paid for a full day as if working:

- New Year's Day
- Memorial Day
- Veterans' Day
- Columbus Day
- Christmas Day
- Presidents' Day
- Martin Luther King Day
- Independence Day
- Thanksgiving Day
- Patriots' Day
- Labor Day
- Juneteenth

Whenever one of the foregoing holidays occurs on a Saturday or Sunday, the employee shall be given an additional day off. If the additional day off cannot be given because of personnel shortage or other cause, the employee shall be entitled to an additional day's pay.

Those who are required, to work on a holiday due to an emergency, shall be paid time and one half (1.5 hours) for the hours worked in addition to regular holiday pay.

### ***Educational Incentive Program***

The City of Waltham Educational Incentive Program is intended to encourage employees to improve their job competence, and helps prepare them for greater responsibilities within their present job assignments. Please contact the Human Resources Department for more complete information about this program. Reimbursement is subject to funds being available.

### ***Jury Duty***

The City's obligation to pay employees called for jury service is set forth in MGL Chapter 234A, Section 48, which states in pertinent part – "Each regularly employed trial or grand juror shall be paid regular wages by his employer for the first three days, or part thereof, of juror service. Regular employment shall include part-time, temporary and casual employment. As long as the employment hours of a juror reasonably may be determined by a schedule or custom and practice established during the three-month period preceding the term of service of such juror." If you have

questions regarding pay for jury service, please ask your supervisor or contact the Human Resources Department.

### ***Permanent Part Time Employees Policy***

Permanent part-time employees are eligible for vacation, sick and holiday benefits on a prorated basis. Permanent employees working 20 hours per week or more are eligible for health benefits. Please contact the Human Resources Department should you have any questions regarding this policy.

### ***Vacations***

Applicable to non-union wage and salary grade classifications.

Years of service:

- Less than 1 year At the discretion of the Dept. head
- More than 1 year, but less than 10 15 Days
- At least 10 years, but less than 15 20 Days
- At least 15 years 25 Days

In all cases, vacation shall be taken during the calendar year unless the employee is given permission in writing by their department head with the approval of the mayor to carry the vacation time into the succeeding calendar year.

All vacation rights arising out of creditable service accumulated in any department of the City shall be transferable by an employee to any other department.

Every employee who has worked thirty (30) work weeks in the aggregate during the twelve months preceding the first day of June in the current year shall be eligible for a vacation up to 2 weeks with pay at the discretion of the department head. This provision shall not apply to employees in the Police and Fire Departments.

### ***Sick Time***

Sick time for non-union employees shall be used at the discretion of the department head. All employees must submit a doctor's note upon the usage of five concurrent sick days.

### ***Longevity***

Each non-union employee shall receive longevity pay which will be added to base compensation upon completion of each five (5) year increment of service with the City, but not commencing until completion of the tenth (10) year as follows:

- a) A total of 8% of annual base salary per year for each employee who has completed at least 10 years but less than 15 years;
- b) A total of 9% of annual base salary per year for each employee who has completed at least 15 years but less than 20 years;
- c) A total of 10% of annual base salary per year for each employee who has completed at least 20 years but less than 25 years;
- d) A total of 11% of annual base salary per year for each employee who has completed at least 25 years or more;

For the purposes of longevity, services with the City shall be defined as actual service in the employ of the City for which an employee is entitled to credit pursuant to the provisions of MGL Ch. 32. Service credit an employee may have, but which is not attributable to City employment, shall not be used as a basis for awarding longevity pay.

## **RETIREMENT BENEFITS**

### ***Social Security and Medicare Tax***

The City of Waltham does not deduct Social Security from your wages. The City has a retirement program under General Laws Chapter 32, Sections 1-28 and other special acts of the Commonwealth of Massachusetts. Full-time and benefit eligible part-time employees must be members of the City's retirement program. All other non-benefitted employees must participate in the OBRA program.

Employees hired or re-hired after March 31, 1986 are required to pay Medicare tax and the City matches that contribution.

### ***OBRA***

If you are a part-time, seasonal or temporary employee of the Commonwealth of Massachusetts or a Massachusetts local government employer, you are required to contribute at least 7.5% of your gross compensation per pay period in the Massachusetts Deferred Compensation SMART Plan (SMART Plan). The SMART Plan is an alternative to Social Security as permitted by the federal Omnibus Budget Reconciliation Act of 1990 (OBRA). This contribution is deducted on a pre-tax basis, reducing your current taxable income. This means that you will not pay any tax on this money until it is distributed from your account. Upon termination you may request a disbursement of funds or roll over the funds to another employer sponsored plan or traditional Individual Retirement Account (IRA). You may contact the SMART Plan at 877-457-1900.

### ***Retirement Plan Membership***

Membership in a contributory retirement system is mandatory for nearly all public employees who are regularly employed and working at least 20 hours per week. The Retirement Board exercises full jurisdiction to determine an employee's eligibility for membership in cases involving part-time, provisional, temporary, seasonal or intermittent employment or service.

### ***Contributions:***

Employees who become members:

Prior to-January 1, 1975, must contribute	(5%)
On or after January 1, 1975 and Prior to January 1, 1984, must contribute	(7%)
On or after January 1, 1984 but prior to July 1, 1996, must contribute	(8%)
After July 1, 1996, must contribute	(9%)

If membership began after January 1, 1979, and if your annual rate of regular compensation is \$30,000 or more, the governmental unit for which you work will withhold 2% of that portion of your rate of regular compensation that is in excess of \$30,000.

Employees hired after April 2, 2012 contribution rate decreases 3% once they have attained 30 years of creditable service.

**A new employee is required to make an appointment with the Retirement Board to review and complete the retirement forms before the end of his/her first week of work. You should bring the following documentation:**

- **Photo ID (Driver's license, Passport, Mass ID)**
- **Copy of your birth certificate**
- **Copy of DD214 if applicable**
- **Copy of beneficiary's birth certificate or Social Security Number**
- **Copy of marriage certificate if applicable**

### ***Retirement Office/Location***

The Retirement Office is located at 25 Lexington Street, Waltham. If you have questions, please call 781-314-3230. They have available a retirement guide booklet that can be mailed to you upon request.

## **CITY POLICIES AND PRACTICES**

### ***Non-Discrimination and Equal Employment Opportunity***

Non-discrimination and equal employment opportunity are the policies of the City in all of its employment programs and activities. The City recognizes the right of individuals to work and advance on the basis of merit, ability, and potential, without regard to race, color, sex (including gender identity, sexual orientation, and pregnancy), national origin, ancestry, veteran status, age (over 40), religion, disability or genetic information. The City and its employees will take affirmative measures to ensure equal opportunity in the areas of recruitment, hiring, promotion, demotion or transfer, layoff or termination, rates of compensation, training programs, and all terms and conditions of employment. This applies equally in relations with the public and all persons or organizations doing business with the City.

### ***Americans with Disabilities Act***

The City complies with requirements of the regulations contained in the U.S. Americans with Disabilities Act of 1990, including reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee unless such accommodation will impose undue hardship on the City.

### ***Discriminatory & Sexual Harassment***

It is the goal of the City of Waltham to promote a workplace that is free of discriminatory harassment of any type, including sexual harassment. Discriminatory harassment consists of unwelcome conduct, whether verbal or physical, that is based on a characteristic protected by law, such as race, color, sex (including gender identity, sexual orientation, and pregnancy), national origin, ancestry, veteran status, age (over 40), religion, disability or genetic information.

The City of Waltham will not tolerate harassing conduct that affects employment conditions, that interferes unreasonably with an individual's performance, or that creates an intimidating, hostile, or offensive work environment.

Harassment of employees occurring in the workplace, in connection with work-related travel, and/or work-sponsored events will not be tolerated. Further, any retaliation against an individual who has complained about harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is similarly unlawful and will not be tolerated.

### ***Anti-Nepotism Policy***

It is the policy of the City of Waltham not to discriminate in its employment and personnel actions with respect to employees and applicants on the basis of marital or familial status. Notwithstanding this policy, the City of Waltham retains the right to refuse to hire or appoint a person or permit an existing supervisory relationship involving family members to continue, where the family members would be in the same department or division and where their familial and supervisory relationship has the potential for creating or in fact has created an adverse impact on supervision, safety, security or morale, or involves a potential conflict of interest. The Department Head shall have the authority and responsibility for determining if such a potential for adverse impact exists or does not exist. All new or prospective employees must complete an Anti-Nepotism form.

### ***Drug and Alcohol Policy***

It is the position of the City of Waltham that the use of illegal drugs and misuse of legal drugs, including alcohol, are sources of danger in the workplace and threaten the maintenance of a productive and safe work environment. The City of Waltham discourages users of illegal drugs and miss-users of legal drugs, including alcohol, from seeking employment with the City and encourages very forcefully the rehabilitation of such persons already in its employ.

Employees of the City of Waltham are visible and active members of the communities in which they live and work. They are inescapably identified with the City and are expected to represent it in a responsible and creditable fashion. While the City of Waltham has no intention of intruding into the private lives of its employees, the City does expect employees to report for work in a condition to perform their duties competently. Use of illegal drugs and misuse of legal drugs, including alcohol, can have a negative impact on the workplace and is contrary to the City's goal of providing a workplace that is a safe, alcohol and drug-free environment.

Employees who engage in drug and/or alcohol abuse, either on or off the job, have the potential to adversely affect the job performance and safety of themselves and others. Use of illegal drugs and misuse of legal drugs, including alcohol, is proper cause for disciplinary action up to and including termination of employment. A complete copy of the policy is provided in your orientation package.

### ***Conflict of Interest Law***

The conflict-of-interest law, Chapter 268A of the General Laws, requires that municipal employees give undivided loyalty to the municipality and act in the public interest rather than for private gain. This law sets a minimum standard of ethical conduct for all municipal employees and officials. The law and the Ethics Commission, which enforces the law, were established to foster integrity in government and promote public trust. The purpose of the law is to ensure that public employee's private financial interests and personal relationships do not conflict with their public obligations. The law governs what you may do on the job, what you may do after hours or what you may do after you leave public service.

All City of Waltham employees must complete the online State Ethics Commission training. This training is available on the website [www.mass.gov/ethics](http://www.mass.gov/ethics). Scroll down to education and training resources, click on mandatory training requirements, click online training program and follow the instructions provided. Once the training is completed, print the last page of the training and return that to the City Clerk's office within 30 calendar days of date of hire and every two years thereafter. A complete copy of the policy is provided in your orientation package.

### ***Progressive Discipline Policy***

It is the primary goal of the City of Waltham to provide effective and efficient services to the public. Accordingly, it is the responsibility of all managers and supervisors in the employee of the City to attempt to improve the performance of employees under their supervision in order that services are delivered effectively and efficiently to the public. Discipline is one tool for affecting the performance of employees and for achieving the goal of providing effective and efficient municipal services.

The City's Progressive Discipline Policy provides guidelines that will assist managers in the counseling and disciplining of their employees. It also outlines various techniques and methods to help managers prevent and handle performance problems by dealing with situations fairly, consistently, progressively, and professionally.

This policy does not waive, modify, or diminish any managerial rights, rights that the management or appointing authority has by law, and rights that the management or appointing authority has with respect to provisional appointees. For a complete copy of this policy, contact the Human Resources Department.

### ***Right to Know Law***

The purpose of the Right to Know Law is to create a mechanism for providing and obtaining information about toxic and hazardous chemicals in the workplace. It is designed to afford employees and community residents opportunities to gain, through their employers and public officials, information regarding such chemicals. Further, it places a responsibility upon employers, to provide such information to employees.

The statute covers both public and private employers who manufacture, use, process or store toxic or hazardous substances, and who have employees who are or may be exposed under normal working conditions or under foreseeable emergencies, to toxic or hazardous chemicals contained on the Massachusetts Substance List. There are no exclusions for employers based on number of employees or size or nature of operation. Research laboratories are exempt but school laboratories are not exempt.

The law is two-fold. First, it places upon employers the responsibility of providing to all of its employees' information regarding the identity and effects of toxic and hazardous chemicals. Second, it affords employees the right and opportunity to obtain such information from and through their employers. For a complete copy of this law, contact the Human Resources Department.



### ***Public Records Law***

Under the Massachusetts Public Records Law, any person has the right of access to public information. Administrative information typically contained in a municipal employee's personnel file such as an employee's name, home address and date of birth is considered public information and may be disclosed in response to a public records request. Administrative information regarding public safety employees may not be disclosed under the Public Records Law.

Municipal employees who are victims of domestic violence, sexual assault or stalking may have their home address protected from public disclosure through a special program known as "The Address Confidentiality Program (ACP)" administered by the Secretary of the Commonwealth. For information on the ACP call 1-866-SAFE-ADD. For more complete information on the Massachusetts Public Records Law, contact the Human Resources Department.

### ***Polygraph Protection Act***

Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

### ***Smoking Policy***

Per MGL Chapter 270, Section 21 & 22 smoking is prohibited in all public buildings, or in a vehicle or vessel owned, leased or operated by the City of Waltham.

The City of Waltham encourages a spirit of cooperation, courtesy and mutual respect among employees in the workplace.

Police & Fire: The rule has been adopted under the authority of the Pension Reform Act, Ch. 697 of the Acts of 1987. Section 117 of the Act adds the following to Chapter 41 of the General Laws:

"Section 101A. Subsequent to January first, nineteen hundred and eighty-eight, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products. The personnel administrator shall promulgate regulations for the implementation of this section."

### ***Alcohol and Drug Free Workplace***

The City realizes that the misuse of drugs and alcohol impairs employee health and productivity. Drug and alcohol problems result in unsafe working conditions for all employees and customers. The City is committed to maintaining a productive, safe, and healthy work environment, free of unauthorized drug and alcohol use, in compliance with the Drug Free Workplace Act. Any employee who seeks assistance through the Human Resources Department may be confidentially referred to drug and alcohol rehabilitation programs. Employees seeking assistance may also contact the Employee Assistance Program.

Any employee involved in the unlawful use, sale, manufacturing, dispensing or possession of controlled substances, illicit drugs and alcohol on City premises or work sites, or working under the influence of such substances or who is impaired at work as a result of the use of lawful substances, will be subject to disciplinary action up to and including dismissal and referral for prosecution.

In addition, the City has developed and maintains a comprehensive Drug and Alcohol Policy and CDL drug testing policy in accordance with the Department of Transportation 1991 Omnibus Transportation Employee Testing Act, as amended. For a complete copy of this law, contact the Human Resources Department.

### ***Employee Assistance Program***

The City of Waltham offers an Employee Assistance Program to help employees who may be experiencing personal problems that may impact their job performance. The purpose of the Employee Assistance Program is to help employees address these problems before they impact their job performance. There is no cost to employees, household members or dependents for EAP sessions and one 30-minute consultation for each legal or financial matter. This is a completely confidential program.

Employees may access the program by contacting an EAP representative at 1-800-451-1834, their department head or the Director of Human Resources or at [www.emiia.org](http://www.emiia.org)

### ***Employee Network Use Policy***

The Employee Network Use Policy outlines the proper use of Internet access. This policy applies to all Municipal Employees using Waltham's Network. All Waltham data network access to the Internet is provided for **CITY BUSINESS ONLY**.

All electronic data transferred, promoting, aiding, furthering or otherwise in support of illegal activities are prohibited. Attempts to gain unauthorized access to any computer or communications system on the Internet are also prohibited. The use of the Internet through your Waltham account is a privilege not a right and inappropriate use or vandalism of any kind may result in a cancellation of this privilege and disciplinary action. A complete copy of this policy is provided in your orientation package.

### ***Whistleblower Protection Act***

The Whistleblower Protection Act protects whistleblowers that are responsible for disclosing, threatening to disclose, providing information, or objecting to any activity, practice, or policy that the employee reasonably believes is in violation of law, rule, or regulation, or poses a risk to public health, safety, or the environment. An employer violates the Whistleblower Protection Act if the employer takes (or threatens to take) retaliatory personnel action against any employee or applicant because of disclosing said information.

### ***Fair Labor Standards Act***

The Fair Labor Standards Act (FLSA) establishes standards for minimum wages, overtime pay, recordkeeping, and child labor. Fair Labor Standards Act of 1938 was enacted to establish fair labor standards in the workforce. This regulation applies to all departments except Fire and Police personnel.

The City is hereby establishing a seven-day work period commencing at 12:01 a.m. on Sunday for all departments with the exception of employees engaged in law enforcement and fire protection activities.

The Act allows for certain employees to be exempt under the Act for its overtime provisions. Some of the exemptions, among others, are elected officials, executive, administrative, professional personnel, etc. The Human Resources Department will notify department heads which of their employees, if any, are exempt from the Act.

The Act calls for overtime payment for hours worked over 40 in a work period. Vacation leave and sick leave time not actually worked during a call back period may not be counted as hours worked under the Act. Compensatory time off may only be provided under the provisions of a labor contract or for employees not included in bargaining units, under a written memorandum of understanding arrived at before the performance of the work.

This Act also establishes standards for minimum wage and child labor. Please contact the Human Resources Department for a complete copy of the Fair Labor Standards Act.

### ***Vehicles Can Be Dangerous Policy***

The prevention of injuries is a major responsibility of employers and employees. Therefore, it is the policy of the City of Waltham that no employee shall ride outside the passenger compartment of a City-owned vehicle. All individuals in city-owned vehicles must be seated within the passenger compartment and wearing seatbelts. There will be NO exceptions to this policy. This policy will be rigorously enforced. Failure to comply may result in disciplinary action. A complete copy of this policy is provided in your Orientation Package.

### ***USERRA***

The Uniformed Services Employment and Reemployment Rights Act protects the job rights of individuals who voluntarily or involuntarily leave employment position to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of uniformed services, and applicants to the uniformed services. Please contact the Human Resources Department should you have any questions regarding this Act.

### ***Closing***

The contents of this booklet are for your reference. If you have questions or require additional information regarding the contents of this booklet, please ask your supervisor or contact the Human Resources Department at 781-314-3355.



