

# TOWN OF NORWELL

Office of Human Resources - 345 Main St., Norwell, MA 02061

EMAIL: [bchilds@townofnorwell.net](mailto:bchilds@townofnorwell.net) TEL: 781-659-8060

## 2024 Calendar Year (FY'25) Senior Tax Work-Off Program Overview

The Senior Real Estate Tax Work-Off program matches municipal volunteer opportunities in the Town of Norwell with eligible senior citizens who are qualified and able to volunteer their services in exchange for a reduction in their tax bills, thus earning some financial tax relief. Tax work-off program participants may work in a variety of jobs for the Town and School departments. Assignments will be offered to interested applicants based on tier status, qualifications, experience, and training and a department's work needs. The tax credit, stand-alone or with any other exemptions, may not exceed the total tax bill. Limit of one annual exemption per household. *The Board of Assessors has approved a \$45,000 funding amount from Overlay for the FY'25 program.*

### **Tax Credit Amount (Calendar Year 2024)**

In exchange for volunteer services, the Town reduces real estate property tax obligations. The funding for this program is provided through the Assessors' Overlay Account. In 2024, each participant will be credited with an hourly rate of \$15.00. A participant may volunteer up to 100 hours; the maximum gross exemption cap is \$1,500. *Note: This exemption, stand-alone or with any other tax exemptions, may not exceed the total tax bill. A W-2 will be issued for the calendar year of program participation. The net gross abatement amount will be credited for the 3<sup>rd</sup> quarter tax bill (due February 1<sup>st</sup>).*

### **Program Eligibility Requirements**

- Town of Norwell taxpayer who is age 60 or older.
- Homeowner or current spouse of homeowner. (Primary Residence Only) *Note: Duplicate exemptions are not allowed if other property is owned.*
- A resident of Norwell who has owned and occupied primary domicile for five (5) or plus years.
- Own and occupy the property for which Norwell taxes are paid and the abatement is earned in the current year. *Note: The Assessor's office will verify that the individual and/or current spouse has an ownership interest in the Norwell real estate parcel that is being requested to be abated.*
- A limit of one annual SWP reduction may be earned per household.
- A trust must name applicant as a trustee and beneficiary.

### **Sr. Tax Work-Off Volunteer Assignment Criteria**

- Applicants should have skills & qualifications that match volunteer assignment requirements.
- Schedule/days will be determined by Department Head.
- Maximum of 19.5 hours volunteered per week.
- Participant commits to working a minimum of 25.0 hours up to the TOTAL cap of 100 hours.
- Submit timesheet(s) signed by Department Head(s) on or before **November 15, 2024** to **Susan Curtin, COA.**

### **Mandatory Deductions for Participants Deducted from Gross Abatement Amount**

- OBRA: 7.5% gross contribution (unless exempt\*)
  - Medicare: 1.45% gross contribution
- \*Retirees of Plymouth County or MA Teachers Association are exempt from the OBRA contribution.

### **State & Federal Tax Obligations**

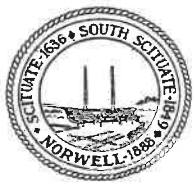
- Exempt from MA taxes.
- Federal Law, tax abatement is included in gross income for both Federal & FICA tax calculation purposes.

### **No Eligibility for Town Benefits or Paid Time Off**

- Volunteers are not eligible for insurance (Workers' Comp/Health/Life, etc.) or any paid time off benefits.

