New International Benefited Employee
Pre-Employment Paperwork

All new international employees appointed to the University must complete the attached pre-employment paperwork within two weeks of receipt in order to be placed on the University’s payroll system by their start date. Return all properly completed forms to the Office of Human Resources, Third Floor Quinn Administration Building.

Section I. Completed by appointee:

- 1. Personal Data Questionnaire (PDQ)
  You must complete, sign and date the bottom of the form.

- 2. University of Massachusetts Boston, Self-Identification Form
  It is the policy of the University of Massachusetts to collect, maintain, and report certain ethnicity, race, disability, and Vietnam Era Veteran status information as required by federal and state entities. Completion of any part of this form is strictly voluntary, but will enable the University to accurately report the diversity of its faculty and staff and to monitor the effectiveness of its affirmative action programs. Any data collected as part of this process will not be used to make employment-related decisions. The University’s policy on the collection, maintenance, and reporting of such information is available at: www.umb.edu/odi.

- 3. State Board of Retirement New Member Enrollment Form
  All active state employees are required to contribute a percentage of their salary towards their retirement. This contribution is deposited into an annuity account on behalf of the member. A statement of the annuity account balance is mailed to all active members yearly. Refer to www.mass.gov/treasury/retirement/state-board-of-retire for information.

- 4. Statement Concerning Your Employment in a Job Not Covered by Social Security (Form SSA – 1945)
  You must sign and date this form, which explains how a pension from this new position could affect future Social Security benefits to which you may become entitled (as per the Social Security Protection Act of 2004)

- 5. Mandatory Direct Deposit
  Your payroll check will be deposited directly into your account: checking, savings, credit union, etc. The University offers the ability to have your check deposited into a combination of up to four accounts.

- 6. Conflict of Interest Law Requirements
  Annual conflict of interest law education and training is mandated by the University of Massachusetts Boston and the Commonwealth of Massachusetts.

- 7. Glacier Tax Navigator
  Online tax compliance system for non-resident aliens. You will need to complete a tax summary and submit the required documents. A link will be sent to your email address on file prior to your start date from support@.online-tax.net. Complete, print, sign and date the bottom of the form. Bring completed form to the Office of Human Resources. If you need instructions on completing the Federal Tax Form (W4) visit https://hr.umb.edu/forms#17-taxes.

- 8. Massachusetts Disclosure Form
  If applicable, complete the form by including the name(s) of family members who are employed by the state.
  Note: If you completed the form via Interview Exchange, UMB’s Applicant Tracking System you do not need to resubmit.

- 9. Computer Awareness and Data Security Compliance Statement
  You must complete, sign and date the bottom of the form.
Section II. Completed by appointee and university representative:

☐ Employment Eligibility Verification Form (Form I9)***Please read instructions thoroughly***
An appointee must provide documents within three days of employment that will verify identity as well as employment eligibility when completing the I-9 Form. Any one document that establishes both identity and employment eligibility (List A: e.g., U.S. Passport, Permanent Resident Card) would satisfy the requirements for I-9 identity and Employment Eligibility. Otherwise, a combination of documents is required. One type of document needs to establish identity (List B: e.g., Driver’s license, School ID card with a photograph, voter’s registration card) while the other needs to establish employment eligibility (List C: e.g., U.S. social security card, original birth certificate, un-expired employment authorization document issued by the Department of Homeland Security).

Section III. Received by appointee:

The appointee will check off the appropriate box on the Checklist Page to acknowledge receipt and understanding of the University policies listed below. The ACA notification is a separate link (3 pgs.). The policies can be downloaded as a packet from the Forms page of the HR website.

- Drug-Free Workplace Policy
- Federal Affordable Care Act (ACA) notification/information
- Guide to the Conflict of Interest Law
- Guide to Political Activity (Public Employees and Fundraising)
- Massachusetts Pregnant Workers Act
- Sexual Harassment Policy
- University of Massachusetts Policy on Fraudulent Financial Activities
- University of Massachusetts Principles of Employee Conduct
- University of Massachusetts Background Check Policy

I have received, completed, and understand the forms and information listed above. I also understand that my name will not be added to the University’s payroll until all of the appropriate paperwork is properly completed and submitted to the Office of Human Resources.