# 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.

# 2024

<b>Step 1:</b> <b>Enter Personal Information</b>	(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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(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

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 Dependent and Other 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): Other 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 pay period		<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**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## 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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**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 these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, 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 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 2024 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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2024 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
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name .....  
Print home address.....

Social Security no. ....  
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.



**CONFIDENTIAL**

**EEO Self-Identification Form**

**Notice -Completion of this form is voluntary.**

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We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee *EEO Self-Identification Form* is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary. We appreciate your assistance.

---

- 1. Date Completed:
  - 2. Name:
  - 3. Position Applying:
  - 4. Social Security Number: Last 4 Digits:
- 

**Voluntary Self-Identification of Ethnicity, Race and Gender**

5. Race/Ethnic Code: (Please Select One)

**Ethnicity:**

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race;

**Race:**

**White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa;

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;

**American Indian or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition; and

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

6. Sex/Gender Code: (Please Select One)

- Male**       **Female**       **Non-Binary**       **Prefer Not to Disclose**

**Signature:**

**Date:**

**THANKS FOR YOUR ASSISTANCE!**





**CITY OF WALTHAM  
MASSACHUSETTS**

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451  
781-314-3355 FAX 781-314-3358  
E-MAIL - [KMURPHY@CITY.WALTHAM.MA.US](mailto:KMURPHY@CITY.WALTHAM.MA.US)

**KRISTIN MURPHY**  
Human Resources Director  
Workers' Compensation Agent

## Housing Rehabilitation Program Guidelines

City of Waltham  
Planning Department  
Housing Division

January 13, 2022

Applying for Funding Assistance:

Applications for assistance are accepted by mail or in person in the Housing Department, 25 Lexington St., Waltham, MA. 02451.

Applications may be downloaded by going to the City web site at  
[www.city.waltham.ma.us/housing](http://www.city.waltham.ma.us/housing)

Application are accepted on a first-come, first-serve basis. For more information call the Planning Department Housing Division at 781-314-3380.



**CITY OF WALTHAM**  
**Background Information Form & Verification of Employment**

Instructions: This form must be clearly printed in ink. All questions must be answered completely.

**Applicants must submit copies of all certification or licenses required or related to employment with their background check form if requested by the Human Resources Department.**

**PERSONAL HISTORY**

1. Name in full (Last, First, Middle Name)

2. Social Security Number

\_\_\_\_\_

\_\_\_\_\_

3. List all other names you have used. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court.

\_\_\_\_\_

\_\_\_\_\_

4. Are you at least 18 years of age?

Yes  No

5. Are you eligible to work in the United States?

Yes  No

**VERIFICATION OF EMPLOYMENT**

6. Please provide the name and contact information of your supervisor or Human Resources Department in order to verify current or most recent employment. **The City of Waltham must be able to verify employment.**

Supervisor Name and/or Human Resources	Telephone Number

**RESIDENCE**

7. Present Residence Address (Street, Apartment #, City, State, Zip Code):

\_\_\_\_\_

\_\_\_\_\_

8. Residence # ( ) \_\_\_\_\_ Business # ( ) \_\_\_\_\_ Cell phone # ( ) \_\_\_\_\_

9. List chronologically all past residences. Be as accurate as possible. (Include addresses while attending school if away from home and all military addresses).

From Month/Day Year	To Month/Day Year	Number & Street	City	State

**EDUCATION**

10. List all educational institutions that you have attended starting with high school:

Name of School	Location	Dates Attended		Degree Or Diploma
		From Month/Year	To Month/Year	

11. Were you ever dismissed from school for any reason during your scholastic career? Yes  No

If YES, explain in detail. School: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY EXPERIENCE**

12. Have you served in the United States Military? Yes  No

From	To	Branch	Rank	Active Reserve	Retired

**PROFESSIONAL LICENSES**

11. Please provide any professional licensure you currently hold or have held in the past.

Issuing Authority	Profession	License Number	Expiration Date




13. Has your professional license to ever been revoked or suspended in this state or any other?

Yes  No

If YES, explain in detail:

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### DRIVING RECORD

14. Provide your Massachusetts Driver's License number, and if requested, your driving record from the Registry and Expiration Date:

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

15. Did you ever possess a Driver's License from another state?

Yes  No

If YES, give dates State and license number (if known): \_\_\_\_\_

16. Has your license to operate motor vehicles ever been revoked or suspended in this state or any other?

Yes  No

If YES, explain in detail:

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### EMPLOYMENT

17. List chronologically all employment beginning with the most recent. Include summer and part time employment while attending school, any period of unemployment and any military service.

**ALL time must be accounted for and ALL employment must be provided.  
CLEARLY STATE THE REASON FOR LEAVING (excluding medical reasons).**

#### Employment History (Every section must be completed in full)

Company	Type of Business

Telephone	Address		
Position	Department	Hours per WK	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	
Duties/Major Accomplishments			
Company			Type of Business
Telephone	Address		
Position	Department	Hours per Wk	Supervisor
Start Date	Date Left	Reason for Leaving	

18. Have you ever been dismissed, terminated or asked to resign from any position or employment you have held? YES  NO

19. Have you ever quit any job or position without giving notice? YES  NO

If YES, explain in detail. Employer's name: \_\_\_\_\_ Date \_\_\_\_\_  
Reason: \_\_\_\_\_

**PROFESSIONAL/TRADE ASSOCIATIONS**

20. Do you hold membership in any professional or trade organizations(s)? YES  NO

Organization	Address	Type	Member position Held

**INVESTIGATION RECORD**

21. Has the Commonwealth of Massachusetts, the United States Government, any State, Municipality, or other Police Agency investigated your background? YES  NO

If YES, provide the information below:

Month/Year	Investigating Agency

**OUTSIDE ACTIVITIES**

22. List any activities, which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity. **(Response is Optional)**

From: To: (month/year)	Activity	Location (City/State)

--	--	--

<b>PRIOR EMPLOYMENT APPLICATIONS (All employment)</b>
---

23. Have you ever provided false information on any application for employment? YES  NO
24. Have you ever withheld information on any application for employment? YES  NO
25. Have you ever misrepresented your qualifications on any application for employment? YES  NO

### **Employee Authorization to Release Records**

**Read Carefully Before Signing**

I certify that the above information is true and complete to the best of my knowledge; any misrepresentation of information on this application may be reason for immediate dismissal. I authorize you to review my character and ability to perform the job for which I am applying. I understand that in carrying out the review, reports may be solicited from previous employers, schools, credit bureaus, Registry of Motor Vehicles, personal and other references, but that no attempt will be made to contact my present employer or law enforcement agencies to see if I have been convicted of a felony unless specifically authorized by me to do so. I hereby release them from all liability for damages for providing this information. I also recognize that I will be required to complete the City's employment forms, complete and pass a pre-employment physical and complete and pass pre-employment drug/alcohol testing as well as a probationary period. 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.

Note: Labor Service registration is valid for five years and is subject to all provisions of Civil Service Law and Rules. If you wish to renew your registration for one five year extension, you must notify the City of Waltham Human Resources Department in writing no earlier than six months before, or no later than six months after the fifth anniversary of your registration. Failure to provide such notification will result in removal from the Labor Registration List.

Applicant's Full Name (Print Legibly): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

*It is unlawful in Massachusetts to require or administer a polygraph test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. (MGL c149, s 19b)*



# 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	
<p><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></p>		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.</b> and <b>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)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><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.</p>		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.

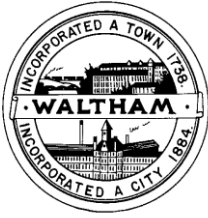
\* Documents extended by the issuing authority are considered unexpired.

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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">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>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

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



## CITY OF WALTHAM MASSACHUSETTS

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451  
781-314-3355 FAX 781-314-3358  
E-MAIL – [KMURPHY@CITY.WALTHAM.MA.US](mailto:KMURPHY@CITY.WALTHAM.MA.US)

**KRISTIN MURPHY**  
Human Resources Director  
Workers' Compensation Agent

To: Non-union Employees  
From: City of Waltham  
Re: OPEB Contribution  
Date: May 1, 2023

Permanent employees who are eligible for the City's health insurance program, incur a liability referred to as Other Post-Employment Benefits (OPEB). Below is an explanation of OPEB. Each permanent full-time employee will have \$10/week deducted from their paycheck to be deposited into the OPEB Trust Fund to help reduce the liability. Permanent part-time employees working over 20 hours/week, but less than full-time will contribute \$4/week.

### **Other Post Employee Benefits (OPEB)**

#### **What is OPEB?**

OPEB is the benefit offered to retirees other than their pension. It is mainly health insurance, which includes medical, dental, Medicare Part B premiums and drugs.

#### **What is the OPEB liability?**

The OPEB liability is the present value of the City's cost of health insurance for retirees. This includes current retirees and those employees who have a right to retire at a future date (vested employees). The OPEB liability is reduced by the amount of assets the City has set aside to date. The net amount is the unfunded OPEB liability. The current unfunded OPEB liability for the City of Waltham is \$698.9 million.

#### **What are the drivers of the City's OPEB liability?**

- \*Level of Benefits
- \*Health care costs
- \*Eligible population

The City of Waltham is self-insured and offers benefit rich health plans consisting of low co-payments and \$0 deductibles. The employee contribution is 12.5% for the PPO and 11% for the HMO plans. Under a special act for the City of Waltham, the contribution percentage paid by the employee at the time of retirement is guaranteed for the duration of their retirement.

Total annual rates for the City's plans as of July 1, 2023 are as follows:

BCBS PPO	Family \$46,350/Individual \$19,967
Tufts HMO	Family \$32,013/Individual \$11,930
HPHC HMO	Family \$31,124/Individual \$12,464

All permanent benefit eligible employees, their spouses and dependent children up to the age of 26 are eligible to participate. Additionally, surviving spouses of deceased employees and retirees are eligible to participate.

#### **Why is the City's OPEB liability significant?**

Health care costs are generally rising at a faster rate than the reserves.

A Mass Municipal Association (MMA) survey shows the average employee contribution for municipalities is 30%. The City is 11% or 12.5% and a contribution guarantee provided by a special act.

The OPEB liability in the near future will need to be included in the City's audited financial statements. This will have a significant unfavorable impact of the City's overall financial position and could potentially impact its bond rating.





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

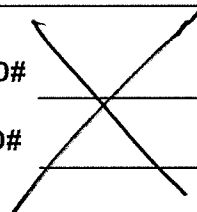
---

Employee Name \_\_\_\_\_

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

Employer Name City of Waltham

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 \_\_\_\_\_

---

## 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.

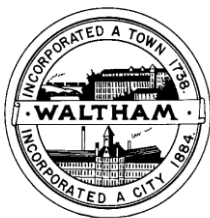
Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension 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.



## CITY OF WALTHAM MASSACHUSETTS

119 SCHOOL ST., WALTHAM MASSACHUSETTS 02451  
781-314-3355 FAX 781-314-3358  
E-MAIL: [KMURPHY@CITY.WALTHAM.MA.US](mailto:KMURPHY@CITY.WALTHAM.MA.US)

KRISTIN MURPHY  
DIRECTOR OF PERSONNEL  
WORKERS' COMPENSATION AGENT

### CITY OF WALTHAM SEXUAL HARASSMENT POLICY

The City of Waltham, as an employer, has as its goal the elimination of sexual harassment from the workplace. It is destructive of morale and teamwork and it can lead to poor job performance. Both the Massachusetts General Laws, Chapter 151B and 151C and Title VII of the Civil Rights Act of 1964 include sexual harassment as a form of unlawful sex discrimination. The City strongly disapproves of such conduct by or toward its' employees. It shall be the City's policy that all employees of the City, at all levels, elected or appointed, must avoid offensive and/or inappropriate sexual and/or sexually harassing behavior at work and will be held responsible for insuring that the workplace is free of sexual harassment. Sexual harassment, retaliation against an individual filing a claim, or retaliation against an individual cooperating in an investigation is against the law and will not be tolerated by the City of Waltham.

#### **I. Definition of Sexual Harassment**

Conduct which constitutes prohibited sexual harassment includes unwelcome sexual advances; requests for sexual favors; and other verbal or physical conduct of a sexual nature when:

- (a) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- (b) Submission to or rejection of such conduct by an individual is used explicitly or implicitly as the basis for employment decisions affecting such individuals; or
- (c) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, or sexually offensive working environment.

The following behaviors are examples of what the City would consider to be sexual harassment:

- (a) requests for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits or continued employment;
- (b) coerced sexual acts;

In certain circumstances, the following conduct may also constitute sexual harassment:

- (c) use of sexual epithets; gossip regarding one's sex life; comments about an individual's sexual activity;

- (d) unwelcome brushing against the body of an individual; unwelcome sexual gestures or suggestive comments;
- (e) displaying sexually suggestive objects, pictures, cartoons;
- (f) inquiries into a person's sexual experiences;
- (g) discussion of one's own sexual activities.

## **II. Considerations**

Sexual harassment is not, by definition, limited to prohibited conduct by a male employee toward a female or by a supervisory employee toward a non-supervisory employee. The City's view of sexual harassment includes, but is not limited to, the following considerations:

- (a) A man as well as a woman may be the victim of sexual harassment; a woman as well as a man may be the harasser.
- (b) The harasser does not have to be the victim's supervisor. The harasser may also be a supervisory employee who does not supervise the victim, a non-supervisory employee (co-worker), or, in some circumstances, even a non-employee.
- (c) The victim does not have to be the opposite sex from the harasser.
- (d) The victim does not have to be the person at whom the unwelcome sexual conduct is directed. The victim may also be someone who is affected by such conduct when it is directed toward another person. For example, the sexual harassment of one employee may create an intimidating, hostile, or offensive working environment for another co-worker or unreasonably interfere with the co-worker's work performance.

## **III. Complaint Procedures**

Complaints of sexual harassment may be made to: any Supervisor, any Department Head, the Director of Human Resources, Kristin Murphy, 119 School Street, Waltham, MA 02451, 781-314-3360.

- (a) Complaints of sexual harassment or retaliation will be accepted verbally or in writing. All complaints will be taken seriously and investigated. Anyone may make such a complaint whether it be the victim or any other individual who has witnessed acts of sexual harassment or retaliation. The City expects individuals who witness such acts to report this conduct.
- (b) Upon the occurrence of an initial act of harassment or upon repetition of such acts, the victim should report the incident to his/her immediate supervisor or the Department Head. The immediate supervisor or Department Head should then, in turn, immediately report the incident

to the Director of Personnel. In the event the immediate supervisor or Department Head is the offending person, or in the event the victim prefers to notify someone outside of the victim's department, the victim should report the incident directly to the Director of Personnel and/or the Administrative Assistant to the Mayor to handle and investigate sexual harassment complaints.

(c) The City will make every effort to investigate in a professional manner as expeditiously as possible and as confidentially as it is able to. The City will make every reasonable effort to limit information to those individuals who have an immediate need to know, including but not limited to, the Director of Personnel, the other person designated to handle sexual harassment complaints, the investigating officer (if someone other than the person designated to handle sexual harassment complaints), the alleged target of harassment or retaliation, the alleged harasser, and any possible witnesses or others who may be able to provide information necessary to the investigation.

(d) Upon completion of the investigation, the investigating officer will prepare a written report to be submitted to the Director of Personnel for appropriate action. A general summary of the investigation results will be shown by the Director of Personnel to the complainant within ten business days after the investigation has been concluded, if possible. The findings of the investigation will also be communicated to the alleged harasser.

(e) The Director of Personnel, irrespective of whether there is evidence that sexual harassment or retaliation has occurred, must advise the complainant that (s)he has the right to pursue other legal avenues which may be available.

#### **IV. Sanctions**

(a) Any employee found to have engaged in sexual harassment in violation of this policy is subject to disciplinary actions up to and including termination of employment. Disciplinary actions short of termination may include withholding of promotions and/or suspension.

(b) All employees are encouraged to contact their Supervisors, Department Heads, or the Director of Personnel if they have any questions as to whether or not they are or may be victims of sexual harassment. No employee will be punished for making such inquiries.

(c) If an employee is found to have made a knowingly false report for the sole purpose of harming another person, then such employee will be subject to disciplinary action.

#### **V. State and Federal Remedies**

In addition to filing a complaint with the City, if you believe you have been subjected to sexual harassment, you may file a formal complaint with either or both of the government agencies

listed below. Each of the agencies has a short time period for filing a claim (EEOC - 180 days; MCAD - 6 months):

1. The Massachusetts Commission Against Discrimination (MCAD)  
One Ashburton Place Room 601  
Boston, MA 02108-1518  
(617) 727-3990 (Admin. Services)  
(617) 720-6054 (TTY)
  
2. The United States Equal Employment Opportunity Commission (EEOC)  
One Congress Street  
10th Floor, Room 1001  
Boston, MA 02114  
(617) 565-3200 (To file complaints)  
1-800-669-3362 (Toll free)

\_\_\_\_\_  
Jeannette A. McCarthy  
City of Waltham  
Mayor

\_\_\_\_\_  
Kristin Murphy  
Director of Personnel  
Workers' Compensation Agent

Date \_\_\_\_\_

Date \_\_\_\_\_

Created by the City of Waltham Personnel Department

## Receipt Form - Sexual Harassment Policy

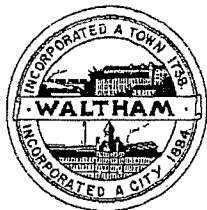
I, \_\_\_\_\_, have received, read, and accept the City of Waltham Sexual Harassment Policy.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_







# CITY of WALTHAM

- Office of the City Treasurer & Collector -

**Thomas J. Magno**

*Treasurer & Collector*

Dear Fellow Employee,

As you know, all City Departments are looking for ways to reduce operation costs. All of us in government have been making every effort to insure that the taxpayer's dollars are spent wisely. Those of us in the Treasurer's Office are constantly being faced with increased banking costs just as you are experiencing increases in service charges in your own personal checking and savings account.