### **Application Process:**

- Complete & sign the 2024 Senior Tax Work-Off Volunteer Application and the Activities Release Waiver form. Return forms to Barbara Childs, Human Resources either in person or to [bchilds@townofnorwell.net](mailto:bchilds@townofnorwell.net) via email. Submit all required payroll forms with your application. Contact Pamela Adducci, Treasurer/Collector, Mary Merritt, Assistant Treasurer/Collector or Brenda Nisby, Payroll Administrator with any payroll form questions.
- Submit all completed packets on/before February 2, 2023. Applications submitted after this date will be accepted only if program funding is available.
- Applicants who demonstrate a financial need by providing documentation (2022 State tax form, first 2 pages of form 1040) to the Assessor's Office will be given first priority consideration for any assignments they are qualified for. Financials are strictly confidential and are not retained by the Town. Qualified first time applicants (per family) receive second priority consideration. *2023 MA Circuit Breaker guidelines: \$69K Single; \$86K Head of Household; \$103K Married Filing Jointly.*



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## 2024 Calendar Year (FY'25) Senior Tax Work-Off Program Overview

### Sr. Tax Work-Off Assignment Period

February 5, 2024 to November 15, 2024.

### The Number of Slots for the FY'25 Year

The number of slots will be determined by the number of department requests received and available funding. Qualified applicants will be notified by Susan Curtin on a rolling basis if there is an available assignment.

### Volunteer Assignment Match-Up Process

- Department Heads/Administrators submit a Job Assignment Request form to Susan Curtin/COA, & Barbara Childs/Human Resources.
- Susan Curtin, COA Director will receive all dept. request forms and matches applicants based on:
  - An Applicant's priority level status.
  - A Department's assignment specifications.
  - An applicant's specific skillset/qualifications.
  - A Department's request to fill an opening with a volunteer who has previously volunteered and has received specialized training.

**Important:** The exact timing of a volunteer opportunity may vary based on a department's assignment/timing needs, as well as an applicant's skills/availability. Highest placement priority is given to qualified applicants who demonstrate a financial need and those who have not participated in the program previously. Applicants who have worked for a department previously and are being requested due to prior training may be placed at any time subject to the COA Director's discretion.

### What Happens If I Decline An Assignment?

If an applicant declines an assignment or leaves an assignment early, there is no guarantee of a future assignment. Every effort will be made to offer the applicant a future assignment, if available.

### Planned Vacations & Unplanned Absences

Volunteers working on an assignment must notify both the Department Head and Susan Curtin, COA if he/she takes more than 1 day off in a week during an assignment. Because multiple individuals may be placed in a department, the notification allows another participant to obtain volunteer work hours during a planned/unplanned assignment absence.

### Withdrawal from the Program

- Once the program year begins, please notify **Susan Curtin** immediately if you have not yet worked an assignment and need to withdraw your application due to a change in availability and/or any other reasons.

### Timesheet

Please use a Town of Norwell SWP timesheet to track all your volunteer hours. This timesheet must be signed by yourself and the Department Head to attest to the dates worked and total hours volunteered. Timesheets must be returned to Susan Curtin, COA Director as you finish an assignment. The last date for fall participants to submit a timesheet is November 15, 2024. Please keep a copy of your final signed timesheet for your records.

### Contact Names

Questions? Call or email anyone listed below:

**Susan Curtin, Director, Council on Aging**

EMAIL: [scurtin@townofnorwell.net](mailto:scurtin@townofnorwell.net)

PH: 781-659-7878

**Barbara Childs, Human Resources Manager**

EMAIL: [bchilds@townofnorwell.net](mailto:bchilds@townofnorwell.net)

PH: 781-659-8060

**Pam Adduci, Treasurer/Collector**

EMAIL: [padduci@townofnorwell.net](mailto:padduci@townofnorwell.net)

**Mary Merritt, Assistant Treasurer/Collector**

EMAIL: [mmerritt@townofnorwell.net](mailto:mmerritt@townofnorwell.net)

**Brenda Nisby, Payroll Administrator**

EMAIL: [bnisby@townofnorwell.net](mailto:bnisby@townofnorwell.net)

PH: 781-659-8070

**Megan Howell, Sr. Administrative Assistant,  
Assessor's Office**

EMAIL: [mhowell@townofnorwell.net](mailto:mhowell@townofnorwell.net)