(Appointee) Print Name

Signature

Date
HOW TO APPLY FOR A SOCIAL SECURITY CARD

Social Security Numbers are assigned to people who are authorized to work in the United States, and are used to report your wages to the government and to determine eligibility for Social Security benefits. You will need to apply for a Social Security Number if you have an on-campus job.

Information needed to obtain a social security number:

- Completed application for a social security card (Form SS-5). You may download the form at [www.ssa.gov](http://www.ssa.gov);
- Your original immigration documents.
- Official “UMB Offer Letter” of employment signed by you and the employer.

To find the nearest Social Security Office go to [www.socialsecurity.gov](http://www.socialsecurity.gov) and search with your zip code.

Or call the toll free at 1-800-722-1213

When Can I Start Working?
After you have submitted Form SS-5 at the Social Security Administration Office you will be given a receipt. You can begin working with the receipt. Approximately two weeks later you will receive your Social Security Card in the mail.
# Personal Data Questionnaire

**First Name** | **Middle Name** | **Last Name**  
--- | --- | ---  

**Birth Date** | **Country of Citizenship** | **Marital Status:** Single | Married | **Gender:** Male | Female

## Please Add Address Information Below:

- **Permanent Foreign Address:**
  - **City:**
  - **Country:**
  - **Postal Code:**
  - **Province (Canada only):**
  - **Telephone:**

- **US Address:**
  - **City:**
  - **Country:**
  - **Postal Code:**
  - **Zip Code:**
  - **Telephone:**

**Notes:** If you are currently age 60 or over and starting a benefited position, you will be affected by Section 5 of Chapter 32 of the M.G.L. Please bring this fact to the attention of the Benefits Office Staff when you attend the New Employee Orientation. [http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleIV/Chapter32/Section5](http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleIV/Chapter32/Section5)

## Educational Data

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<td></td>
</tr>
<tr>
<td>Technical Certificate</td>
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<tr>
<td>College/University</td>
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<tr>
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</tr>
<tr>
<td>Doctorate</td>
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## Emergency Contacts

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<tr>
<td>SECONDARY</td>
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## Prior Service in Any Massachusetts Government Agency

If retired from any government agency: (CHECK)

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<tr>
<th>Name of Agency</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“I attest that I have read and understood all of the contents of this form and that all of the information provided on this form is correct and complete to the best of my knowledge.”

**Signature:** ___________________________  **Date:** ___________________________

**Revised:** August 2017
Self-Identification Form
The University of Massachusetts Boston is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws and regulations, it is important that our recordkeeping and reporting information is accurate. The information collected via this form will be entered in UMass Boston’s Human Resources’ information system (but will be kept separately from your personnel file) and may be used in accordance with the applicable laws and regulations concerning equal employment opportunity. The university’s policy on the collection, maintenance, and reporting of such information is available at: www.umb.edu/odi.

Instructions: New hires and re-hires, please complete Sections I and II of this form in their entirety. Section III is voluntary. Current employees requesting changes, please complete all of Sections I and II and only the information you wish to update on Section III. Upon completion please return this form to the Office of Diversity and Inclusion (ODI.) Additionally, any data collected as part of this process will not be used to make employment-related decisions. PLEASE PRINT.

Section I: Name and Status
Select One: ☐ New Hire/Rehire  ☐ Current Employee (ID#: )
Start Date or Effective Date of Change: ____________________
Name: ____________________  ____________________  ____________________
Last  First  Middle

Section II: Department and Position Information
Department: ____________________
Position Title: ____________________
Position Classification: ☐ Faculty  ☐ Professional  ☐ Classified

Section III: Personal Information and Self-Identification
(Please refer to definitions on reverse side of this form. Completion of the following information is voluntary, and choosing to not self-identify will not subject you to any adverse treatment.)