The Treasurer's Office has reviewed the cost of payroll check processing and we have been exploring options to reduce banking costs without increasing any costs, or causing any inconvenience, to the employee. The Treasurer's Office processes over 80,000 payroll checks annually.

In talks with several local banks we are proposing a direct deposit program that will provide both the City of Waltham and the Employee substantial savings. Your participation in this program by having your payroll check deposited directly into your bank account is essential to reducing administrative costs. This program could save the City of Waltham \$15,000 annually in and could save each employee \$60.00 annually in banking services.

This program is simple and efficient. While other people are waiting in long lines at banks your earnings will be in your account at 9:00 a.m. on payday (except on Monday holidays). You will be under no obligation to stay in the program. If you are not completely satisfied you can notify us to return you to check processing. You may select any bank as your depository as most banks participate in this direct deposit network.

Complete the enclosed form marked "Direct Deposit Authorization Form" and return it to your payroll clerk for processing. If you have any questions, please call Patty Keefe at extension 3272 and we will be glad to help you in any way we can.

Your participation is essential to the success of this cost savings program.

Respectfully yours,

Thomas J. Magno  
Treasurer & Collector

TJM/kc



**Direct Deposit Authorization Form**

**PLEASE PRINT:**

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

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

\_\_\_\_\_

\_\_\_\_\_

SS#: \_\_\_\_\_

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

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

Account #: \_\_\_\_\_

Type of Account                      Checking      Savings  
(Please circle)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BANK ROUTING #: \_\_\_\_\_

PLEASE ATTACH A SAMPLE PERSONAL CHECK  
AND WRITE **VOID** ACROSS THE CHECK

RETURN THIS FORM WITH YOUR CHECK TO THE HUMAN RESOUCE DEPARTMENT  
OR YOUR PAYROLL CLERK. THANK YOU.





# NOW AVAILABLE DIRECT DEPOSIT EMAIL

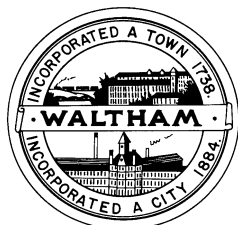
The City now has the ability to email direct deposit slips directly to the employees. You can sign up by going to the case following case sensitive link:

<http://payroll.city.waltham.ma.us/cow1/eAdvice.php>

\*\*You may use any email address but you must use a computer or device logged onto the City network to enroll

Upon completion you will receive a verification email, you must reply to finalize the process. It may take up to two pay periods to take effect.

Any questions please contact  
Payroll Department at ext. 3270



**Timely receipt of pay  
stub**

**Ability to store in a  
computer file for  
easier access**

**Less paper clutter**

**Better Privacy /  
Security**

**CITY OF WALTHAM**

610 Main Street  
Waltham MA 02452



# Join MVCU and enjoy The Benefits of Membership



**As an employee of the City of Waltham, you and your family members are eligible to join Merrimack Valley Credit Union (MVCU)!**

MVCU is a full-service financial cooperative, owned by and operated for our members. With an MVCU membership, you have access to:

- **Free checking** accounts
- **High Yield savings** accounts
- **Car loans, consumer and personal loans** and **Visa® credit cards**
- **Mortgages and home equity** loans and lines of credit
- Access to **investment and retirement** planning\*
- **Insurance** products\*

## Take Control of Your Financial Life

Our complimentary financial education seminars give you the tools you need to take charge of your financial life. All seminars are held virtually so you can join us from work or home using your desktop, laptop or mobile device. **For a list of seminars and to register, visit [rtn.org/financial-education](http://rtn.org/financial-education).**

Let us know how we can help you reach your financial goals! For more information, visit [mvcu.com/rtn](http://mvcu.com/rtn) or contact our Business Development team at **781-736-9995** or [BizDevelopment@rtn.org](mailto:BizDevelopment@rtn.org).

RTN Federal Credit Union is now



\*Investment and Insurance products are not insured by NCUA, Not Credit Union Guaranteed, Not Credit Union Deposits or Obligations, May Lose Value.



NMLS #447563

# It's Easy to Bank at Merrimack Valley Credit Union

Visit our **Waltham branch at 600 Main Street** and use our **24-hour ATM**.

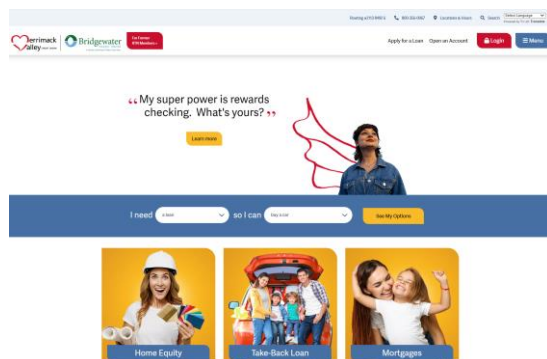
- Monday–Wednesday: 8 am to 4 pm
- Thursday: 8 am to 5 pm
- Friday: 8 am to 4 pm
- Saturday: 8:30 am to 12 pm

Branch phone number: 781-736-9965

Save time and avoid the teller line by using our **Live Video Teller** (available for members who have ATM or Debit cards issued by RTN Federal Credit Union).

A list of all MVCU branch locations and hours is available at [mvcu.com](http://mvcu.com).

Go to **[mvcu.com](http://mvcu.com)** for rates, to open an account, apply for a loan or for information about the Credit Union.



Take advantage of our **high yield savings** accounts and **rewards checking** accounts.



Find out about our **home equity loans/lines of credit** and **mortgages**, including **first-time home buyer programs**.



Your account is accessible anytime through **Mobile, Online and Telephone Banking** and via **ATMs**. You also may access your account at thousands of credit unions nationwide in the **CO-OP Shared Branch** network. Details are at [co-opcreditunions.org](http://co-opcreditunions.org).

RTN Federal Credit Union is now



[mvcu.com/800-356-0067](http://mvcu.com/800-356-0067)



Federally Insured by NCUA



Equal Opportunity Lender



NMLS #447563



# FlexChoice

## Reimbursement Account Overview



# A simple plan for ensuring your family's well-being

**A flexible spending account (FSA) is one of the most valuable employee benefits your employer can offer you. It allows you to pay for qualified healthcare, dependent care and certain transportation expenses with pre-tax dollars.<sup>1</sup>**

## How Does FlexChoice Work?

Participation in your FlexChoice plan is easy. You decide how much to contribute and to which accounts: Healthcare, Dependent Care or Transportation (*if available*). Contributions to your account(s) are made conveniently through payroll deduction on a pre-tax basis. When you incur an eligible expense, you may use one of the following methods to be reimbursed:

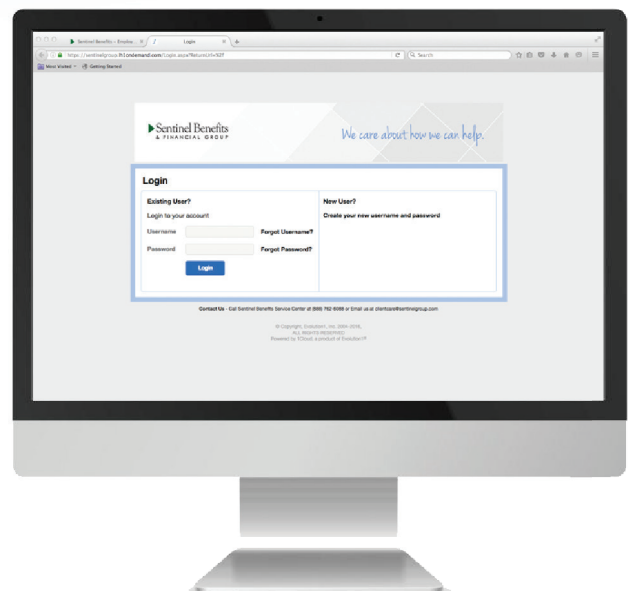
**Benny Debit Card** – The Benny Prepaid VISA makes it fast and convenient to access the money you have in your account. The Benny Card contains the value of your annual election and tracks it by account type – healthcare or dependent care. You can use the Benny Card to pay for qualified medical and dental expenses not covered by your insurance plan(s) or you can pay your childcare provider directly. You can also use it to pay for parking and transit expenses (*refer to the transportation benefits at [sentinelgroup.com](http://sentinelgroup.com)*). The Benny Card automatically deducts the cost of your eligible expenses from your account. Just swipe and go. It is that easy!

**Online Claim Submission** – If you do not have a Benny Debit Card or you are not able to use your Benny Card for a particular purchase, you may request reimbursement by using Sentinel's online system. Simply enter your claim online, attach your scanned receipts to your online request, and press "submit." That's it, you're done! Sentinel reimburses you every Friday and your payment can be automatically deposited into your bank account.

## How To Register Online

When you register online with Sentinel Benefits, you will be able to gain access to your plan account(s).

Go to [sentinelgroup.com](http://sentinelgroup.com) and hover over ACCOUNT ACCESS in the upper right corner. Select "FlexChoice" in the "For You" category of the dropdown menu. Once you are on the Login web page, click "Create your new username and password." Enter the required information and press "Next."



# How you can save with an FSA

## What FlexChoice Covers

The FlexChoice FSA plan covers an extensive range of out-of-pocket expenses. The list of expenses includes, but is not limited to:

- ▶ Prescription drug co-payments
- ▶ Non-covered dentist or other provider fees
- ▶ Health plan deductibles and coinsurance
- ▶ Doctor and emergency room co-payments
- ▶ Contact lenses, eyeglasses, and LASIK surgery
- ▶ Mail service and online prescription co-payments and deductibles
- ▶ A variety of over-the-counter items (per current regulations)
- ▶ Dependent care expenses

Dependent care expenses include day care and summer day camp for children as well as the cost for a caregiver to assist an elderly parent while you and your spouse are working or seeking gainful employment.

For a comprehensive list of eligible healthcare and dependent care expenses, please visit: [sentinelgroup.com/SentinelBenefits/media/Sentinel-Benefits/Documents/Eligible-Expenses.pdf](http://sentinelgroup.com/SentinelBenefits/media/Sentinel-Benefits/Documents/Eligible-Expenses.pdf).

FlexChoice helps you better prepare and manage unavoidable out-of-pocket costs while reducing your taxes. Refer to the examples on the right to see how quickly health and dependent care expenses can add-up and how much a FlexChoice plan can save you in taxes.

### LISA ADAMS, age 26, unmarried

Lisa has medical and dental insurance at work. She learned very quickly that even with insurance, she still has significant out-of-pocket expenses.



#### Healthcare Related Expenses

Co-pays for Doctor Visits	\$75
Optician Visit	\$100
New Eyeglasses	\$235
Dental Cost for Root Canal	\$400
Prescription Co-Pay	\$30

**Total Eligible Expenses \$840**

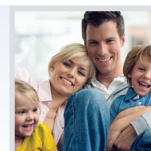
#### Tax Savings with an FSA

Healthcare FSA Expenses	\$840
Marginal Tax Rate	28%

**Estimated Tax Savings \$235.20**

### ROGER & SUSAN COLLINS, ages 35 & 36, two children, ages 2 & 3

As their family grows, the Collins are finding that their insurance leaves them vulnerable to significant out-of-pocket costs. The children are in daycare while Roger and Susan work and the annual cost for this care exceeds \$5,000.



#### Healthcare Related Expenses

Well Baby Visit Co-pays	\$50
Children Sick Visit Co-pays	\$75
Roger's Prescription	\$100
Susan's Contact Lenses	\$350
Roger's Extensive Dental Work	\$225
Family Prescriptions	\$235

**Total Eligible Expenses \$1,035**

#### Tax Savings with an FSA

Healthcare FSA	\$1,035
Dependent Care FSA	\$5,000
Total Expenses	\$6,035
Marginal Tax Rate	33%

**Estimated Tax Savings \$1,991.50**

### HENRY & MEREDITH BRINKER, ages 57 & 56

Meredith's aging mother, Olivia, who is a qualified dependent, lives with them and needs help at home while Henry and Meredith are at work. While the Brinkers are insured at work, Olivia is covered only through Medicare. The annual cost for Olivia's care at the Brinker's home is \$3,500.



#### Healthcare Related Expenses

Henry's Prescription	\$350
Meredith's Annual Exam	\$250
Family Dental Visits	\$250
Olivia's Medication (not insured)	\$750

**Total Eligible Expenses \$1,600**

#### Tax Savings with an FSA

Healthcare FSA	\$1,600
Dependent Care FSA	\$3,500
Total Expenses	\$5,100
Marginal Tax Rate	35%

**Estimated Tax Savings \$1,785.00**



# See more tax savings with a reimbursement account

## How To Participate in FlexChoice

You may only elect to participate in this program during your company's annual open enrollment period – unless you are new to your company or have experienced a "change in family status." Contact your Human Resources department for information about your company's open enrollment dates.

## The Benny Card

The Benny Debit Card<sup>2</sup> helps you save time, money and paperwork. Using the Benny Card helps you keep cash in your wallet. You will never "pay twice" – first from your paycheck into your FSA and then again at the time of purchase. You will have no claim forms to complete and will not have to wait to be reimbursed. Also, when you request a Benny Debit Card, you will receive a complimentary card for your spouse or dependent to use. For important information and details regarding the Benny Card, log onto our website. You can also check your balance and other account details online at any time at [www.sentinelgroup.com](http://www.sentinelgroup.com).

## Get The Answers You Need

Visit [www.sentinelgroup.com](http://www.sentinelgroup.com) or for answers to all your specific questions, email us at [flexhelp@sentinelgroup.com](mailto:flexhelp@sentinelgroup.com), or call toll-free at (888) 762-6088, 8:00 a.m. to 6:00 p.m. ET.

**sentinelgroup.com**  
**(888) 762-6088**



### IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT FLEXIBLE SPENDING ACCOUNT PLANS

Carefully estimate your FSA contributions as money not spent during the plan year is often forfeited. Some plans do allow for a carryover of up to \$500 of Healthcare funds, so please consult your Summary Plan Description for additional information on the carryover rules.

Only expenses incurred during the plan year are eligible for reimbursement from your account. (Some plans offer a 2 ½ month grace period that would allow you to submit claims incurred during the first 2 ½ months following the plan year to be included in the prior plan year's limit.)

You may only join a flexible spending account plan during your company's open enrollment period, when you first become eligible or experience a change in family status.

Once you elect to join the plan, you may not cancel or change your election during the plan year unless you have a change in family status.

If you are a partner or Sub-Chapter S shareholder employee, you may not participate in an FSA plan.

The maximum that you may contribute to the dependent care account is the lesser of \$5,000 per family or 100% of the lowest paid spouse's income.

The maximum that you may contribute to the healthcare account is limited by the IRS and/or your plan. Please refer to the Summary Plan Description or contact your Human Resources department.

To protect your privacy, your claim records are kept confidential by Sentinel Benefits.

<sup>1</sup>The amount that you save in taxes with a reimbursement account will vary depending on the amount you set aside in the account, your annual earnings, whether or not you pay Social Security taxes, the number of exemptions and deductions you claim on your tax return, your tax bracket and your state and local tax regulations. Check with your tax advisor for information on how participation will affect your tax savings.

<sup>2</sup> Always save receipts for qualified purchases made with the Benny Card. You may be asked to submit some receipts to verify that your expenses comply with IRS guidelines. Your receipt must show the merchant or provider name, service received or item purchased, date and amount of the expense.

First use: 4/14/2016

## What is a Flexible Spending Account?

A Flexible Spending Account (FSA) lets you set aside a certain amount of each paycheck into an account - before paying income taxes. During the year, you will have access to this account for reimbursement of eligible medical expenses not covered by insurance. You may also have the option to set aside pre-tax dollars to reimburse eligible dependent care and commuter expenses (if allowed in the Plan).

## How Does It Work?

You can contribute up to your plan's maximum for each benefit offered in the FSA. To do so, simply make your annual elections during your Plan's Open Enrollment Period. As a reminder, you must actively enroll in your FSA each Plan Year.

Benefit Options	Benefit Maximum	Deadline to Incur Expenses	Deadline to Submit Claims
Dependent Care	\$5,000	3/15	3/31
Health FSA	\$2,550	3/15	3/31

## What is the Sentinel Benny Card?

The Benny Card is a Pre-Paid VISA card that allows you to pay for eligible FSA expenses at the point-of-sale. These cards can be used wherever VISA is accepted. Your Benny Card is valid for 3 years. If you continue to participate in the FSA, simply keep your card and your new balance is reloaded each year!

It's simple: The card eliminates out-of-pocket expenses and reduces the need to file a claim. And the best part - it's free!



## How Do I Establish My Online Account at [www.sentinelgroup.com](http://www.sentinelgroup.com)?

Setting up your secure online account is simple! Log onto [www.sentinelgroup.com](http://www.sentinelgroup.com) and hover over ACCOUNT ACCESS in the upper right corner. Select "Login to your FSA, HRA, HSA and Retirement accounts" in the "For You" category of the dropdown menu. Once you are in the Account Access web page, click Register Online and follow the online instructions. Your online account allows you to submit claims, review account activity and manage your information.

Your temporary Plan Access Code to register is **22502501**.



Manage your account  
[www.sentinelgroup.com](http://www.sentinelgroup.com)



Call the Member Service Center at  
1-888-762-4088



Download our app at iTunes App  
Store or Google Play.

**Sentinel Benefits**  
& FINANCIAL GROUP  
*Custom Solutions for Life and Wealth*

## Important Information Regarding Health Care and Dependent Care Flexible Spending Accounts

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To learn more about FlexChoice, please visit our website at [www.sentinelgroup.com](http://www.sentinelgroup.com). You will find everything you need, including:

- Claim forms
- Information on eligible expenses, including over-the-counter items
- Status information on claims and outstanding balances
- Everything you need to know about benefits debit card
- ... and much more!