PH: 781-659-8014

***Thank you for your interest in serving the  
Town of Norwell as a Senior Volunteer!***



## TOWN OF NORWELL

### 2024 (Fiscal '25) SENIOR TAX WORK-OFF VOLUNTEER APPLICATION

Office of Human Resources, 345 Main Street, Norwell, MA 02061

PH: 781-659-8060 / FAX: 781-659-7795 / [www.townofnorwell.net](http://www.townofnorwell.net)

EMAIL: [bchilds@townofnorwell.net](mailto:bchilds@townofnorwell.net) / An Affirmative Action/Equal Opportunity Employer

The Senior Real Estate Tax Work-Off program matches municipal volunteer opportunities in the Town of Norwell with eligible senior citizens who are qualified and able to volunteer their services in exchange for a reduction in their tax bills, thus earning some financial relief. The funding for this program is provided through the Assessors' Overlay Account. Opportunities will be offered based on priority status level, participant's skillset and training. There is a cap of 100 volunteer hours; however, the actual number of volunteer hours available may be significantly lower. Tax work-off participants may volunteer in a variety of assignments for the Town, depending on the needs of Town and School departments. The tax credit, stand-alone or with any other exemptions, may not exceed the total tax bill. There is a limit of one annual exemption that may be earned per household.

Please PRINT or TYPE all answers in the white space provided. You may return the application along with other required Senior Work-Off document in person, by mail, by fax or via email to Human Resources (ATTN: Barbara Childs).

#### PERSONAL INFORMATION

Today's Date:			
Name (First, Middle, Last): (Please note any previous legal names used)			
Any Previous Legal Names Used:			
Current Address (# Street, City, State, Zip):			
Mailing Address (if different):			
Massachusetts Driver's License Information:	License Number:	Expiration Date:	
EMAIL:			
Telephone (Cell):		Telephone (Home):	
Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No Proof of citizenship/immigration status is required per the Immigration and Reform Control Act.		
Are you a Town of Norwell taxpayer who is $\geq$ age 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your listed address above your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you owned and occupied your Norwell primary property for a minimum of five (5) or more years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you the homeowner or legal spouse of this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which?		
Is your name listed on the tax bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If more than one name is on the bill, is the other name that of your spouse? If yes list full name of legal spouse.	<input type="checkbox"/> Yes <input type="checkbox"/> No Spouse Legal Name:		
If the property is currently in a trust, are you named as the legal Trustee and Beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: A copy of the trust document may be requested to be reviewed by the Assessor's department		

<b>Are you retired and currently receiving a pension from the Plymouth County Retirement Association?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list employer: _____
<b>Are you retired and currently receiving a pension from the Massachusetts Teacher's Retirement Association?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list employer: _____
<b>Have you participated in the Town of Norwell's Senior Tax Work-Off program in a previous year or years? If yes, list department(s) and dates of service.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Department(s) & Date(s) Volunteered: _____
<b>Current Work Status:</b> Are you currently working or do you have a seasonal job?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Job Title: _____ Name of Employer: _____ Job Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
<b>Work Experience:</b> Please describe current/past work experience and any qualifying work skills that, if you are selected to participate, will assist in assignment placement.	
<b>Education:</b> List schools that you have attended, degrees received, special certifications and/or licenses earned.	
<b>Computer Skills:</b> Describe your skill level using the computer to perform data entry tasks.	<input type="checkbox"/> No Computer Skills <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<b>Software Programs:</b> Check off the software programs you are familiar with.	<input type="checkbox"/> None <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Outlook Other: _____
<b>Availability:</b> Please check off the days and times you are available to volunteer for an assignment.	Monday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime Tuesday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime Wednesday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime Thursday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime Friday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime
<b>Planned Travel/Vacation Time Away from Norwell:</b>  Please check off the month(s) you will be out of Town for any of the program month(s). Indicate the dates you will be away.	<input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November List the dates (by month) in the space below.
<b>Work Restrictions/Request for Accommodations:</b> Are there any restrictions that may keep you from volunteering for a particular kind of work or that may require specific work accommodations. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please <u>do not</u> provide any specific medical diagnosis; list general restrictions (i.e. cannot stand for more than X hours, cannot lift more than X pounds etc.) or state request for accommodation(s) the space provided below:  _____	