Gender: ☐ Female  ☐ Male
Race/Ethnicity (Provide both):
1. Hispanic Ethnicity: ☐ Hispanic or Latino  ☐ Not Hispanic or Latino
2. Racial Identity:
☐ American Indian or Alaska Native  ☐ Asian
☐ Black or African American  ☐ White
☐ Native Hawaiian or Other Pacific Islander  ☐ Two or more

Military Status (Select one): ☐ No Military Service  ☐ Veteran of the Vietnam Era
☐ Recently Separated Veteran  ☐ Pre-JVAVeteran
☐ Armed Forces Service Medal Veteran  ☐ Active Duty or Wartime Campaign Badge Veteran
☐ Other Protected Veteran

Disability Status: ☐ I Do Not Have a Disability  ☐ Individual With a Disability
☐ Disabled Veteran  ☐ Special Disabled Veteran
NOTE: For accommodations please contact the Director for Diversity and ADA Compliance, (617) 287-6587.

Section IV: Signature and Date
SIGNATURE: ____________________  DATE: ____________  ☐ I do not wish to self-identify.*

Updated 7/24/2015
SELF-IDENTIFICATION DEFINITIONS: Completion of this information is voluntary. All information is confidential and will be reported in aggregate form only. Declining to provide this information will not subject you to any adverse treatment.

RACE AND ETHNICITY This two-part question is requested for statistical reporting purposes to government agencies, including the U.S. Department of Education.

- Hispanic Ethnicity—Hispanic or Latino is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian - 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.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Two or more - A person who primarily identifies with two or more of the above race/ethnicity categories.

MILITARY STATUS AND DISABILITY STATUS SELF-IDENTIFICATION

Veteran of the Vietnam Era Defined as a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred:
- In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or
- Between August 5, 1964, and May 7, 1975, in all other cases; or
- Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964, and May 7, 1975, in all other cases.

Recently Separated Veteran Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran’s discharge or release from active duty.

Pre-JVA Veteran Defined as an individual who is an employee of or applicant to a contractor with a contract of $25,000 or more entered into prior to December 1, 2003 and unmodified since to $100,000 or more, and who is a special disabled veteran, veteran of the Vietnam era, pre-JVA recently separated veteran, or other protected veteran.

Armed Forces Service Medal Veteran Defined as any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Active Duty or Wartime Campaign Badge Veteran Defined as a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Individual with Disabilities Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Disabled Veteran Defined as (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Special Disabled Veteran Defined as a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability:
1. Rated at 30 percent or more; or
2. Rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
3. A person who was discharged or released from active duty because of a service-connected disability.

*If you choose to not self-identify your race/ethnicity and/or gender, the federal government requires the University of Massachusetts Boston to determine this information by visual survey and/or other available information.

Updated 7/24/2015
SECTION A - TO BE COMPLETED BY MEMBER

1. MEMBER INFORMATION

Name (Print)  
Former Name  
SSN  
Street Address  
Date of Birth
City  
State  
Zip Code  
Phone Number  
Gender:  
M  
F  
E-Mail

Marital Status:  
[ ] Married  
[ ] Single  
[ ] Widowed  
[ ] Divorced
If Divorced, are you subject to a Qualified Domestic Relations Order?  
[ ] Yes  
[ ] No
Spouse Date of Birth  
Spouse Name
Are you a Veteran?  
[ ] Yes  
[ ] No
The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.

Start Date  
Agency or Department  
Agency Phone Number

A copy of your military discharge may be requested

2. PAST MEMBERSHIP HISTORY WITH ANY OTHER CONTRIBUTORY RETIREMENT SYSTEM IN MASSACHUSETTS

<table>
<thead>
<tr>
<th>Retirement System</th>
<th>Start Date</th>
<th>End Date</th>
<th>Was a Refund Taken</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>
If you wish to reinstate / purchase past creditable service you must make a separate request to the State Retirement Board.

3. ARE YOU CURRENTLY OR HAVE YOU EVER RECEIVED A RETIREMENT ALLOWANCE FROM ANOTHER PUBLIC RETIREMENT SYSTEM?

[ ] Yes  
[ ] No

4. STATEMENT AND SIGNATURE OF MEMBER

I certify the above information to be true and correct to the best of my knowledge and hereby accept membership in the Massachusetts State Employees’ Retirement System. This statement is signed under penalties of perjury.

Member Signature  
Date  
Continued on reverse
5. BENEFICIARY INFORMATION

Beneficiary or beneficiaries nominated will receive in the proportion designated any amount due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member.