You can only elect to participate in this program during your company's open enrollment period – unless you are new to your company or have experienced a qualified status change. Only the following events will be considered a qualified change in status under IRS guidelines:

- Change in legal marital status
- Change in number of dependents
- Change in employment status
- Change in work schedule which changes your eligibility requirements
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change of residence or work-site
- Judgment, decree or order pertaining to child or spouse

You must provide the appropriate documents for a Change in Status, e.g. marriage or birth certificate.

Any change in your annual election due to a qualified status change is only valid for expenses incurred from the date of the status change through the end of the plan year.

For answers to specific questions, email us at [flexhelp@sentinelgroup.com](mailto:flexhelp@sentinelgroup.com) or call the Sentinel Benefits member Service Center at 888-762-6088 Mon. - Fri., 8:00 AM to 6:00 pm ET (excluding holidays).

# Know Your FSA: What's Eligible & What's Not

## Eligible Health Care Expenses

### ▶ Caring for the Handicapped

- Service dog
- Special education for the blind
- Tuition at special school for handicapped

### ▶ Child Birth & Well-Being

- Breast pumps & lactation supplies
- Birthing/Lamaze
- Childbirth expenses (physician, hospital, etc.)
- Midwife services

### ▶ Dental

- Bridges
- Crowns (non-cosmetic)
- Dentures and care products
- Exams and teeth cleaning
- Fillings
- Gum treatment
- Implants
- Occlusal guards
- Oral surgery
- Orthodontia
- Root canals
- X-Rays

### ▶ Family Planning

- Condoms
- Fertility treatments
- Oral contraceptives
- Pregnancy test kit
- Tubal ligation
- Vasectomy

### ▶ Hearing

- Hearing aid devices and batteries
- Hearing exams
- Telephone for the hearing impaired

### ▶ Lab Exams & Tests

- Blood tests
- Body scans
- Cardiographs
- Cholesterol testing
- Laboratory fees
- Mammograms

- Radiology
- Urine/stool analysis
- X-Rays

### ▶ Medical Equipment

- Artificial limb/prosthetics
- Asthma flow meters
- Autoette/wheelchair
- Blood pressure monitors
- Blood sugar test kit/strips
- Custom orthotic
- Diabetic Supplies
- Glucose kits, monitors and testers
- Heart rate monitors
- Medic-alert bracelet
- Nebulizers/Vaporizers
- Prosthesis
- Syringes

### ▶ Medical Procedures

- Acupuncture
- Breast reconstruction surgery (following mastectomy due to disease)
- Operations (non-cosmetic)
- Organ donor's medical expenses
- Surgical fees

### ▶ Medicines & Drugs

- Insulin
- Prescription Drugs

### ▶ Miscellaneous

- Ambulance service
- Co-insurance and co-pays
- Deductible eligible expenses
- Hospital services
- Transportation expenses incurred for the rendering of medical services

### ▶ Routine or Preventative Care

- Flu shots
- Immunizations/Vaccinations
- Physical exams

### ▶ Specialists

- Chiropractor
- Dermatologist

- Osteopath
- Psychiatrist
- Psychologist

### ▶ Therapy

- Alcoholism treatments
- Drug dependency treatments
- Physical therapy
- Smoking cessation programs
- Speech therapy

### ▶ Vision

- Artificial eyes
- Contact lenses & cleaning solutions
- Eye examinations
- Eye surgery
- Eyeglasses
- Laser eye surgery/LASIK
- Prescription sunglasses
- Seeing eye dog and its upkeep

### ▶ Over-the-Counter

- Bandages
- Callous and corn removers
- Crutches
- Cushions, pads, arch supports
- First-Aid kits
- Gauze and gauze pads
- Heating pads
- Hot/cold packs
- Hydrogen Peroxide
- Incontinence supplies for adults
- Medical tape
- Pedialyte for child's dehydration
- Rubbing alcohol
- Sunscreen (SPF 15+)
- Supports and braces
- Thermometers

*Prescriptions for OTC drugs and medicines must be submitted to Sentinel Benefits along with a request for reimbursement.*

## Ineligible Health Care Expenses

- Christian Science practitioner\*
- Compression hosiery\* (for treatment of varicose veins)
- Cosmetic Surgery/Procedures
- Dancing/Exercise/Fitness Programs\*
- Diaper Service
- Doula\*
- Electrolysis
- Exercise Equipment/Personal Trainers
- Fiber supplements\*
- Glucosamine/Chondroitin\*
- Hair Loss Medication
- Hair Transplant
- Handicap automobile modifications\*
- Health Club Dues\*
- Herbal supplements\*
- Humidifier\*
- Insurance Premiums and Interest
- Lactation consultant\*
- Language training for disabled child\*
- Laser hair removal
- Lead-based paint removal\*
- Long-Term Care Premiums
- Marriage Counseling
- Massage\*
- Maternity Clothes
- Mentally handicapped or disabled person's cost for special home\*
- Nutritionist\*
- Orthopedic shoes\* (to the extent the cost exceeds that of normal shoes)
- Prenatal vitamins\*
- Psychoanalysis\*
- Special food/beverage\* (cost difference from regular food purchase)
- Special formula\*
- Stem cell harvesting\*
- Swimming Lessons
- Teeth Bleaching or Whitening
- Vitamins or nutritional supplements\*
- Weight-loss program\*
- Wig\*

*\*Expenses marked with an asterik (\*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.*

*Note: This list is not meant to be all-inclusive. For a full list please refer to IRS Code Section 213(d).*

Eligible expenses under a Dependent Care FSA are defined as those that enable the participant or the participant's spouse to work or to look for work. For purposes of a Dependent Care FSA plan, a "qualified dependent" must be under the age of 13, unless mentally or physically handicapped. Per IRS regulations, the service provider cannot be an individual under the age of 19 whom a personal tax exemption may be claimed and/or a child of the participant or spouse.

## Eligible Dependent Care Expenses

- After-school care or extended day programs
- Babysitters (not for social events)
- Caregivers for a disabled spouse or dependent who lives with the participant
- Child care centers that care for six or more children and that meet the IRS's definition of a qualified day care center
- Day camps
- Household expenses provided that a portion of such expenses is incurred to ensure a qualifying dependent's well-being and protection
- Nursery schools
- Transportation services provided by the dependent care provider

## Ineligible Dependent Care Expenses

- Babysitting for social events
- Educational expenses
- Expenses deducted from personal income tax return (dependent care)
- Kindergarten
- Overnight camps

For more information call (888) 762-6088,  
or visit [www.sentinelgroup.com](http://www.sentinelgroup.com)







Health Care and Dependent Care  
Flexible Spending Account  
Enrollment/Change Form

**General Information**

Employer Name City of Waltham		Department	
Participant Name (Last Name, First Name, Middle Initial)		Date of Birth	Social Security Number
Street Address		City	
State	Zip Code	Phone	Email Address
Date of Hire	Pay Frequency: <input type="checkbox"/> Weekly ( 52 Pays) <input type="checkbox"/> Bi-Weekly (26 Pays) <input type="checkbox"/> Bi-Weekly (22 Pays) <input type="checkbox"/> Monthly (12 Pays)		

**Health Care Spending Account**

I choose to participate in the FlexChoice Health Care Spending Account. I authorize my employer to make the following payroll deductions:

\$\_\_\_\_\_ per pay period for \_\_\_\_\_ pay periods for an annual amount of \$\_\_\_\_\_.

**Dependent Care Spending Account**

I choose to participate in the FlexChoice Dependent Care Spending Account. I authorize my employer to make the following payroll deductions:

\$\_\_\_\_\_ per pay period for \_\_\_\_\_ pay periods for an annual amount of \$\_\_\_\_\_.

**If enrolling during the plan year, be sure to calculate your annual election based on the remaining pay periods in the plan year.**

**Authorization to Participate**

I understand that I may not increase or decrease the amount of my income reduction until the next plan Year, except to reflect a change in my family status (e.g. marriage, birth of a child, divorce or death). In making contributions to the spending accounts, I understand that I may forfeit any amounts in my account if I do not incur eligible expenses by the end of the plan Year. In addition, I understand that my Social Security benefits may be slightly reduced because I will pay less Social Security taxes. This election replaces any previous elections and will terminate on the earlier of (1) the end of the plan Year; (2) when I am no longer being compensated in an amount at least equal to my total salary reduction; (3) termination of the plan. My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code.

I certify that: (i) I understand that pre-tax funds deposited into my FlexChoice account via payroll deductions as authorized by me upon enrollment in the FlexChoice program, (ii) I will only use the debit card to pay for any and all qualified expenses as defined under Sections 105, 125, 129, 132, and 213 of the Internal Revenue Code and as permitted by my Employer's plan, (iii) I understand that qualified expenses will be deducted directly from my FlexChoice account and that any non-qualified expenses or qualified purchases that exceed the available funds in my FlexChoice account may be declined by the merchant, (iv) I will only use the debit card for qualified expenses which have not been and will not be reimbursed under any other plan (v) I understand that if my Employer later identifies a reimbursed claim as a non-qualified expense, I will be responsible to repay the amount. my Employer may withhold the amount from my wages, my Employer may offset amounts reimbursed for non-qualified expenses against future claims for reimbursement, or my Employer may deny access to the debit card until the amount is repaid, (vi) I will retain receipts and other documentation for the expenses paid with the debit card. If the debit card fee is paid for by the employee, Sentinel will automatically deduct the annual fee from your FlexChoice Account when your enrollment form is processed.

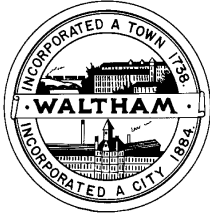
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer Verification (to be completed by HR)**

Qualifying Event Date: \_\_\_\_\_ Qualifying Event: \_\_\_\_\_  
Benefit Effective Date: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

This form must have an employer verification signature in order to be processed.





## CITY OF WALTHAM MASSACHUSETTS

119 SCHOOL STREET, WALTHAM MASSACHUSETTS 02451

781-314-3355 FAX 781-314-3358

Email [kmurphy@city.waltham.ma.us](mailto:kmurphy@city.waltham.ma.us)

Kristin Murphy  
Human Resources Director  
Workers' Compensation Agent

The City of Waltham offers a deferred compensation plan.

What is a 457 Deferred Compensation Plan?

Under Section 457 of the Internal Revenue Code, Deferred Compensation Plans were established to permit you, on a voluntary basis, to authorize your employer to withhold a portion of your salary and invest it, on a tax-deferred basis, for payment to you and a later date. Neither your contributions nor any investment earnings are subject to current federal and (in most cases) state income taxes. Taxes become payable when your account assets are distributed to you, generally at retirement, when you may be in a lower income tax bracket. As you withdraw assets from the plan, they will be taxed as ordinary income.

Currently, the Internal Revenue Service (IRS) does not impose a tax penalty on assets withdrawn from a 457 Plan regardless of your age, but certain withdrawal restrictions may apply.

**Andrew Wilson, CFP®**, Retirement Plan Advisor  
**Massachusetts SMART Plan**

255 Bear Hill Road, Waltham, MA 02451  
Plan Support: 877.457.1900 | Direct: 339.221.2770 |  
Email: [andrew.wilson@empower.com](mailto:andrew.wilson@empower.com)  
[www.mass-smart.com](http://www.mass-smart.com)





# Participant Enrollment Governmental 457(b) Plan

## Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

### Participant Information

_____	_____	_____
Last Name	First Name	MI

*(The name provided MUST match the name on file with Service Provider.)*

\_\_\_\_\_

Mailing Address

_____	_____	_____
City	State	Zip Code

( ) _____	( ) _____
Home Phone	Work Phone

Check box if you prefer to receive quarterly account statements in Spanish.

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

E-Mail Address

Married  Unmarried  Female  Male

Mo	Day	Year	Mo	Day	Year
_____	_____	_____	_____	_____	_____
Date of Birth			Date of Hire		

Annual Income (Required for My Total Retirement enrollment)

Do you have a retirement savings account with a previous employer or an IRA?  Yes or  No

**Important Notice:** Employees participating in the Massachusetts Deferred Compensation SMART Plan - OBRA Mandatory Plan (the Plan) must complete Social Security Form SSA-1945. The Plan has been designated as an alternative retirement system for part time employees not covered by their employers retirement system. The SSA-1945 explains the potential effects of the Windfall Elimination Provision and Government Pension Offset Provision under the Social Security law which may reduce the amount of your Social Security retirement or disability benefits, and/or benefits received by you as a spouse or an ex-spouse. If you have any questions regarding SSA-1945 or if you have not completed SSA-1945, please contact your employer.

### Payroll Information

_____	To be completed by Representative: _____
Division Name	Division Number

### My Total Retirement Information

The My Total Retirement provided by Empower Advisory Group, LLC will automatically direct your investment elections and will rebalance your account periodically, as necessary. This election will be effective as soon as administratively feasible following receipt of your completed enrollment form and signed Advisory Services Agreement. By electing My Total Retirement, you agree to the fees associated with this service and understand the fees will be deducted from your account in accordance with the attached Advisory Services Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

#### My Total Retirement:

By checking this box, I elect to have my account professionally managed by Empower Advisory Group, LLC until such time as I cancel my enrollment in the service.

**-OR-**

#### Select My Own Investment Options:

I elect to direct my own investments.

I understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

Make your investment election for future deposits in the Investment Option Information section.

**Do not complete this section if you are electing to enroll in the My Total Retirement.**

**Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.**

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
SMART Capital Preservation Fund.....	N/A	MELINC	_____	SMARTPath 2040 Retirement Fund.....	N/A	SMPT40	_____
SMARTPath Retirement Allocation Fund.....	N/A	SMPT00	_____	SMARTPath 2045 Retirement Fund.....	N/A	SMPT45	_____
SMARTPath 2010 Retirement Fund.....	N/A	SMPT10	_____	SMARTPath 2050 Retirement Fund.....	N/A	SMPT50	_____
SMARTPath 2015 Retirement Fund.....	N/A	SMPT15	_____	SMARTPath 2055 Retirement Fund.....	N/A	SMPT55	_____
SMARTPath 2020 Retirement Fund.....	N/A	SMPT20	_____	SMARTPath 2060 Retirement Fund.....	N/A	SMPT60	_____
SMARTPath 2025 Retirement Fund.....	N/A	SMPT25	_____	SMARTPath 2065 Retirement Fund.....	N/A	SMPT65	_____
SMARTPath 2030 Retirement Fund.....	N/A	SMPT30	_____	<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>= 100%</b>
SMARTPath 2035 Retirement Fund.....	N/A	SMPT35	_____				

**Plan Beneficiary Designation**

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

**You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.**

**Primary Beneficiary**

100.00%

% of Account Balance ( _____ )	Social Security Number _____	Primary Beneficiary Name _____	Date of Birth _____
Phone Number (Optional) _____	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Contingent Beneficiary**

100.00%

% of Account Balance ( _____ )	Social Security Number _____	Contingent Beneficiary Name _____	Date of Birth _____
Phone Number (Optional) _____	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

**Participation Agreement**

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

I understand if I elect to have my account managed by Empower Advisory Group, LLC, that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the My Total Retirement, I understand that I must provide my date of birth, gender, marital status, state of residence and annual income. If any of this information is not provided, I understand that I will not be enrolled in the My Total Retirement.

**Compliance With Plan Document and/or the Code** - Participation in this Plan is mandatory. A deduction will be taken from your wages and invested on your behalf based on your employer's Plan Document. I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

98966-02  
\_\_\_\_\_  
Number

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option.

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

**My Total Retirement Fee** - If you elect the My Total Retirement, a quarterly fee will be assessed. If you wish to cancel your enrollment in the future please call your Plan's Voice Response System number.

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### Signature(s) and Consent

#### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the My Total Retirement Agreement.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

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#### Participant Signature

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#### Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**After all signatures have been obtained, this form can be:**

**Uploaded electronically to:**

Login to account at  
**www.mass-smart.com**  
Click on *Upload Documents* to submit

**OR Sent regular mail to:**

Empower  
PO Box 173764  
Denver, CO 80217-3764

**OR Sent express mail to:**

Empower  
8515 E. Orchard Road  
Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

**Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC.** EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

## **ADVISED ASSETS GROUP, LLC ADVISORY SERVICES AGREEMENT**

Please read the following terms and conditions carefully before using or enrolling in any of the services described below. Your use of any service will signify your consent to be bound by the terms and conditions set forth in this Agreement.

### **ABOUT US**

Advised Assets Group, LLC ("AAG") is a registered investment adviser and wholly owned subsidiary of Great-West Life & Annuity Insurance Company ("Great-West"). AAG offers its services to retirement account recordkeepers for use by plan participants or to owners of an Empower Retirement Individual Retirement Account ("IRA"). Through these arrangements, AAG provides guidance, advisory, and management solutions to plan participants and IRA account holders.

### **FEES FOR THE SERVICE**

Please see the Fee Supplement below for the specific fees for your service.

### **IMPORTANT FOR RETIREMENT PLAN PARTICIPANTS**

Your plan sponsor or recordkeeper may have negotiated lower fees or different billing periods. Please review AAG's Form ADV Brochure and contact your plan sponsor or plan administrator to confirm your fees for Advisory Services and the applicable billing cycle.

Retirement plan participants may also receive the Managed Account service for a trial period following your enrollment, after which the appropriate fee listed above will be assessed to your account. The type and duration of the trial period depends on your particular enrollment channel and the plan setup determined by your plan sponsor. Please contact your plan sponsor to determine if a trial period applies to your plan. You may contact your plan's toll-free customer service number for the date of your Managed Account enrollment.

Your acceptance of the terms and conditions of this Agreement constitutes your authorization for AAG to deduct the billing period fee. The fees are subject to change. AAG reserves the right to offer discounted fees or other promotional pricing.

### **DESCRIPTION OF SERVICES**

AAG offers the following investment advisory services: Online Investment Guidance, Online Investment Advice, and Managed Account to retirement plan participants and to IRA account holders. Retirement plan participants may receive all or some of the services listed below as determined by the plan sponsor. If you are enrolled in multiple accounts with your employer, you must select the level of Advisory Service for each account. Please contact your plan's toll-free customer service number for further details as to whether this applies to your account(s).