#### **Attestation of Eligibility and Statement of Understanding**

I attest that I meet the eligibility requirements for the Senior Tax Work-Off program under MA law (CH59 5K). I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein. I understand that acceptance of this application by the Town of Norwell does not imply my acceptance as a Senior Tax Work-Off participant. If selected for the program, I agree that my assignment is specified under the terms of the Town of Norwell Senior Property Tax Work-Off Program. I understand that the maximum exemption that can be applied to my fiscal year 2021 net property tax bill is limited to the established maximum dollar cap minus Medicare and OBRA (if applicable) deductions. I understand that I will not earn a paycheck but will receive a W-4 and am responsible for any federal tax obligation. I understand that this exemption, along with any other applicable exemptions, may not exceed the total tax bill. I affirm that I have decided to apply as a volunteer in the Senior Tax Work-Off program with full knowledge that the Town will not be liable to anyone for personal injuries and property damage that I may suffer in program related activities.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**TOWN OF NORWELL**  
**Senior Tax Work-Off Program**  
**Volunteer Activities Release Form**  
**Calendar Year 2024 (Fiscal Year 2025)**

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I, the undersigned, do hereby consent to my participation in the 2024 (Fiscal 25) Senior Tax Work-Off Program.

I also agree to forever release the Town of Norwell and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any volunteer program of the Town ("the Releasees") from any and all claims, rights of action and causes of action that may arise, directly or indirectly, from my participation in the Town of Norwell's senior citizen property tax work-off abatement program.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage (personal, automobile or other) resulting from participation in the Senior Tax Work-Off program.

By signing this Senior Tax Work-Off Program Volunteer Activities Release Form, I understand that my participation is voluntary and that I am free to choose not to participate in this program. I further affirm that I have read this Consent and Release Form, I understand the contents of this Form, and I agree to the terms herein.

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**Participant's Name (Please Print)**

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**Participant's Norwell Address  
(Please Print)**

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**Participant's Signature**

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**Date**



**TOWN OF NORWELL  
DISCRIMINATORY HARASSMENT POLICY**

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**ACKNOWLEDGEMENT OF RECEIPT OF POLICY & NOTICE**

**2024 (Fiscal '25) Senior Tax Work-Off Participant**

I acknowledge that I have received and reviewed the Town of Norwell's Discriminatory Harassment Policy. By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder. I understand that my regular review of the Policy, as it may be amended, is required.

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**Name (please print)**

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**Senior Tax Work-Off Volunteer  
Signature**

---

**Date**

## New Hire Documents Checklist – Mandatory OBRA

New Hire Name: \_\_\_\_\_

Position: Senior Tax Program

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

Document Type	Completed Form Received by Treasurer/Collector's Office
<b>Appointment Letter</b>	
<b>HR Forms</b>	
EEO-1 Data Sheet	
I9 Required Identification Documents:	
Passport OR	
Driver's License and SS Card OR	
Driver's License and Birth Certificate	
<b>Payroll Forms</b>	
Payroll Input Information	
W4 Federal Tax Form	
M4 State Tax Form	
<b>Retirement Forms</b>	
OBRA Questionnaire	
Mandatory OBRA Enrollment Form	
SSA-1945	
<b>Health Insurance/Benefit Forms</b>	
Employee Health Insurance Offer and Status Form	
Insurance Waiver/Election Form	
<b>Policies</b>	
Policy Acknowledgement Sheet	

## Employee EEO-1 Data Sheet

Please complete this Employee EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision. **If you have any questions about the form please contact HR.**

Name \_\_\_\_\_ Social Security # (last 4 digits) \_\_\_\_\_

### EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Please check the EEO Identification Group that best applies to you:**

- ☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**- OR -**

- ☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **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 Alaska 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 maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.
- ☐ **I do not want to self-identify.**

**Gender:** ☐ Male ☐ Female

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you should have any questions regarding this form, please contact Human Resources.