*A beneficiary blank with corrections or erasures is not acceptable*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Designation</th>
<th>Proportion*</th>
<th>DOB:</th>
<th>Relationship:</th>
<th>SSN:</th>
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<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>All %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contingent</td>
<td>All %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Designation</td>
<td>Proportion*</td>
<td>DOB:</td>
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<td>Primary</td>
<td>All %</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Contingent</td>
<td>All %</td>
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<tr>
<td>Name:</td>
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<td>All %</td>
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<tr>
<td></td>
<td>Contingent</td>
<td>All %</td>
<td></td>
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</tr>
</tbody>
</table>

6. PLEASE SIGN BELOW

*Must Total 100% - If Contingent Please Specify*

Member Signature ___________________________ Date __________

Witness Signature ___________________________ Witness may not be beneficiary

A Change of Beneficiary Form must be used if you wish to change your designated beneficiary(ies). You may obtain this form from the State Retirement Board or mass.gov/retirement.

SECTION B - TO BE COMPLETED BY THE AGENCY

Position: ___________________________ Start Date: __________

Position: ___________________________ Start Date: __________

State Police Start Date: __________ Date of First Deduction: __________ New [ ] Transfer [ ]

Rate to be deducted for retirement: [ ] 5% [ ] 7% [ ] 8% [ ] 9% [ ] 12%

Service Status: [ ] Full-Time [ ] Part-Time _______% [ ] Temp/Sub _______% Other _______

Authorized Signature ___________________________ Date __________

Agency and Payroll Number ___________________________
Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: ___________________________  Employee ID # ________________________

Employer Name: University of Massachusetts Boston  Employer ID# UMS/1271

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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the 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 the 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. 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 ________________

Form SSA-1945 (11-2004)
Information Regarding Social Security Form SSA-1945,
Statement Concerning Your Employment in a Job Not Covered by Social Security

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 use to meet the requirements of the law. Form SSA-1945 explains the potential effects of two provisions in the social security law for employees 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 an employee’s social security retirement or disability benefit. The Government Pension Offset Provision can affect any possible social security benefit entitlement as a spouse or an ex-spouse.

FICA/Medicare Deduction

The Consolidated Omnibus Budget and Reconciliation Act (COBRA) which became law on April 1, 1986 mandates that all state government employees hired on or after April 1, 1986 are required to pay the Medicare portion of the Social Security tax. This tax is 1.45% of a person’s annual salary. The employer is required to match the employee contribution. Regular weekly deductions will be made from the salaries of University employees subject to the Medicare deduction.

An exception to the Medicare deduction may apply to individuals who are hired by the University of Massachusetts Boston after April 1, 1986 and who are transferring from another state agency or position with continuous state service. Service at the previous state agency must have begun prior to April 1, 1986. If you feel you should be exempted from the FICA/Medicare deduction, please inform Human Resources as soon as possible.

Use of Social Security Numbers

Although the University does not deduct full social Security and does not require employee to use their social security number for identification purposes, the University reserves the right to examine an employee’s social security card to verify that the name on the card matches the name being used for payroll purposes.
DIRECT DEPOSIT

How to Enroll:

On the bottom of your personal check, to the left side, you will locate a nine-digit Bank ID number (transit routing number) alongside these series of numbers will be your account number, WRITE CLEARLY and place these EXACT numbers on the direct deposit form. If the appointee wishes to have his/her check deposited into a savings account, he/she should contact the bank to get the Bank ID number (transit routing number) and account number.

Your earnings will be electronically deposited into the bank(s) or credit union you designate (up to a maximum of four accounts) after you complete the Direct Deposit form. A pay statement detailing your earnings and deductions is available online in HR Direct.

GLOBAL CASH CARD PROGRAM

Employees who are experiencing hardship and/or does not submit the direct deposit form will be automatically placed on a "Global Cash Card"

How it Works:

1. Your wages will be deposited onto the Global Cash Card Visa paycard each pay period for immediate use.

2. Set up paycard alerts and two-way texting:
   * Receive email and text message alerts when your paycard is loaded on payday.
   * Text and receive your paycard balance, activity, and payroll loads within seconds.