**Online Investment Guidance:** Online Investment Guidance is geared toward users who wish to manage their own retirement accounts. Users are provided access to online guidance tools.

**Online Investment Advice:** Online Investment Advice is geared toward users who wish to manage their own retirement plans while taking advantage of online guidance and investment advice. You are provided online guidance and investment advice for a personalized recommended investment portfolio. The recommended investment portfolio is based on information drawn from your account profile and from the investment options available to you. You may then implement the recommended investment portfolio and manage your retirement account online. AAG does not provide advice for, or recommend allocations of, individual stocks (including employer stock), self-directed brokerage accounts, guaranteed certificate funds, or employer-directed monies, or any other investment options that do not satisfy the methodology requirements of the Independent Financial Expert ("IFE"), even if they are available for investment in the plan.

**Managed Account:** The Managed Account service is geared toward users who wish to have investment professionals select among the available investment options and manage their retirement accounts for them. You will receive a personalized investment portfolio that reflects your investment options and your retirement timeframe, life stages and overall financial picture, including assets held outside your account (if you elect to provide this information), which may be taken into consideration when determining the allocation of assets in your account. Generally, AAG will not provide advice for, recommend allocations of, or manage your outside accounts.

Under the Managed Account service, AAG has discretionary authority over allocating your assets among the core investment options without your prior approval of each transaction. AAG is not responsible for either the selection or maintenance of the investment options available within your retirement account or IRA. If available in your account, AAG will not provide advice for, or recommend allocations of, individual stocks (including employer stock), self-directed brokerage accounts, guaranteed certificate funds, employer-directed monies, or any other investment options that do not satisfy the methodology requirements of the IFE, even if they are available for investment in the plan. Your balances in any of these investment options or vehicles may be liquidated, subject to your plan's and/or investment provider's restrictions.

Managed Account assets in the core investment options will be monitored, rebalanced and reallocated periodically (approximately quarterly) by AAG, based on data resulting from the methodologies and software employed by the IFE, currently Morningstar Investment Management LLC ("Morningstar Investment Management"), to respond to market performance and to ensure optimal



account performance over time. You will receive an account update statement annually and can update your personal information at any time by calling the plan's toll-free customer service number or visiting the plan's website.

**To determine which services are available to you, please refer to the communication materials provided by AAG or ask your plan sponsor.**

### INFORMATION FOR PARTICIPATION IN THE SERVICE

**Information Gathered to Provide the Service:** You must provide all data that is necessary for AAG to perform its duties under this Agreement, including but not limited to: your date of birth, income, gender, and state of residence, which AAG may rely upon in providing the services to you. For each service described above, if the data supplied by you or your plan sponsor, if applicable, does not meet the methodology requirements, we will attempt to contact you for updated information. If this is not completed, your enrollment in the service may not be completed or may be terminated.

If you participate in the Managed Account service, you will receive a Welcome Kit shortly after enrollment. You will also receive an Annual Kit each year, providing you with a detailed analysis of your account. Your Annual Kit will also confirm your personal data which is used to provide you with personalized account management. You are responsible for reviewing the Welcome and Annual Kits carefully and calling the plan's toll free number immediately to update or correct any incorrect personal information. AAG will not be responsible for misallocation of assets or missed earnings due to incorrect personal information. You may provide updated information, at any time, regarding your retirement age, desired retirement income replacement, social security start date, other income and expenses, spousal and dependent information online or by calling the plan's toll free number to speak to an investment adviser representative. The savings rate provided by your retirement plan recordkeeper may not include profit sharing, pensions or employer matches to your retirement plan(s). Please call the plan's toll free number to verify these amounts.

It is important that you update your personal data with AAG on a regular basis in order to ensure that your account management is suited to your needs and goals.

### ADDITIONAL INFORMATION FOR USERS OF THE SERVICE

**Methodology:** The Advisory Services methodology is powered by Morningstar Investment Management. Morningstar Investment Management first builds stable, consistent asset allocation models at various risk levels. Based on Monte Carlo simulations of the user's resources, liabilities, and human capital, an appropriate asset level portfolio is selected and a savings rate and retirement age are determined that best suits each user's situation. The asset class level model portfolios are revisited annually. Investment options from the account's menu are then selected to implement each asset-level model portfolio. These investment options are monitored and rebalanced periodically (approximately quarterly).

**IMPORTANT: The projections or other information generated by the advisory service tool regarding the likelihood of various investment outcomes are hypothetical in nature, do not reflect actual investment results and are not guarantees of future results. Results may vary with each use and over time.**

**Additional Fees May Apply:** Advisory Services fees do not include the fees and expenses charged by the investment options, including redemption fees. Redemption fees vary in amount and application by each applicable core investment option. It is possible that transactions in the Managed Account service may result in the imposition of a redemption fee on one or more investment options available in a plan. Additionally, any action undertaken by an individual who implements recommendations from Online Investment Advice or uses information provided through Online Investment Guidance may result in redemptions or other transaction fees. Any fees are deducted from the individual's account balance. All securities transactions which occur as a result of the services provided by AAG are executed by GWFS Equities, Inc. ("GWFS") for which GWFS may receive compensation in the form of 12b-1 fees or other compensation from mutual fund companies or from the other investments available under the plan or available through the IRA.

A participant will pay advisory fees for the Managed Account service and to Great-West Capital Management, LLC ("GWCM") if Great-West Funds are included in the retirement plan investment options. The fees paid to GWCM for management of the Great-West Funds are included in the fund share price.

**Assets Managed:** If you elect the Managed Account service, your eligible account balance will be allocated to the Managed Account service. You may not invest in other core investment options while also participating in the Managed Account service. Once enrolled in the Managed Account service, you will no longer be able to make investment allocation changes to your account online, via paper, or through your existing toll-free customer service number. This includes functionality for fund-to-fund transfers, changing fund allocations, or utilization of dollar cost averaging and/or rebalancer. Once enrolled, you retain full inquiry access to your account. You may also change contributions, take distributions and provide other updates to your personal information. Full access will be restored to your account as soon as administratively feasible after you cancel participation in the Managed Account service.

**Cancellation:** You may cancel participation in the Managed Account service at any time online or by calling your plan's toll-free customer service number. Once you have opted-out of the Managed Account service, you are responsible for managing your own account. In addition, your allocations and account balance (if applicable) will have already been established according to the

Managed Account allocations. You will need to initiate your own allocation changes and/or transfers if you wish to change your investment allocations from the Managed Account allocations.

**Initial Allocation for IRA Account Holders:** Upon receipt of your initial deposit or rollover into your IRA, your funds will be allocated to the default investment option specified in your custodial agreement. AAG will re-allocate your funds to your asset allocation portfolio as soon as administratively feasible after receiving your initial deposit.

#### **DISCLAIMERS**

AAG uses reasonable care, consistent with industry practice, in providing services to you. AAG, your plan sponsor and/or the recordkeeper or IRA account provider, as applicable, do not guarantee the future performance of your account or that the investments we recommend will be profitable. Investment return and principal value will fluctuate with market conditions, and you may lose money. The investments we may recommend or purchase for your account, if applicable, are subject to various risks, including, without limitation; business, market, currency, economic, and political risks. AAG does not provide advice for, recommend allocations of, or manage individual stocks (including employer stock), self-directed brokerage accounts, guaranteed certificate funds, or employer-directed monies, even if they are available for investment in your plan or IRA. We do not select the investment options available for investment in your plan or IRA. By recommending allocations among the available investment options, we are not endorsing the selection of particular investment options available in your plan or IRA.

AAG, the plan sponsor and/or the recordkeeper or IRA account provider, as applicable, will not be liable to you for any loss caused by (1) our prudent, good faith decisions or actions, (2) following your instructions, or (3) any person other than AAG or its affiliates who provides services for your account. Neither AAG nor your plan sponsor will be liable to you for any losses resulting from your disclosure of your personal information or your PIN number to third parties even if the purpose of your disclosure is to enable such person to enroll you in, or cancel your enrollment in, Advisory Services. AAG is not responsible for voting proxies for the securities in your account. We do not guarantee that the services or any content will be delivered to you uninterrupted, timely, secure, or error-free.

TO THE MAXIMUM EXTENT PERMITTED BY LAW, AAG DISCLAIMS ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE SERVICES AND THE SERVICE CONTENT, AND ALL INFORMATION DERIVED FROM THEM, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, QUALITY, TIMELINESS, ACCURACY, AND IMPLIED WARRANTIES ARISING FROM COURSE OF PERFORMANCE OR COURSE OF DEALING. IN ADDITION, AAG DOES NOT WARRANT THAT THE SERVICE OR CONTENT CONTAINED IN IT WILL BE UNINTERRUPTED, ERROR FREE, FULLY AVAILABLE AT ALL TIMES OR THAT ANY INFORMATION OR OTHER MATERIAL ACCESSIBLE THROUGH THE SERVICE IS FREE OF ERRORS OR OTHER HARMFUL CONTENT.

#### **LIMITATION OF LIABILITY**

YOU UNDERSTAND THAT IN NO EVENT WILL THE PLAN SPONSOR, IF APPLICABLE, AAG OR ITS OFFICERS, DIRECTORS, SHAREHOLDERS, PARENTS, SUBSIDIARIES, AFFILIATES, EMPLOYEES, CONSULTANTS, AGENTS, LICENSORS OR ANY DATA PROVIDER BE LIABLE FOR ANY CONSEQUENTIAL, PUNITIVE, INCIDENTAL, SPECIAL OR INDIRECT DAMAGES, LOSS OF BUSINESS REVENUE OR LOST PROFITS, WHETHER IN AN ACTION UNDER CONTRACT, NEGLIGENCE OR ANY OTHER THEORY EVEN IF WE ARE ADVISED OF THE POSSIBILITY OF SUCH.

#### **INDEMNIFICATION**

You agree to indemnify, defend and hold harmless AAG and its officers, directors, shareholders, parents, subsidiaries, affiliates, employees, consultants, agents and licensors, your employer, the plan administrator and/or recordkeeper, plan sponsor, plan trustees, plan fiduciaries, their agents, employees, and contractors or IRA provider, as applicable, from and against any and all third party claims, liability, damages and/or costs (including but not limited to reasonable attorneys' fees) arising from your failure to comply with this Agreement, the information you provide us, your infringement of any intellectual property or other right of a third party, or from your violation of applicable law.

#### **GENERAL PROVISIONS**

AAG acknowledges that, as a registered investment adviser, it owes a fiduciary duty to participants with respect to investment advice it provides. AAG may not assign this Agreement (within the meaning of the Investment Advisors Act of 1940 ("Advisors Act")) without your consent. You may not assign this Agreement. Unless otherwise agreed to in your plan's agreement with AAG, if applicable, this Agreement is entered into in Denver, Colorado and governed by and construed in accordance with the laws of the State of Colorado, without regard to its conflict of law provisions. You agree that proper forum for any claims under this Agreement shall be in the courts of the State of Colorado for Arapahoe County or the United States District Court, District of Colorado. If you are a participant in a retirement plan, please contact your plan sponsor to determine proper venue for actions brought under this agreement. The prevailing party shall be entitled to recovery of expenses, including reasonable attorneys' fees. This agreement constitutes the entire Agreement between you and AAG with respect to the subject matter herein. You agree that any amounts owed to you arising under this contract shall incur interest no less than the current Federal Funds rate plus 3% per annum. If for any reason a provision or portion of this Agreement is found to be unenforceable, that provision of the Agreement will be enforced to the maximum extent permissible so as to affect the intent of the parties, and the remainder of this Agreement will continue in full force and effect. No failure or delay on the part of AAG in exercising any right or remedy with respect to a breach of

this Agreement by you shall operate as a waiver thereof or of any prior or subsequent breach of this Agreement by you, nor shall the exercise of any such right or remedy preclude any other or future exercise thereof or exercise of any other right or remedy in connection with this Agreement. Any waiver must be in writing and signed by AAG. All terms and provisions of this Agreement will survive termination of the Agreement. This Agreement will automatically terminate upon termination of your plan's agreement with AAG, or upon termination of your plan's service agreement with its recordkeeper, if applicable. Nothing in this Agreement shall be construed to waive compliance with the Advisors Act, the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), if applicable, or any applicable rule or order of the Department of Labor under ERISA. AAG shall not be liable for any delay or failure to perform its obligations hereunder if such delay or failure is caused by an unforeseeable event beyond its reasonable control, including without limitation: act of God; fire; flood; earthquake; labor strike; sabotage; fiber cut; embargoes; power failure; lightning; suppliers failures; act or omissions of telecommunications common carriers; material shortages or unavailability or other delay in delivery; government codes, ordinances, laws, rules, regulations or restrictions; war or civil disorder, or acts of terrorism. AAG reserves the right to modify this Agreement at any time. You agree to review this Agreement periodically so that you are aware of any such modifications. Your continued participation in Advisory Services shall be deemed to be your acceptance of the modified terms of this Agreement. This Agreement shall inure to the benefit of AAG's successor and assigns.

Registered representatives of GWFS may provide wholesaling, direct sales, enrollment and/or communication services to retirement plans and their participants or account holders for which AAG may also provide its services. For this service, GWFS may receive fees either from the plan or from the investment provider (fund families). Participants/account holders in the Online Investment Advice or the Managed Account services may have allocations in the investment options that result in GWFS receiving compensation from the investment options. Allocations in the investment options are solely determined and based on Morningstar Investment Management's software and not determinations made by AAG. The compensation paid by AAG to Morningstar Investment Management for Morningstar Investment Management's proprietary software advice program does not vary based on the allocations made or recommended by Morningstar Investment Management. Because Morningstar Investment Management is unaffiliated with AAG and GWFS, AAG does not believe there is a conflict of interest. All securities transactions which occur as a result of the services provided by AAG as described in AAG's Form ADV Part 2A are executed by GWFS for which it may receive compensation in the form of 12b-1 fees or other compensation from mutual fund companies or from the other investments that may be available as investment options. However, in all instances, AAG's affiliation with GWFS is disclosed.

#### **INTELLECTUAL PROPERTY**

All content provided as part of Advisory Services, including without limitation names, logos, methodologies, and news or information provided by third parties, is protected by copyrights, trademarks, service marks, patents, or other intellectual property and proprietary rights and laws ("Intellectual Property") and may constitute trade secrets, as defined by applicable law. All such Intellectual Property is the property of their respective owners and no rights or licenses are granted to you as a result of your participation in Advisory Services.

#### **ABOUT ADVISED ASSETS GROUP, LLC**

AAG, a wholly owned subsidiary of Great-West Life & Annuity Insurance Company, is a registered investment adviser with the Securities and Exchange Commission.

Since its inception, AAG has focused on establishing, refining and continually improving the process of investment planning for plan sponsors, plan participants and IRA account holders. By blending best practice investment approaches with personalized plan data and leading industry knowledge, AAG aspires to create effectively-built, diversified retirement solutions that maximize outcomes for plan participants while minimizing fiduciary risk to plan sponsors.

Additional information about the services provided by AAG may be found in AAG's Form ADV Part II, which is available free of charge on-line at [www.adviserinfo.sec.gov](http://www.adviserinfo.sec.gov) or upon request by calling your plan's toll free number listed in your communication materials or writing AAG at: 8515 East Orchard Road, Greenwood Village, Colorado 80111.

**Interest in Participant Transactions.** AAG, its officers and employees may purchase securities for their own accounts and these securities may be the same as those recommended to, or invested for, you (e.g., shares of the same mutual fund).

#### **ABOUT MORNINGSTAR INVESTMENT MANAGEMENT**

AAG has teamed with Morningstar Investment Management, a recognized industry leader in asset allocation and investment analytics tools, to provide the underlying investment advice and portfolio management methodology that will power Advisory Services.

Morningstar Investment Management is a leading independent provider of asset allocation, manager selection, and portfolio construction services. The company leverages its innovative academic research to create customized investment advisory solutions that help investors meet their goals. AAG reserves the right to replace the IFE in its sole discretion and without your approval. AAG will notify you of any fee changes resulting from the IFE being replaced. In the event AAG terminates its relationship with the current IFE and is unable to contract with a suitable replacement IFE, this Agreement shall automatically terminate upon written notice from AAG.

Your investment line up and Managed Account allocations may include mutual funds issued by Great-West Funds and Putnam Investments or insurance products issued by Great-West, its parent company, or Great-West Life & Annuity Insurance Company of New York ("GW-NY"). Great-West Funds, Putnam Investments, their respective fund managers and GW-NY are affiliates of

AAG. Morningstar Investment Management or its affiliates may provide asset allocation services for AAG affiliates for which fees may be paid. For the Great-West Funds offered within the Managed Account service, Morningstar Investment Management has agreed to waive these fees. For more information, please see the applicable fund prospectus.

For retirement plan participants, the investment options in your retirement plan are selected solely by the plan or plan sponsor.

**ACCEPTANCE OF TERMS AND CONDITIONS OF ADVISORY SERVICES AGREEMENT**

If you agree to the terms and conditions set forth herein, you will be enrolled in the service you requested that is offered under Advisory Services. Your acceptance of the terms and conditions shall signify your consent to be bound by the applicable provisions of this Agreement, as they relate to the Online Investment Guidance, Online Investment Advice, or the Managed Account service. Please note that upon enrollment in the Managed Account service, any currently initiated transfers or transactions will be cancelled, unless the market has already closed for the day.

If you do not agree to the terms and conditions set forth herein, you will not be enrolled in the service you requested that is offered under Advisory Services.

**SUPPLEMENT A**  
**FEES FOR THE SERVICE**

Fees for each service are shown below. The chart below reflects the applicable billing period and annual fee amount.