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

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

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment  
(mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

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

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

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

LIST A 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><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="http://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, Item Number 4. document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

DATE \_\_\_\_\_

**TOWN OF NORWELL**  
**PAYROLL INPUT INFORMATION**

NAME \_\_\_\_\_ FILE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER M \_\_\_\_ F \_\_\_\_ MARITAL STATUS Single \_\_\_\_ Married \_\_\_\_

DEPARTMENT: \_\_\_\_\_ POSITION: Swp

DATE OF HIRE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ New Hire \_\_\_\_\_ Information Change

**PAYROLL INFORMATION (Payroll Use ONLY)**

Rate: \_\_\_\_\_ per hour \_\_\_\_ day \_\_\_\_ week \_\_\_\_ bi-weekly \_\_\_\_

Standard Hours: \_\_\_\_\_ Pay Frequency: \_\_\_\_ Wkly \_\_\_\_ Bi-wkly \_\_\_\_ Monthly

**PAYROLL PURPOSES ONLY**

Status - Active \_\_\_\_ Term. \_\_\_\_ LOA \_\_\_\_

Medicare \_\_\_\_\_

Obra Mandatory \_\_\_\_\_ Vol \_\_\_\_\_

Clock Number \_\_\_\_\_

Pension Factor \_\_\_\_\_

Plymouth Cty \_\_\_\_\_ MTRB \_\_\_\_\_

Title \_\_\_\_\_

05/2020

84-\_\_16000 (880 Union) \_\_\_\_\_

81-\_\_20000 (2% Pension) \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Health Ins. \_\_\_\_\_

Life Ins. \_\_\_\_\_

Union Dues \_\_\_\_\_

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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.

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

**Questionnaire for Determining OBRA Status**  
Commonwealth of Massachusetts Deferred Compensation Plan

**Section 1**

1. Does this position make you eligible to be a qualified Participant under one of the retirement systems the Town of Norwell maintains? [Mass Teacher Retirement or Plymouth County Retirement]? \_\_\_Yes \_\_\_No

2. Are you retired from the Town of Norwell (town or school) and if so, were you a qualified Participant under one of the retirement systems the Town of Norwell maintains? [Mass Teacher Retirement or Plymouth County Retirement]? \_\_\_Yes \_\_\_No

*If you answered YES, are you receiving a monthly retirement/annuity check from MTR or PCR (active pay status)*

\_\_\_Yes \_\_\_No

3. Are you retired from a different Employer than the Town of Norwell?

If so, Name of Employer you retired from (Company/Municipality): \_\_\_\_\_

Were/are you a qualified participant in a retirement system maintained by the Employer above?

...AND...

*Does the Town of Norwell maintain the SAME retirement system you are a retiree under?*  
*[Mass Teacher Retirement or Plymouth County Retirement]?*

\_\_\_Yes \_\_\_No

4. Are you exempt from OBRA due to services performed for any of the following? \_\_\_Yes \_\_\_No

If YES, please check as appropriate:

- \_\_\_ Full-Time student attending classes at the school for which you are performing services.
- \_\_\_ Person hired to be relieved from unemployment status  
(Other than Employees Participating in a work-training or work-study program).
- \_\_\_ Patient or inmate performing services provided in a hospital, home, or institution as an Employee of a state or local government.
- \_\_\_ Election official or election worker receiving less the \$1,800, as indexed, in calendar year 2017.
- \_\_\_ Emergency worker on a temporary basis due to fire, storm, snow, flood, hurricane, tornado, earthquake, or other similar emergency.
- \_\_\_ Non-resident alien temporarily residing in the U.S. with F-1, J-1, M-1 or Q-1 visas, when the services are performed to carry out the purpose for which the alien was admitted to the United States.
- \_\_\_ Services performed in a position compensated solely on a fee basis that is treated as a trade or business for purposes of inclusion of such fees in net earnings from self-employment.
- \_\_\_ Services performed by transportation system Employees who are covered compulsorily under Section 210(k) of the Act.+