3. Access your money in many ways:
   * Make signature purchases with No Fee at any merchant that accepts a Visa paycard.
   * Receive cash back after making a debit purchase at many locations.
   * Withdraw funds at Allpoint Network surcharge-free ATM locations.

GCC “No Hidden Fees” Detail

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<tr>
<td>Annual Fee/Monthly Fee</td>
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<td>Rewards Program</td>
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<td>Card Replacement</td>
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<td>PIN Change</td>
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<td>Automated Telephone</td>
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<tr>
<td>Operator Assisted Telephone</td>
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<tr>
<td>Website Login</td>
<td>NO FEE</td>
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<tr>
<td>Inactivity Fee/Monthly</td>
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<td>(After Ninety [90] Days of No Transactions - Loads are Transactions)</td>
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</tr>
<tr>
<td>First Transaction Per Pay Period</td>
<td>NO FEE</td>
</tr>
</tbody>
</table>

| **POINT OF SALE – UNITED STATES**            |      |
| Signature Purchase                           | NO FEE |
| PIN Purchase                                 | NO FEE |
| Decline - Signature                          | $0.80 |
| Decline - PIN                                | $0.50 |

| **POINT OF SALE – OUTSIDE UNITED STATES**    |      |
| Signature Purchase                           | NO FEE* |
| PIN Purchase                                 | $1.75 |
| Decline - Signature                          | $1.50 |
| Decline - PIN                                | $1.25 |
| *Currency Conversion Fee May Apply           |      |

| **ATM – UNITED STATES**                      |      |
| Withdrawal (Allpoint)                        | NO FEE |
| Withdrawal (Outside of Allpoint Network)     | $1.75 |
| Other Transactions                           | $1.00 |

| **ATM – OUTSIDE UNITED STATES**              |      |
| Withdrawal                                   | $3.50* |
| Other Transactions                           | $3.25 |

| **BALANCE INQUIRY**                          |      |
| Online/IVR/Live Customer Service             | NO FEE |

| **MONEY TRANSFER WORLDWIDE (CARD TO CARD)**  |      |
| $1 - $2500 (Daily Limit is $2,500)           | NO FEE |

| **BILL PAY**                                  |      |
| Cardholder Direct to Merchant                 | NO FEE |
| Online                                        | NO FEE |
| Convenience Check                             | NO FEE |

The World’s Largest Surcharge-Free ATM Network. Over 60,000 surcharge-free ATM locations worldwide. Find a location near you at www.allpointnetwork.com

If you have any questions about using your Global Cash Card Paycard contact customer service at 1-949-751-0360

FSMKT 112a 1/16
## Authorization Agreement for Employee Direct Payroll Deposit(s)

### Employee Information

- **Employee Name:** ____________________________  
- **Effective Date:** ____________________________  
- **Employee ID:** ______________________________  
- **Phone:** ________________________________

### Bank Information

<table>
<thead>
<tr>
<th>Priority</th>
<th>Amount</th>
<th>Percentage</th>
<th>Full/Deposit/Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
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<td>2nd</td>
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<tr>
<td>4th</td>
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- **Deposit Priority (1) – Deducts this amount 1st**
- **Deposit Priority (2) – Deducts this amount 2nd**
- **Deposit Priority (3) – Deducts this amount 3rd**
- **Deposit Priority (4) – Deducts this amount 4th**

- **New** □  
- **Delete** □  
- **Change** □

- **New Amount:** ___________  
- **Percentage:** % ___________

- **Bank Transit/Routing # (9 digits):** ___________  
- **Account Number:** ______________________________

- **Bank Name:** ______________________________  
  - □ Checking
  - □ Savings

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**If depositing more than one (1) bank, you must choose one Balance Account**

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I hereby authorize the University of Massachusetts to deposit my net pay as indicated above at the financial institution(s) named above. I understand the University of Massachusetts may cause my account to be adjusted to the extent necessary to correct any over deposit and I agree to hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution.

It is understood that I may terminate this agreement at any time by written notification to the University of Massachusetts. Any such notification to the University of Massachusetts shall be effective only with respect to entries initiated by the University after receipt of such notification and reasonable opportunity to act upon it. Any such notification to the bank by the employee is unacceptable. The bank may terminate this agreement by written notice to the employee for just cause.