<b>Online Advice</b>	<b>Quarterly Fee</b>	<b>Annual Fee</b>
	\$0.00	\$0.00

<b>My Total Retirement</b>		
<b>Participant Account Balance</b>	<b>Quarterly Fee</b>	<b>Annual Fee</b>
≤ \$100,000.00	0.10%	0.40%
Next \$150,000.00	0.0875%	0.35%
Next \$150,000.00	0.0625%	0.25%
≥ \$400,000.01	0.0375%	0.15%

For example, if your account balance subject to My Total Retirement is \$50,000.00, the maximum annual fee is 0.40% of the account balance. If your account balance subject to My Total Retirement is \$500,000.00, the first \$100,000.00 will be subject to a maximum annual fee of 0.40% (quarterly 0.10%), the next \$150,000.00 will be subject to a maximum annual fee of 0.35% (quarterly 0.0875%), the next \$150,000.00 will be subject to a maximum annual fee of 0.25% (quarterly 0.0625%), and any amounts over \$400,000.00 will be subject to a maximum annual fee of 0.15% (quarterly 0.0375%). For example, the maximum quarterly fee for an account balance less than \$100,000.00 (subject to maximum annual fee of 0.40%) would be 0.10% quarterly, as demonstrated above.

Service fees will generally be debited from your account based on your Service Provider's Form ADV Brochure and the terms of service and billing period agreed upon by your plan sponsor; however, if you cancel participation in the service, the fee will be based on your participation in the service through the date of cancellation for asset-based fees. For dollar-based fees, the full billing period rate will be assessed notwithstanding the date of cancellation. If your plan terminates its agreement with your Service Provider or with its recordkeeper, the fee will be debited based on your participation in the service through the date of such termination. The fee you are charged depends on the plan you participate in, and in certain instances, the fees charged may actually be lower than the fee depicted.

You can access our Privacy Policy via the link below:

<https://www.empower-retirement.com/privacy>

You can access our ADV Disclosure Brochure via the link below:

<https://dcprovider.com/EAG/EAG-ADV-Part-2A-Brochure-MIM-MAS.pdf>



## CITY OF WALTHAM - DRUG AND ALCOHOL POLICY

### I. PURPOSE AND SCOPE:

The purpose of this policy is to outline the responsibilities of employees, supervisors and managers with regard to drug and alcohol use in the workplace and the testing of employees in safety sensitive positions in accordance with U.S. Department of Transportation regulations, issued under the Omnibus Transportation Employee Testing Act of 1991.

### II. APPLICABILITY:

This policy applies to all safety-sensitive employees employed by the City of Waltham.

### III. DEFINITION:

Safety Sensitive - For the purposes of this policy, safety-sensitive shall refer to all employees required by the City to obtain and retain a Commercial Drivers License.

### IV. GENERAL POLICY REGARDING DRUGS AND ALCOHOL IN THE WORKPLACE:

A. The City of Waltham firmly believes that the use of illegal drugs and misuse of legal drugs, including alcohol, is a source of danger in the workplace and a threat to the City's goal of maintaining a productive and safe work environment. The City of Waltham discourages users of illegal drugs and misusers of legal drugs, including alcohol, from seeking employment with the City and encourages very forcefully the rehabilitation of such persons already in its employ.

B. Employees of the City of Waltham are visible and active members of the communities where they live and work. They are inescapably identified with the City and are expected to represent it in a responsible and creditable fashion. While the City of Waltham has no intention of intruding into the private lives of its employees, the City does expect employees to report for work in a condition to perform their duties. The City recognizes that employee off-the-job as well as on-the-job involvement with drugs and alcohol can have an impact on the workplace and on our ability to accomplish our goal of providing an alcohol and drug-free environment.

1. In accordance with the Federal Drug Free Workplace Act, the illegal use, sale or possession of narcotics, drugs or controlled substances while on the job or on City property is an offense warranting disciplinary action up to and including termination.

2. Employees who are under the influence of alcohol, either on the job or when reporting for work, or who possess or consume alcohol during work hours, have the potential for interfering with their own as well as their co-workers safe and efficient job performance. Consistent with City practice, such conditions will be proper cause for disciplinary action up to and including termination of employment.

3. Off-the-job illegal drug activity which could adversely affect an employee's job performance, or which could jeopardize the safety of other employees, the public or City property or equipment, is proper cause for disciplinary action up to and including termination of employment.

4. Employees who are involved with off-the-job drug activity may be considered in violation of this policy. In deciding what action to take, management will take into consideration the nature of the charges, the employee's present job assignment, the employee's record with the City and other factors relative to the impact of the employee's arrest upon the conduct of City business.

5. Employees are expected to follow any directions of their health care provider concerning prescription medications, and must immediately notify their supervisor if any prescription drug is likely to have an impact on job performance. In addition, notification must be given at the time of any testing or screening as to any drugs or medicine being taken.

6. Any employee, while on City property or during the employee's work shift, including without limitation all breaks and meal periods, consumes or uses, or is found to have in his or her personal possession, in his or her locker or desk or other such repository, alcohol or drugs, which are not medically authorized, or is found to have used or to be using such alcohol or drugs, will be suspended immediately pending further investigation. If use or possession is substantiated, disciplinary action, up to and including termination will be imposed.

7. Any employee who voluntarily requests assistance in dealing with a personal drug addiction or alcohol problem, prior to being found to be in violation of this policy, may participate in a rehabilitative program (such as an Employee Assistance Program) without jeopardizing his/her continued employment with the City of Waltham.

## **V. POLICY REGARDING DRUG AND ALCOHOL TESTING:**

A. It is the policy of the City of Waltham to comply fully with the regulations mandating pre-use, random, reasonable suspicion and post-accident drug and alcohol testing in accordance with regulations issued by the U.S. Department of Transportation, (DOT).



B. Performance of safety-sensitive functions is prohibited by employees having a breath alcohol concentration of 0.04 percent or greater as indicated by an alcohol breath test; by employees using alcohol or within four hours after using alcohol; and by employees in the possession of any medication containing alcohol unless the package seal is unbroken.

C. Use of illicit drugs by safety-sensitive drivers is prohibited on or off duty.

## **VI. PROCEDURES:**

**A. Types of Tests** The following tests are required:

1. Pre-employment - (Pre-use) All applicants for employment in positions requiring Commercial Drivers License, or candidates for transfer or promotion to such a position are subject to screening for improper use of alcohol or controlled substances.

2. Post-Accident - Conducted after accidents on drivers in City vehicles whose performance could have contributed to the accident, as determined by a citation for a moving traffic violation, and for all fatal accidents even if the driver is not cited for a moving traffic violation. An accident is defined as an incident involving a commercial motor vehicle in which there is either a fatality, an injury treated away from the scene, or a vehicle is required to be towed from the scene. Alcohol tests should be conducted within 2 hours, but in no case more than 8 hours after the accident. Employees must refrain from all alcohol use until the test is complete. Post-accident drug tests must be conducted within 32 hours.

3. Reasonable Suspicion - Conducted when a trained supervisor or manager observes behavior or appearance that is characteristic of alcohol or illicit drug misuse. If a driver's behavior or appearance suggests alcohol or drug misuse, a reasonable suspicion test must be conducted. If a test cannot be administered, the driver must be removed from performing safety sensitive duties for at least 24 hours. Testing for alcohol abuse must be based upon suspicion which arises just before, during or just after the time when the employee is performing safety-sensitive duties. Testing for substance abuse may occur at any time upon suspicion.

4. Random - Conducted on a random, unannounced basis just before, during or after performance of safety sensitive functions for alcohol or at any time for drugs. Each year, the number of random alcohol tests conducted by the City must equal at least 25% of all the safety-sensitive drivers. Random drug tests conducted by the City must equal at least 50% of all safety-sensitive drivers.

5. Return to Duty and Follow-up - Conducted when an individual who has violated the prohibited alcohol or drug standards returns to performing safety sensitive duties. Follow-up tests are unannounced and at least six (6) tests must

be conducted in the first 12 months after a driver returns to duty. Follow-up testing may be extended for up to 60 months following the return to duty.

## **B. Conduction Tests**

### 1. Alcohol

DOT rules require breath testing using evidential breath testing (EBT) devices. Two breath tests are required to determine if a person has a prohibited alcohol concentration. A screening test is conducted first. Any result less than 0.02 alcohol concentration is considered a “negative” test. If the alcohol concentration is 0.02 or greater, a second, confirmation test must be conducted.

### 2. Drugs

a. Drug testing is conducted by analyzing a driver’s urine specimen, and must be conducted through a U.S. Department of Health and Human Services (DHHS) certified facility. Specimen collection procedures and chain of custody requirements ensure that the specimen’s security, proper identification and integrity are not compromised.

b. DOT rules require a split specimen procedure. Each urine specimen is subdivided into two bottles labeled as primary and split. Both bottles are sent to the laboratory. Only the primary specimen is opened and used for the urinalysis. The split specimen remains sealed at the laboratory. If the analysis of the primary specimen confirms the presence of illegal controlled substances, the driver has 72 hours to request that the split specimen be sent to another DHHS certified laboratory for analysis.

c. All urine specimens are analyzed for the following drugs:

Marijuana (THC metabolite)  
Cocaine  
Amphetamines  
Opiates (including heroin)  
Phencyclidine (PCP)

Testing is conducted using a two-stage process. First, a screening test is performed. If the test is positive for one or more of the drugs, a confirmation test is performed for each identified drug. Sophisticated testing requirements ensure that over-the-counter medications or preparations are not reported as positive results.

All drug tests are reviewed and interpreted by a physician designated as a Medical Review Officer (MRO) before they are reported to the employer. If the laboratory reports a positive result to the MRO, the MRO will

contact the driver and conduct an interview to determine if there is an alternative medical explanation for the drugs found in the urine specimen. For all the drugs listed above, except PCP, there are some limited, legitimate medical uses that may explain a positive test result. If MRO determines that the drug use is legitimate, the test will be reported to the City as a negative result.

3. Refusal to Participate

Any refusal to participate in any of the types of alcohol and or drug tests authorized in this policy will be treated as indicative of a positive result.

**C. Consequences of Alcohol/Drug Misuse**

1. Safety sensitive employees who have any alcohol concentration (defined as 0.02 or greater) who tested just before, during or just after performing safety sensitive functions must be removed from performing such duties for 24 hours, and will be suspended without pay for any lost work time.

2. Drivers who engage in prohibited alcohol or drug conduct (that is, who test positive for alcohol use greater than 0.04 or drug use) must be immediately removed from safety sensitive functions.

3. Drivers who wish to continue employment with the City of Waltham must be evaluated by a substance abuse professional and comply with any treatment recommendations to assist them with an alcohol or drug problem. The payment for any recommended treatment will be strictly at the expense of the employee (or his/her health insurance program, if applicable). Employees will be placed on non-occupational sick leave or leave without pay status during the treatment period, whichever is appropriate.

4. Drivers who have been evaluated by a substance abuse professional, who comply with any recommended treatment, who have taken a return to duty test with a result less than 0.02, and who are then subject to unannounced follow-up tests may return to work.

5. Drivers who have returned to work under these conditions and who subsequently test positive for alcohol or drug in accordance with this policy during the next five years will be terminated immediately.

**D. Information/Training**

1. All current and new employees, classified as safety sensitive, will receive written information about the testing requirements and how and where they may

receive assistance for alcohol or drug misuse. These employees must receive a copy of this policy.

2. All supervisory and management personnel employed by the City of Waltham must attend at least two hours of training on alcohol and drug misuse symptoms and indicators used in making determinations for reasonable suspicion testing.

3. This policy will be posted on employee bulletin boards and will be available to all employees.

4. Educational information will be made available periodically which will focus on the potentially dangerous effects of drug and alcohol use and abuse, the procedures associated with pre-employment drug screening and “reasonable suspicion” testing, the effects on job performance measured in loss of productivity, and the potential safety hazards presented to the individual employee, other employees and the public.

5. All recruitment advertising must include the statement “Drug/alcohol screening is a condition of employment” at the bottom of the advertisement/posting with the EEO statement.

6. All final candidates for employment must be given a copy of this policy, and be given opportunity to read the policy in its entirety.

**E. Record Keeping:**

1. The City is required to keep detailed records of its alcohol and drug misuse prevention program.

2. Driver alcohol and drug testing records are confidential. Test results and other confidential information may only be released to the employer, the substance abuse professional, the MRO, and any arbitrator of a grievance filed in accordance with this policy. Any other release of this information may only be made with the driver’s consent.

**F. Pre-employment References:**

1. The City must obtain and review the following information from each employer that the prospective driver worked for, in a safety-sensitive position, during the previous two years: information about a test in which the employee’s blood alcohol was 0.04 or greater; information about a positive drug test; and information about any refusal to participate in the alcohol and drug testing program.

2. The prospective employee must provide the former employer with a written release allowing the release of this information or he/she will not be hired.

3. If the previous employer indicates that a positive result was received, or that the employee refused to participate when selected for an alcohol or drug test, the applicant may not be appointed unless he/she has already consulted with a substance abuse professional, already received recommended treatment, and subsequently tested negative in a return to duty test for the former employer.

4. The City of Waltham must provide the same information to subsequent employers of current City employees when provided with a written release.

**G. Questions:**

Questions about this policy should be referred to the employee's Department Head and/or the Personnel Director.

\_\_\_\_\_  
Jeannette A. McCarthy  
City of Waltham  
Mayor

\_\_\_\_\_  
Brenda D. Capello  
Director of Personnel  
Workers' Compensation Agent

Date \_\_\_\_\_

Date \_\_\_\_\_

**ATTACHMENT A**  
Pre-placement Consent to Drug and Alcohol Screening

I, \_\_\_\_\_, \_\_\_\_\_, understand  
(Name) (Social Security)

That the medical examination that I am about to receive includes:

- A blood test for the presence of drugs and/or alcohol
- A urine test for the presence of drugs and/or alcohol

I hereby give my consent to \_\_\_\_\_ to perform these tests. I understand that if I decline to sign this consent, and thereby decline to submit a sample for the test, the test will not be completed. The Personnel Department will be notified and my application for employment will be rejected.

I further consent to the release of the results to the Waltham Personnel Department.

I have taken the following drugs or substances within the last 96 hours:

<u>Identify</u>	<u>Name &amp; Amount</u>	<u>Prescribing Physician</u>
<input type="checkbox"/> Sleeping Pills	_____	_____
<input type="checkbox"/> Diet Pills	_____	_____
<input type="checkbox"/> Pain Relief Pills	_____	_____
<input type="checkbox"/> Cold Tablets	_____	_____
<input type="checkbox"/> Anti-malarial	_____	_____
<input type="checkbox"/> Other	_____	_____

CONSENT GIVEN

CONSENT REFUSED

Specimen Number: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

**Attachment B**  
Employee Confirmation of Receipt

I hereby certify that I have received a copy of the Waltham Drug and Alcohol Policy and testing requirements and have been given the opportunity to ask questions about the content of the policy.

\_\_\_\_\_  
Employee's Name (please print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date





## Emergency Contact Form

Please provide the following information for notification in case of an emergency.

Employee name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home telephone : \_\_\_\_\_ Cell phone: \_\_\_\_\_

I give my permission to contact the following people in case of emergency:

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

### **Next of Kin/Emergency Contact:**

#1

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

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Home telephone : \_\_\_\_\_ Cell phone: \_\_\_\_\_

#2

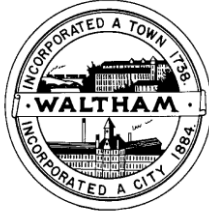
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Home telephone : \_\_\_\_\_ Cell phone: \_\_\_\_\_





***CITY OF WALTHAM  
MASSACHUSETTS***

119 SCHOOL ST., WALTHAM MASSACHUSETTS 02451  
781-314-3355 FAX 781-314-3358  
E-MAIL - kmurphy @city.waltham.ma.us

Kristin Murphy  
Director of Personnel  
Workers' Compensation Agent

January 3, 1989  
(Revised November 22, 2002)

Personnel Department Regulation Number 1989-1

**FAIR LABOR STANDARDS ACT**

1. General

On November 13, 1985, President Ronald Reagan signed the "Fair Labor Standards Act Amendments of 1985." The implementation date is April 15, 1986; however, payment of monetary overtime compensation due under the Act may be deferred until August 1, 1986.

2. Applicability

This regulation applies to all departments except Fire and Police personnel who are covered under Personnel Department Regulation dated March 16, 1987.

3. Work Period

The City is hereby establishing a seven-day work period commencing at 12:01 a.m. on Sunday for all departments with the exception of employees engaged in law enforcement and fire protection activities.

4. Exemptions

The Act allows for certain employees to be exempt under the Act or its overtime provisions. Some of the exemptions, among others, are elected officials, executive, administrative, professional personnel, etc. The Personnel Department will notify Department Heads which of their employees, if any, are exempt from the Act.

## 5. Overtime Requirements

The Act calls for overtime payment for hours worked over 40 in a work period. Vacation leave, sick leave, time not actually worked during a call back period are not counted as hours worked under the Act.

## 6. Compensatory Time

Compensatory time off may only be provided under the provisions of a labor contract or for employees not included in bargaining units, under a written memorandum of understanding arrived at before the performance of the work.

Compensatory time off must be computed at the rate of 1-½ hours off for each hour of employment for which overtime compensation is required by the FLSA, i.e., for hours actually worked in excess of 40 hours in the workweek. Employees engaged in public safety, emergency response, or a seasonal activity may not accrue more than 480 hours of compensatory time for hours worked during the first work week beginning after April 15, 1986 or later. Other employees may not accrue more than 240 hours of compensatory time. Additional overtime hours of work must be paid by overtime pay. Employees must be permitted to use compensatory time off within a reasonable period after requested provided that the use would not unduly disrupt operations. Unused compensatory time off must be paid for on termination.

## 7. Occasional or Sporadic Employment

The hours of an employee who on an occasional or sporadic basis solely at his/her own option works part-time, in a different capacity than the one in which he/she is regularly employed, are excluded from hours worked for determination of overtime.