**Employee Signature:** ____________________________  
**Date:** ____________________________

**Human Resources Use Only:**

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MEMORANDUM

To: UMass Boston Staff and Faculty
From: Marie H. Bowen, Assistant Vice Chancellor for Human Resources
Date: April 27, 2017
Subject: Annual Notice - Conflict of Interest Law Education Requirements

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 employees of the university may do on the job, after hours, and after leaving public service.

Annual conflict of interest law education and training is mandated by the University of Massachusetts Boston and the Commonwealth of Massachusetts, which requires that all employees complete the training every two (2) years. New employees should complete the training within thirty (30) days of the date of hire.

To ensure compliance with the Conflict of Interest requirements, please complete the following steps.

1. Acknowledge Receipt of the Summary of the Conflict of Interest Law for State Employees:

   The summary of the conflict of interest law, General Laws chapter 268A, is intended to help employees understand how that law applies to them. The summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation.

   The law requires that this form, which may be accessed at https://www.mass.gov/service-details/summary-of-the-conflict-of-interest-law-for-state-employees be submitted annually

   Please print and sign the form and return it to Sandra Knight, Human Resources.

2. Complete the Conflict of Interest Law Online Training Program:

   The training program covers various issues you may encounter as a public employee and provides examples and reference information to help you recognize conflicts of interest. Recognizing and properly responding to a conflict of interest is a key element to maintaining the public’s confidence in government and in the integrity of the work we do as public employees.

   The training program can be found at: https://www.mass.gov/how-to/complete-the-online-training-program-for-state-and-county-employees. Click “Online Program for State and County Employees”. The training should take approximately one (1) hour to complete.
Upon completion of the training you will have the ability to print a Certificate of Completion. Please do so, make a copy for your records and send the certificate to Sandra Knight, Human Resources. **You must complete the entire training in order to receive a certificate.**

NOTE: The online training program is not compatible with the Google Chrome web browser and make sure to disable pop-up blockers.

If you have questions, please review the [Education and Training Guidelines](http://www.mass.gov/ethics) available on the State Ethics Commission’s website, [www.mass.gov/ethics](http://www.mass.gov/ethics). The guidelines provide helpful information about who is required to comply with these statutory requirements, record-keeping requirements, and the process.

Thank you for your time and attention to this important matter. If you have any questions, please contact Sandra Knight in Human Resources at [Sandra.Knight@umb.edu](mailto:Sandra.Knight@umb.edu).
A link will be sent to the email address we have on file for you prior to your start date from support@online-tax.net. You must log in and follow the instructions to complete a tax summary and once completed print, sign and date the form and submit the required documents to Human Resources.

If you need instructions on completing the Federal Tax Form (W4) visit https://hr.umb.edu/forms#17-taxes.

If you need further assistance or questions in the completion of the tax documents please contact Quan.Tran@umb.edu.

If you are experiencing any system related issues please contact Glacier at support@online-tax.net.
DISCLOSURE OF NAMES OF FAMILY MEMBERS WHO ARE STATE EMPLOYEES

Disclosure Required by G.L. c. 268A, Sec. 6B

Name of Applicant for Employment: ______________________

Date: __________

Is your spouse, parent, brother, sister or child, or the spouse of your parent, brother, sister or child, a state employee?

____ Yes  ____No

If you answered Yes, please list below the name(s) of any state employee who is your spouse, parent, brother, sister or child, or who is the spouse of your parent, brother, sister or child, and indicate their relationship to you. Please also list the name of the state agency that employs those relatives.

NOTE: For purposes of this disclosure, a “state employee” is a person holding a paid or unpaid office, position, employment or membership in a Massachusetts state agency. For purposes of this disclosure, a “state agency” is any department of Massachusetts state government, including any department or agency within the executive, legislative or judicial branch, and all councils thereof and thereunder, and any division, board, bureau, commission, institution, tribunal or other instrumentality within such department or agency, and any independent state authority, commission, instrumentality or agency, but NOT INCLUDING an agency of a county, city or town.