## 8. Suffer and Permit Time

Employees are not to commence work before the starting time, work during their lunch periods, not work beyond the quitting time of their shift unless written prior approval has been obtained from the supervisor.

## 9. Responsibilities

Every Department Head will be responsible for implementing this regulation and for calling this regulation to the attention of every current and new employee under his/her jurisdiction.

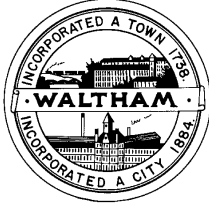
The Department Head will be responsible for maintaining and determining by work periods what overtime, if any, the City has incurred under the Act for those employees who are nonexempt.

The Data Processing Department will be responsible for developing and maintaining within its data processing system procedures which will determine the compensation and/or compensatory time due an employee.

The City Auditor will be responsible for maintaining and preserving records of the persons employed by the City, and of the wages, hours and other conditions and practices or employment of such employees as required by the Act.

The Personnel Department will be the liaison between the City and the U.S. Department of Labor and will be responsible for furnishing advice and guidance to conform with the Act. Personnel will also be responsible for notifying Department heads which of their employees, if any, are exempt from the Act.





**CITY OF WALTHAM  
MASSACHUSETTS**

119 SCHOOL ST., WALTHAM MASSACHUSETTS 02451  
781-314-3355 FAX 781-314-3358  
E-MAIL - KMURPHY@CITY.WALTHAM.MA.US

**KRISTIN MURPHY**  
*Human Resources Director*  
**WORKERS' COMPENSATION AGENT**

**CITY OF WALTHAM  
VEHICLES CAN BE DANGEROUS POLICY**

The prevention of injuries is a major responsibility of employers. Therefore, it is the policy of the City of Waltham that no employee shall ride outside the passenger compartment of a city owned vehicle. **All individuals in city-owned vehicles must be seated inside, wearing seatbelts.** There will be NO exceptions to this policy. This policy will be rigorously enforced. Failure to comply may result in disciplinary action.

\_\_\_\_\_  
CITY OF WALTHAM  
Kristin Murphy  
Director of Personnel  
Worker's Compensation Agent

\_\_\_\_\_  
Date

This is to acknowledge that I, *(print name)* \_\_\_\_\_, have read the *City of Waltham Vehicles Can Be Dangerous Policy* and that I will abide by the rules set forth in this policy.

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

\_\_\_\_\_  
Date







**CITY OF WALTHAM  
MASSACHUSETTS**

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451  
781-314-3355 FAX 781-314-3358

**Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing**

I, \_\_\_\_\_ (Driver Name), hereby provide consent to the City of Waltham, Massachusetts (hereinafter "the City") or its agent to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (hereinafter "Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is valid during the period of my employment by the City and the City or its agent may make inquiries of the Clearinghouse as needed during my employment.

I understand that if the limited query conducted by City or its agent indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the City or its agent without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the City or its agent to conduct a limited query of the Clearinghouse, the City must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

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

\_\_\_\_\_  
Date



**Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_  
Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

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

**I-A.**

New Employer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- |   |                        |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ___ NO ___         |
| 2. Did the employee have verified positive drug tests?  | YES ___ NO ___         |
| 3. Did the employee refuse to be tested?  | YES ___ NO ___         |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES ___ NO ___         |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES ___ NO ___         |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_



# Keep employees in motor vehicles safe by preventing distracted driving and ensuring seat belts are worn!

## What happened in Massachusetts?

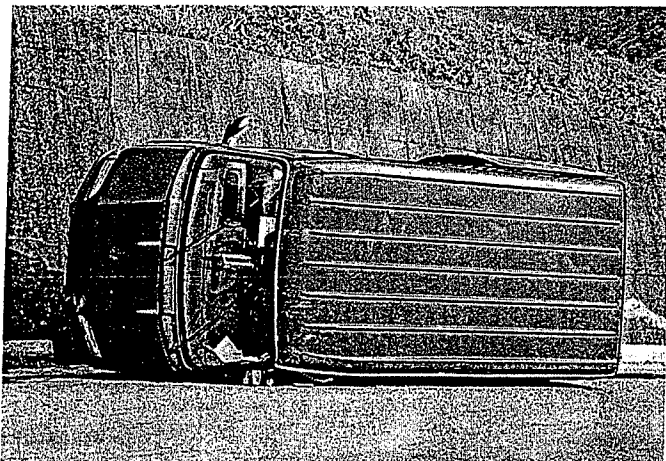
Lots of people drive as a part of their job – some more than others. Motor vehicle crashes continue to be a leading cause of work-related death in Massachusetts and across the country. In the past four years (2013-2016), 36 workers have died in motor vehicle crashes while driving for work in Massachusetts. It's not just

truck drivers who are dying in these crashes. Only 11 of these 36 victims were truck drivers. Many different jobs require employees to drive or be a passenger in a vehicle while at work. Some examples are: home health aides, landscapers, sales representatives, and police officers.



### Food delivery crash

In 2016, a 22-year-old employee of a sandwich shop died while driving his own car to make a food delivery. He crashed into the rear of a truck that was making a left turn. Witnesses reported the driver was speeding before the crash. After the crash, police recovered the driver's cell phone from the car and a game was running on the screen. It was unknown if the victim was wearing a seatbelt.



### Construction van crash

In 2016, two employees of a construction company, a 20- and a 52-year-old, died while riding in a company van. The van was in the left lane of a highway when a tire lost air and the van overturned. The van had only two front seats, but there were six employees in the vehicle. The employees in the back of the van were sitting on the floor or on supplies. Only the driver was wearing a seat belt. The worker in the front passenger seat, who was not wearing a seatbelt, and one of the workers in the back were ejected from the van when it crashed.

## How can employers keep workers safe while driving or riding in motor vehicles?

### Prevent distracted driving by:

- Banning texting and hand-held phone use while driving for work (both work and personal phones).
- Requiring employees to pull over in a safe location if they must text, look up directions, or make/answer a call. This includes texts or calls from management.
- Preparing employees before implementing these policies by communicating:
  - › How distracted driving puts them at risk of a crash;
  - › That driving requires their full attention while they are on the road; and
  - › What action the company will take if they do not follow the policies.
- Ensuring that employees program navigation devices (e.g., GPS, phones) before they start driving, and that these cannot be operated manually when the vehicle is in motion. Also, make sure a vehicle mount is used to secure the device and eliminate the need to hold it while driving.

### Require the use of seat belts at all times by all vehicle occupants.

- Ensure that there are enough seats for each passenger and that each seat has a functioning seat belt.

- Require more than one trip or an additional vehicle if there are more passengers than seats.

### Develop a Motor Vehicle Safety Program that includes policies on:

- Training employees on the importance of being attentive while driving.
- Routinely reminding employees that while behind the wheel, driving is their primary job.
- Schedules that allow employees to obey speed limits, follow applicable hour-of-service regulations, and prevent drowsy driving.
- Zero tolerance for speeding and aggressive driving practices.
- Procedures for reporting and investigating crashes and vehicle breakdowns.
- Routine maintenance procedures for employer provided vehicles.

IN ADDITION, AS A REMINDER:

**In Massachusetts and many other states, anyone under 18 years old cannot drive as part of their work duties.**

## Resources

Preventing work-related motor vehicle crashes, NIOSH

[www.cdc.gov/niosh/docs/2015-111/pdfs/2015-111.pdf](http://www.cdc.gov/niosh/docs/2015-111/pdfs/2015-111.pdf)

Distracted Driving At Work web page, NIOSH

[www.cdc.gov/niosh/topics/distracteddriving/](http://www.cdc.gov/niosh/topics/distracteddriving/)

Guidelines for Employers to Reduce Motor Vehicle Crashes, OSHA, NHTSA, NETS

[www.osha.gov/Publications/motor\\_vehicle\\_guide.pdf](http://www.osha.gov/Publications/motor_vehicle_guide.pdf)

Motor Vehicles, Safe Driving Practices for Employees, OSHA

[www.osha.gov/Publications/Safe\\_Driving\\_Practices.pdf](http://www.osha.gov/Publications/Safe_Driving_Practices.pdf)

Distracted Driving for Employers, National Safety Council

[www.nsc.org/learn/NSC-Initiatives/Pages/distracted-driving-for-employers.aspx](http://www.nsc.org/learn/NSC-Initiatives/Pages/distracted-driving-for-employers.aspx)

Network of Employers for Traffic Safety, Road Safety Resources

<http://trafficsafety.org/road-safety-resources/#open-access>



**About FACE Facts | MA FACE:** MA FACE (Massachusetts Fatality Assessment and Control Evaluation) seeks to prevent work fatalities by identifying and investigating these incidents and developing prevention strategies for those who can intervene in the workplace. MA FACE is supported by cooperative agreement # U60OH008490 from CDC-NIOSH. This document may be copied freely and found online at [www.mass.gov/dph/FACE](http://www.mass.gov/dph/FACE). If you have comments or questions, call the MA FACE Project at 1-800-338-5223.



U.S. Department of Labor



# Job Safety and Health IT'S THE LAW!

## All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

*This poster is available free from OSHA.*

**Contact OSHA. We can help.**

## Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.







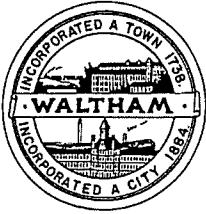


## Massachusetts Workplace Safety and Health Protection for Public Employees

**454 CMR 25.00** requires all public sector employers to comply with OSHA regulations.

- Employers:** Employers are required to provide procedures, equipment, and training to prevent work-related injuries and illnesses.
- Employees:** Employees are required to comply with the policies and procedures established in their workplace to reduce work-related injuries and illnesses.
- Inspection:** The Department of Labor Standards (DLS) may conduct an on-site inspection to evaluate workplace conditions and make recommendations for the prevention of work-related injuries and illnesses. See **Inspection Summary** at [mass.gov/dols/wshp](https://mass.gov/dols/wshp).
- Enforcement:** DLS may issue a *Written Warning* which contains an *Order to Correct* when an inspection reveals a condition which could cause a work-related injury or illness. DLS may issue a *Civil Citation with Civil Penalty* when an employer fails to abate a *Written Warning*, or repeats conditions identified in a previous *Written Warning*.
- Voluntary Assistance:** Public sector workplaces may request technical assistance by contacting DLS at [safepublicworkplacemailbox@mass.gov](mailto:safepublicworkplacemailbox@mass.gov) or (508) 616-0461 and choose option #1. There are no written warnings or penalties issued for voluntary assistance.
- Complaints:** Public employees or their representatives may file a complaint about safety and health conditions at their workplace by contacting DLS at [safepublicworkplacemailbox@mass.gov](mailto:safepublicworkplacemailbox@mass.gov) or (508) 616-0461 and choose option #1.
- Safety and Health Management:** Sample safety programs and technical bulletins are available at [mass.gov/dols/wshp](https://mass.gov/dols/wshp).





**CITY OF WALTHAM  
MASSACHUSETTS**

119 SCHOOL ST., WALTHAM, MASSACHUSETTS 02451  
781-314-3355 FAX 781-314-3358  
E-MAIL - [KMURPHY@CITY.WALTHAM.MA.US](mailto:KMURPHY@CITY.WALTHAM.MA.US)

**KRISTIN MURPHY**  
HUMAN RESOURCES DIRECTOR  
WORKERS' COMPENSATION AGENT

**RECEIPT OF EMPLOYER INFORMATION**

I \_\_\_\_\_ employed by the \_\_\_\_\_ department  
(First & Last Name) (Department)

Hereby acknowledge and confirm receipt of the following policies:

- Network Use Policy
- Employee Orientation Booklet
- Sexual Harassment Policy
- Drug & Alcohol Policy
- COBRA notice
- Pregnant Workers Fairness Act, FMLA & Parental Leave Notices
- Equal Employment Opportunities (EEO) Notice

Employee Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



All city employees are provided with this Summary of the Conflict of Interest Law for Municipal Employees within 30 days of hire or election, and then annually. All city employees are then required to acknowledge in writing that they received the summary.

**All employees must log in and complete the on-line Conflict of Interest/Ethics exam at the following website:**

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

You will receive a certificate once you have completed the training that must be printed or scanned and returned to Human Resources.

## **Summary of the Conflict of Interest Law for Municipal Employees**

This summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation. Municipal employees can obtain free confidential advice about the conflict of interest law from the Commission's Legal Division at our website, phone number, and address above. Municipal counsel may also provide advice.

The conflict of interest law seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public's trust and confidence in that service by placing restrictions on what municipal employees may do on the job, after hours, and after leaving public service, as described below. The sections referenced below are sections of G.L. c. 268A.

When the Commission determines that the conflict of interest law has been violated, it can impose a civil penalty of up to \$10,000 (\$25,000 for bribery cases) for each violation. In addition, the Commission can order the violator to repay any economic advantage he gained by the violation, and to make restitution to injured third parties. Violations of the conflict of interest law can also be prosecuted criminally.

### **I. Are you a municipal employee for conflict of interest law purposes?**

You do not have to be a full-time, paid municipal employee to be considered a municipal employee for conflict of interest purposes. Anyone performing services for a city or town or holding a municipal position, whether paid or unpaid, including full- and part-time municipal employees, elected officials, volunteers, and consultants, is a municipal employee under the conflict of interest law. An employee of a private firm can also be a municipal employee, if the private firm has a contract with the city or town and the employee is a "key employee" under the contract, meaning the town has specifically contracted for her services. The law also covers

private parties who engage in impermissible dealings with municipal employees, such as offering bribes or illegal gifts. Town meeting members and charter commission members are not municipal employees under the conflict of interest law.

## **II. On-the-job restrictions.**

### **(a) Bribes. Asking for and taking bribes is prohibited. (See Section 2)**

A bribe is anything of value corruptly received by a municipal employee in exchange for the employee being influenced in his official actions. Giving, offering, receiving, or asking for a bribe is illegal.

Bribes are more serious than illegal gifts because they involve corrupt intent. In other words, the municipal employee intends to sell his office by agreeing to do or not do some official act, and the giver intends to influence him to do so. Bribes of any value are illegal.

### **(b) Gifts and gratuities. Asking for or accepting a gift because of your official position, or because of something you can do or have done in your official position, is prohibited. (See Sections 3, 23(b)(2), and 26)**

Municipal employees may not accept gifts and gratuities valued at \$50 or more given to influence their official actions or because of their official position. Accepting a gift intended to reward past official action or to bring about future official action is illegal, as is giving such gifts. Accepting a gift given to you because of the municipal position you hold is also illegal. Meals, entertainment event tickets, golf, gift baskets, and payment of travel expenses can all be illegal gifts if given in connection with official action or position, as can anything worth \$50 or more. A number of smaller gifts together worth \$50 or more may also violate these sections.

*Example of violation:* A town administrator accepts reduced rental payments from developers.

*Example of violation:* A developer offers a ski trip to a school district employee who oversees the developer's work for the school district.

**Regulatory exemptions.** There are situations in which a municipal employee's receipt of a gift does not present a genuine risk of a conflict of interest, and may in fact advance the public interest. The Commission has created exemptions permitting giving and receiving gifts in these situations. One commonly used exemption permits municipal employees to accept payment of travel-related expenses when doing so advances a public purpose. Another commonly used exemption permits municipal employees to accept payment of costs involved in attendance at educational and training programs. Other exemptions are listed on the Commission's website.

*Example where there is no violation:* A fire truck manufacturer offers to pay the travel expenses of a fire chief to a trade show where the chief can examine various kinds of fire-fighting equipment that the town may purchase. The chief fills out a disclosure form and obtains prior approval from his appointing authority.

***Example where there is no violation:*** A town treasurer attends a two-day annual school featuring multiple substantive seminars on issues relevant to treasurers. The annual school is paid for in part by banks that do business with town treasurers. The treasurer is only required to make a disclosure if one of the sponsoring banks has official business before her in the six months before or after the annual school.

**(c) Misuse of position. Using your official position to get something you are not entitled to, or to get someone else something they are not entitled to, is prohibited. Causing someone else to do these things is also prohibited. (See Sections 23(b)(2) and 26)**

A municipal employee may not use her official position to get something worth \$50 or more that would not be properly available to other similarly situated individuals. Similarly, a municipal employee may not use her official position to get something worth \$50 or more for someone else that would not be properly available to other similarly situated individuals. Causing someone else to do these things is also prohibited.

***Example of violation:*** A full-time town employee writes a novel on work time, using her office computer, and directing her secretary to proofread the draft.

***Example of violation:*** A city councilor directs subordinates to drive the councilor's wife to and from the grocery store.

***Example of violation:*** A mayor avoids a speeding ticket by asking the police officer who stops him, "Do you know who I am?" and showing his municipal I.D.

**(d) Self-dealing and nepotism. Participating as a municipal employee in a matter in which you, your immediate family, your business organization, or your future employer has a financial interest is prohibited. (See Section 19)**

A municipal employee may not participate in any particular matter in which he or a member of his immediate family (parents, children, siblings, spouse, and spouse's parents, children, and siblings) has a financial interest. He also may not participate in any particular matter in which a prospective employer, or a business organization of which he is a director, officer, trustee, or employee has a financial interest. Participation includes discussing as well as voting on a matter, and delegating a matter to someone else.

A financial interest may create a conflict of interest whether it is large or small, and positive or negative. In other words, it does not matter if a lot of money is involved or only a little. It also does not matter if you are putting money into your pocket or taking it out. If you, your immediate family, your business, or your employer have or has a financial interest in a matter, you may not participate. The financial interest must be direct and immediate or reasonably foreseeable to create a conflict. Financial interests which are remote, speculative or not sufficiently identifiable do not create conflicts.

***Example of violation:*** A school committee member's wife is a teacher in the town's public schools. The school committee member votes on the budget line item for teachers' salaries.

**Example of violation:** A member of a town affordable housing committee is also the director of a non-profit housing development corporation. The non-profit makes an application to the committee, and the member/director participates in the discussion.