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<tr>
<th>Name of Relative</th>
<th>Relationship to Applicant</th>
<th>Name of State Agency</th>
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Computer and System Usage

As an employee of the University of Massachusetts (the University), I understand that the unauthorized use or misuse of University computer facilities, computer applications, computer systems, and/or electronic communications systems (including e-mail) constitutes an infraction of the University's data and computing policies/guidelines.

I will not share or release any logon, operator id or password used to access University data, computer systems, or electronic communications systems. I will keep my password(s) confidential, will change my password as required by the computer system and will select a password that is difficult to guess. I will not store access passwords in batch files, in automatic login scripts, in terminal function keys, in computers without access control or in other locations where another person might discover them.

I will not intentionally write, produce, generate, copy, propagate or attempt to introduce a computer virus, worm, Trojan horse, etc. into any University computer system or any computers linked to the University computer system.

I further acknowledge that I will not use University data or computing systems (e.g. software, hardware, network components, etc.) in any illegal, unethical or unauthorized commercial activities.

Data Confidentiality

I recognize my individual responsibility for safeguarding the integrity, accuracy and confidentiality of data that I access as dictated by state and federal law, and University policies and procedures.

I will not improperly release any information obtained as a result of my authorized access.

I will properly create, access, use and dispose of University data based on the data's classification.

Software Usage

I will not knowingly violate the terms of University license agreements for software. I recognize that the University licenses the use of commercial software and does not own this software or its related documentation or instructional material, and except to the extent authorized by the software developer, does not have the right to copy computer software. I will use documentation only as allowed by the vendor and federal Copyright law.

I will not use personally owned software in University computers unless I have a proper license for the software and the license authorizes such use. I will only use such personally owned software in University computers after I have first obtained clearance from appropriate systems personnel as to its compatibility with University computers and systems.

I will not illegally distribute copyrighted software within or outside the University through any mechanism, electronic or otherwise. I will not use my e-mail access to unlawfully solicit or exchange copies of copyrighted software.

(1) As directed by Board of Trustees’ Policy Statements on Electronic Data Security, Electronic Mail and Computer Policy Development (Doc. 797-010, adopted February 5, 1997), and Policy Statement on Record Management, Retention and Disposition (Doc. T99-061 adopted August 4, 1999). Full text of these Policies and related Guidelines and all University Data and Computing Guidelines can be found at: https://www.umassp.edu/bot/policies
Electronic Communications

I will use e-mail and any other electronic communications tool in a responsible manner consistent with other business communications (e.g., phone, correspondence). I will safeguard the integrity and confidentiality of University electronic mail; only use mail IDs assigned to me and will remove mail from my mailbox consistent with University, campus, departmental or electronic mail administrator message retention procedures.

I will not "rebroadcast"/send to a third party information obtained from another individual that the individual reasonably expects to be confidential, except as required by my job responsibilities, University policies and procedures, and applicable law.

I will not post materials that violate existing laws or University policies/codes of conduct. For example, materials that are of a fraudulent, defamatory, harassing, or threatening nature. I will not unnecessarily or inappropriately use computer resources by sending chain e-mails, spamming, mail bombing, generating unnecessary excessive print, etc.

My Responsibilities

I have agreed and will attend a workshop that includes information regarding my computer security and data confidentiality responsibilities as an employee of the University. I understand these responsibilities both as an authorized user and an employee.

I recognize my overall responsibility to exercise the degree of care required to maintain control of University computing systems and resources (e.g., data, software, hardware, network components, etc.) and agree to abide by established University policies/guidelines and Campus procedures. I acknowledge that failure to comply with University data and computing related policies/guidelines/procedures might result in: the loss or restriction of my computer access; reprimand; suspension; dismissal, or other disciplinary or legal action.

Print Name

Signature       Date

(1) As directed by Board of Trustees’ Policy Statements on Electronic Data Security, Electronic Mail and Computer Policy Development (Doc. T97-010, adopted February 5, 1997), and Policy Statement on Record Management, Retention and Disposition (Doc. T99-061 adopted August 4, 1999). Full text of these Policies and related Guidelines and all University Data and Computing Guidelines can be found at: https://www.umassp.edu/bot/policies