**Example:** A planning board member lives next door to property where a developer plans to construct a new building. Because the planning board member owns abutting property, he is presumed to have a financial interest in the matter. He cannot participate unless he provides the State Ethics Commission with an opinion from a qualified independent appraiser that the new construction will not affect his financial interest.

In many cases, where not otherwise required to participate, a municipal employee may comply with the law by simply not participating in the particular matter in which she has a financial interest. She need not give a reason for not participating.

There are several exemptions to this section of the law. An appointed municipal employee may file a written disclosure about the financial interest with his appointing authority, and seek permission to participate notwithstanding the conflict. The appointing authority may grant written permission if she determines that the financial interest in question is not so substantial that it is likely to affect the integrity of his services to the municipality. Participating without disclosing the financial interest is a violation. Elected employees cannot use the disclosure procedure because they have no appointing authority.

**Example where there is no violation:** An appointed member of the town zoning advisory committee, which will review and recommend changes to the town's by-laws with regard to a commercial district, is a partner at a company that owns commercial property in the district. Prior to participating in any committee discussions, the member files a disclosure with the zoning board of appeals that appointed him to his position, and that board gives him a written determination authorizing his participation, despite his company's financial interest. There is no violation.

There is also an exemption for both appointed and elected employees where the employee's task is to address a matter of general policy and the employee's financial interest is shared with a substantial portion (generally 10% or more) of the town's population, such as, for instance, a financial interest in real estate tax rates or municipal utility rates.

**Regulatory exemptions.** In addition to the statutory exemptions just mentioned, the Commission has created several regulatory exemptions permitting municipal employees to participate in particular matters notwithstanding the presence of a financial interest in certain very specific situations when permitting them to do so advances a public purpose. There is an exemption permitting school committee members to participate in setting school fees that will affect their own children if they make a prior written disclosure. There is an exemption permitting town clerks to perform election-related functions even when they, or their immediate family members, are on the ballot, because clerks' election-related functions are extensively regulated by other laws. There is also an exemption permitting a person serving as a member of a municipal board pursuant to a legal requirement that the board have members with a specified affiliation to participate fully in determinations of general policy by the board, even if the entity



with which he is affiliated has a financial interest in the matter. Other exemptions are listed in the Commission's regulations, available on the Commission's website.

***Example where there is no violation:*** A municipal Shellfish Advisory Board has been created to provide advice to the Board of Selectmen on policy issues related to shellfishing. The Advisory Board is required to have members who are currently commercial fishermen. A board member who is a commercial fisherman may participate in determinations of general policy in which he has a financial interest common to all commercial fishermen, but may not participate in determinations in which he alone has a financial interest, such as the extension of his own individual permits or leases.

**(e) False claims. Presenting a false claim to your employer for a payment or benefit is prohibited, and causing someone else to do so is also prohibited. (See Sections 23(b)(4) and 26)**

A municipal employee may not present a false or fraudulent claim to his employer for any payment or benefit worth \$50 or more, or cause another person to do so.

***Example of violation:*** A public works director directs his secretary to fill out time sheets to show him as present at work on days when he was skiing.

**(f) Appearance of conflict. Acting in a manner that would make a reasonable person think you can be improperly influenced is prohibited. (See Section 23(b)(3))**

A municipal employee may not act in a manner that would cause a reasonable person to think that she would show favor toward someone or that she can be improperly influenced. Section 23(b)(3) requires a municipal employee to consider whether her relationships and affiliations could prevent her from acting fairly and objectively when she performs her duties for a city or town. If she cannot be fair and objective because of a relationship or affiliation, she should not perform her duties. However, a municipal employee, whether elected or appointed, can avoid violating this provision by making a public disclosure of the facts. An appointed employee must make the disclosure in writing to his appointing official.

***Example where there is no violation:*** A developer who is the cousin of the chair of the conservation commission has filed an application with the commission. A reasonable person could conclude that the chair might favor her cousin. The chair files a written disclosure with her appointing authority explaining her relationship with her cousin prior to the meeting at which the application will be considered. There is no violation of Sec. 23(b)(3).

**(g) Confidential information. Improperly disclosing or personally using confidential information obtained through your job is prohibited. (See Section 23(c))**

Municipal employees may not improperly disclose confidential information, or make personal use of non-public information they acquired in the course of their official duties to further their personal interests.

### **III. After-hours restrictions.**

**(a) Taking a second paid job that conflicts with the duties of your municipal job is prohibited. (See Section 23(b)(1))**

A municipal employee may not accept other paid employment if the responsibilities of the second job are incompatible with his or her municipal job.

*Example:* A police officer may not work as a paid private security guard in the town where he serves because the demands of his private employment would conflict with his duties as a police officer.

**(b) Divided loyalties. Receiving pay from anyone other than the city or town to work on a matter involving the city or town is prohibited. Acting as agent or attorney for anyone other than the city or town in a matter involving the city or town is also prohibited whether or not you are paid. (See Sec. 17)**

Because cities and towns are entitled to the undivided loyalty of their employees, a municipal employee may not be paid by other people and organizations in relation to a matter if the city or town has an interest in the matter. In addition, a municipal employee may not act on behalf of other people and organizations or act as an attorney for other people and organizations in which the town has an interest. Acting as agent includes contacting the municipality in person, by phone, or in writing; acting as a liaison; providing documents to the city or town; and serving as spokesman.

A municipal employee may always represent his own personal interests, even before his own municipal agency or board, on the same terms and conditions that other similarly situated members of the public would be allowed to do so. A municipal employee may also apply for building and related permits on behalf of someone else and be paid for doing so, unless he works for the permitting agency, or an agency which regulates the permitting agency.

*Example of violation:* A full-time health agent submits a septic system plan that she has prepared for a private client to the town's board of health.

*Example of violation:* A planning board member represents a private client before the board of selectmen on a request that town meeting consider rezoning the client's property.

While many municipal employees earn their livelihood in municipal jobs, some municipal employees volunteer their time to provide services to the town or receive small stipends. Others, such as a private attorney who provides legal services to a town as needed, may serve in a position in which they may have other personal or private employment during normal working hours. In recognition of the need not to unduly restrict the ability of town volunteers and part-time employees to earn a living, the law is less restrictive for "special" municipal employees than for other municipal employees.

The status of "special" municipal employee has to be assigned to a municipal position by vote of the board of selectmen, city council, or similar body. A position is eligible to be designated as "special" if it is unpaid, or if it is part-time and the employee is allowed to have another job during normal working hours, or if the employee was not paid for working more than 800 hours

during the preceding 365 days. It is the position that is designated as "special" and not the person or persons holding the position. Selectmen in towns of 10,000 or fewer are automatically "special"; selectman in larger towns cannot be "specials."

If a municipal position has been designated as "special," an employee holding that position may be paid by others, act on behalf of others, and act as attorney for others with respect to matters before municipal boards other than his own, provided that he has not officially participated in the matter, and the matter is not now, and has not within the past year been, under his official responsibility.

**Example:** A school committee member who has been designated as a special municipal employee appears before the board of health on behalf of a client of his private law practice, on a matter that he has not participated in or had responsibility for as a school committee member. There is no conflict. However, he may not appear before the school committee, or the school department, on behalf of a client because he has official responsibility for any matter that comes before the school committee. This is still the case even if he has recused himself from participating in the matter in his official capacity.

**Example:** A member who sits as an alternate on the conservation commission is a special municipal employee. Under town by-laws, he only has official responsibility for matters assigned to him. He may represent a resident who wants to file an application with the conservation commission as long as the matter is not assigned to him and he will not participate in it.

**(c) Inside track. Being paid by your city or town, directly or indirectly, under some second arrangement in addition to your job is prohibited, unless an exemption applies. (See Section 20)**

A municipal employee generally may not have a financial interest in a municipal contract, including a second municipal job. A municipal employee is also generally prohibited from having an indirect financial interest in a contract that the city or town has with someone else. This provision is intended to prevent municipal employees from having an "inside track" to further financial opportunities.

**Example of violation:** Legal counsel to the town housing authority becomes the acting executive director of the authority, and is paid in both positions.

**Example of violation:** A selectman buys a surplus truck from the town DPW.

**Example of violation:** A full-time secretary for the board of health wants to have a second paid job working part-time for the town library. She will violate Section 20 unless she can meet the requirements of an exemption.

**Example of violation:** A city councilor wants to work for a non-profit that receives funding under a contract with her city. Unless she can satisfy the requirements of an exemption under Section 20, she cannot take the job.

There are numerous exemptions. A municipal employee may hold multiple unpaid or elected positions. Some exemptions apply only to special municipal employees. Specific exemptions may cover serving as an unpaid volunteer in a second town position, housing-related benefits, public safety positions, certain elected positions, small towns, and other specific situations. Please call the Ethics Commission's Legal Division for advice about a specific situation.

#### **IV. After you leave municipal employment. (See Section 18)**

**(a) Forever ban. After you leave your municipal job, you may never work for anyone other than the municipality on a matter that you worked on as a municipal employee.**

If you participated in a matter as a municipal employee, you cannot ever be paid to work on that same matter for anyone other than the municipality, nor may you act for someone else, whether paid or not. The purpose of this restriction is to bar former employees from selling to private interests their familiarity with the facts of particular matters that are of continuing concern to their former municipal employer. The restriction does not prohibit former municipal employees from using the expertise acquired in government service in their subsequent private activities.

*Example of violation:* A former school department employee works for a contractor under a contract that she helped to draft and oversee for the school department.

**(b) One year cooling-off period. For one year after you leave your municipal job you may not participate in any matter over which you had official responsibility during your last two years of public service.**

Former municipal employees are barred for one year after they leave municipal employment from personally appearing before any agency of the municipality in connection with matters that were under their authority in their prior municipal positions during the two years before they left.

*Example:* An assistant town manager negotiates a three-year contract with a company. The town manager who supervised the assistant, and had official responsibility for the contract but did not participate in negotiating it, leaves her job to work for the company to which the contract was awarded. The former manager may not call or write the town in connection with the company's work on the contract for one year after leaving the town.

A former municipal employee who participated as such in general legislation on expanded gaming and related matters may not become an officer or employee of, or acquire a financial interest in, an applicant for a gaming license, or a gaming licensee, for one year after his public employment ceases.

**(c) Partners. Your partners will be subject to restrictions while you serve as a municipal employee and after your municipal service ends.**

Partners of municipal employees and former municipal employees are also subject to restrictions under the conflict of interest law. If a municipal employee participated in a matter, or if he has official responsibility for a matter, then his partner may not act on behalf of anyone other than

the municipality or provide services as an attorney to anyone but the city or town in relation to the matter.

**Example:** While serving on a city's historic district commission, an architect reviewed an application to get landmark status for a building. His partners at his architecture firm may not prepare and sign plans for the owner of the building or otherwise act on the owner's behalf in relation to the application for landmark status. In addition, because the architect has official responsibility as a commissioner for every matter that comes before the commission, his partners may not communicate with the commission or otherwise act on behalf of any client on any matter that comes before the commission during the time that the architect serves on the commission.

**Example:** A former town counsel joins a law firm as a partner. Because she litigated a lawsuit for the town, her new partners cannot represent any private clients in the lawsuit for one year after her job with the town ended.

\* \* \* \* \*

This summary is not intended to be legal advice and, because it is a summary, it does not mention every provision of the conflict law that may apply in a particular situation. Our website, [www.mass.gov/state-ethics-commission](http://www.mass.gov/state-ethics-commission), contains further information about how the law applies in many situations. You can also contact the Commission's Legal Division via our website, by telephone, or by letter. Our contact information is at the top of this document.

Version 7: Revised November 14, 2016



## **Acknowledgement of Receipt of Summary of the Conflict of Interest Law for Municipal Employees**

I, \_\_\_\_\_  
, *(first and last name)*

an employee at City of Waltham \_\_\_\_\_ ,  
*(name of municipal dept.)*

hereby acknowledge that I received a copy of the summary of the conflict of interest law  
for municipal employees on \_\_\_\_\_ .  
*(date)*

*Municipal employees should complete the acknowledgment of receipt and return it to the individual who provided them with a copy of the summary. Alternatively, municipal employees may send an email acknowledging receipt of the summary to the individual who provided them with a copy of it.*





MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION

**MCAD Guidance**  
**PREGNANT WORKERS FAIRNESS ACT**  
**Issued 1/23/2018**

The Pregnant Workers Fairness Act (“the Act”) amends the current statute prohibiting discrimination in employment, G.L. c. 151B, §4, enforced by the Massachusetts Commission Against Discrimination (MCAD). The Act, effective on April 1, 2018, expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers’ obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy-related conditions and have an obligation to accommodate pregnant workers.

Under the Act:

- Upon request for an accommodation, the employer has an obligation to communicate with the employee in order to determine a reasonable accommodation for the pregnancy or pregnancy-related condition. This is called an “interactive process,” and it must be done in good faith. A reasonable accommodation is a modification or adjustment that allows the employee or job applicant to perform the essential functions of the job while pregnant or experiencing a pregnancy-related condition, without undue hardship to the employer.
- An employer must accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship on the employer. “Undue hardship” means that providing the accommodation would cause the employer significant difficulty or expense.
- An employer cannot require a pregnant employee to accept a particular accommodation, or to begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the employer.
- An employer cannot refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition, because of the pregnancy or the pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with a reasonable accommodation.
- An employer cannot deny an employment opportunity or take adverse action against an employee because of the employee’s request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.
- An employer cannot require medical documentation about the need for an accommodation if the accommodation requested is for: (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. An employer, may, however, request medical documentation for other accommodations.
- Employers must provide written notice to employees of the right to be free from discrimination due to pregnancy or a condition related to pregnancy, including the right to reasonable accommodations for conditions related to pregnancy, in a handbook, pamphlet, or other means of notice no later than April 1, 2018.

- Employers must also provide written notice of employees' rights under the Act: (1) to new employees at or prior to the start of employment; and (2) to an employee who notifies the employer of a pregnancy or a pregnancy-related condition, no more than 10 days after such notification.

The foregoing is a synopsis of the requirements under the Act, and both employees and employers are encouraged to read the full text of the law available on the General Court's website here:

<https://malegislature.gov/Laws/SessionLaws/Acts/2017/Chapter54>.

If you believe you have been discriminated against on the basis of pregnancy or a pregnancy-related condition, you may file a formal complaint with the MCAD. You may also have the right to file a complaint with the Equal Employment Opportunity Commission if the conduct violates the Pregnancy Discrimination Act, which amended Title VII of the Civil Rights Act of 1964. Both agencies require the formal complaint to be filed within 300 days of the discriminatory act.

**Boston Headquarters:** One Ashburton Place, Room 601, Boston, MA 02108 | (617) 994-6000  
**Springfield:** 436 Dwight Street, Room 220, Springfield, MA 01103 | (413) 739-2145  
**Worcester:** 484 Main Street, Room 320, Worcester, MA 01608 | (508) 453-9630  
**New Bedford:** 128 Union Street, Suite 206 New Bedford, MA 02740 | (774) 510-5801

[www.mass.gov/mcad/](http://www.mass.gov/mcad/)

# **PREGNANT WORKERS FAIRNESS ACT**

## **I. PURPOSE & SCOPE**

In accordance with the Pregnant Workers Fairness Act, the City of Waltham does not discriminate on the basis of pregnancy and/or pregnancy-related conditions.

## **II. APPLICABILITY**

This policy applies to all employees and prospective employees of the City of Waltham.

## **III. POLICY**

The City will:

1. Upon request for an accommodation, engage with the employee in a timely, good faith and interactive process to determine an effective, reasonable accommodation to enable the employee to perform the essential functions of the employee's job or position while pregnant or experiencing a pregnancy-related condition, without undue hardship to the City;
2. Accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless to do so would pose an undue hardship on the employer. "Undue hardship" means that providing the accommodation would cause the City significant difficulty or expense;
3. Not require a pregnant employee to accept a particular accommodation, or begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the City;
4. Not refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition because of said pregnancy or pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with a reasonable accommodation;
5. Not deny an employment opportunity or take adverse action against an employee because of the employee's request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition;
6. Not require medical documentation regarding the need for an accommodation for: - (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. However, the City may request medical documentation for other accommodations.
7. Provide written notice to employees of the right to be free from discrimination due to pregnancy or a condition related to pregnancy upon hire and no more than 10 days after notification to the City of a pregnancy or a pregnancy related condition.

## **IV. COMPLAINTS OF DISCRIMINATION**

If you believe you have been subjected to pregnancy and/or pregnancy-related discrimination, you have the right to file a complaint with the City. This may be done in writing or orally.

If you wish to file a complaint, you may do so by contacting the Human Resources Director at 781-314-3355, or visiting the office at 119 School Street, Waltham, MA 02451. The Director is also available to discuss any concerns you may have and to provide information to you about the policy and complaint process.

## **V. INVESTIGATION**

When the City receives the complaint, it 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 investigation will include a private interview with the person filing the complaint and with witnesses. When the investigation is completed, the City, to the extent appropriate, will inform the person filing the complaint of the results of the investigation.

If it is determined that inappropriate conduct has occurred, the City will act promptly to correct the condition.

## **VI. RETALIATION**

No retaliatory action will be taken against those persons who file complaints of discrimination or against individuals who cooperate in such investigations.

## **VII. DISCIPLINARY ACTION**

If it is determined that inappropriate conduct has been committed by an employee, the City will take such action as is appropriate under the circumstances. Such action may range from counseling to termination from employment and may include such other forms of disciplinary action as it deems appropriate under the circumstances.

## **VIII. STATE AND FEDERAL REMEDIES**

In addition to the above, if you believe you have been subjected to discrimination, you may file a formal complaint with either or both government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies. Each of the agencies has a short time period for filing a claim (EEOC - 300 days; MCAD - 300 days).

[The United States Equal Employment Opportunity Commission](#) ("EEOC")

(800) 669-4000

[The Massachusetts Commission Against Discrimination](#) ("MCAD")

(617) 994-6000

March 30, 2018