5. Are you actively working **Full Time** for the same Employer in another position that makes you a qualified Participant in a retirement system for that full-time employment? ☐ Yes ☐ No

NAME OF EMPLOYER: \_\_\_\_\_

**Section 2** Please answer the following:

1. Are you a Part-Time employee who is ineligible to participate in your Employer's retirement system for this part-time employment? (*PT Employees working 20 hours or less per week*) ☐ Yes ☐ No
2. Are you a Seasonal employee? ☐ Yes ☐ No
3. Are you a Temporary employee? ☐ Yes ☐ No
4. Are you ineligible to participate in your Employer's public retirement system and did you answer "No" to 1, 2 or 3 above? ☐ Yes ☐ No
5. Are you eligible to participate in your Employer's retirement system but elected out of it? ☐ Yes ☐ No

If you answered **YES** to any question in Section 2 and answered **NO** to all questions in Section 1, **you are required to make a 7 ½% Mandatory OBRA contribution** as required by Federal and State law. You must complete the Mandatory OBRA Participation Agreement.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PAYROLL USE ONLY**

Reviewed by: \_\_\_\_\_

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



## Participant Enrollment Governmental 457(b) Plan

### Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

#### Participant Information

Last Name			First Name			MI		
Address - Number & Street								
City			State			Zip Code		
( )			( )					
Home Phone			Work Phone					
Social Security Number								
E-Mail Address								
<input type="checkbox"/> Married			<input type="checkbox"/> Unmarried			<input type="checkbox"/> Female <input type="checkbox"/> Male		
Mo Day Year			Mo Day Year					
Date of Birth			Date of Hire					
Do you have a retirement savings plan with a previous employer? <input type="checkbox"/> Yes or <input type="checkbox"/> 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.

**Statement Delivery** - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit [www.mass-smart.com](http://www.mass-smart.com) for fast and easy enrollment in our Online File Cabinet service.

#### Payroll Information

To be completed by Representative:	
Division Name	Division Number

**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 NAME

#### INVESTMENT OPTION CODE (Internal Use Only)

The Income Fund .....MELINC.....100%



Last Name

First Name

MI

Social Security Number

**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 state 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	Relationship	Date of Birth
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**Contingent Beneficiary****100.00%**

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
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**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/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**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/Trustee 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.

**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.

**Your Consent and Signature** - I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made. I verify that this enrollment was unsolicited. I did not meet with a representative on a one-on-one basis regarding investment options.

**Participant Signature****Date****Participant forward to Service Provider at:**

Great-West Retirement Services®

P.O. Box 173764

Denver, CO 80217-3764

**Phone #:** 1-877-457-1900**Fax #:** 1-866-745-5766**Web site:** [www.mass-smart.com](http://www.mass-smart.com)

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FAScore, LLC (FAScore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FAScore, LLC.

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

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Employer Name TOWN OF NORWELL Employer ID# 04-6001253

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

### Windfall Elimination Provision

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

### Government Pension Offset Provision

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

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

### For More Information

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

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

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

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

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

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

Employers must:

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

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

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

EMPLOYEE HEALTH INSURANCE OFFER AND STATUS FORM  
Revised 06-08-2016

Employer Name: TOWN OF NORWELL  
Department: TREASURERS OFFICE  
Employer Address: 345 MAIN STREET  
City | State | ZIP Code: NORWELL, MA 02061

FEIN: 04-6001253

**Employer: Fill out this portion**

1. Is the Employee Full Time or Part Time?
2. If Full Time (30+ hours per week) Is the employee Permanent, Temporary, or Seasonal?
3. If Part Time, is the employee Permanent, Temporary or Seasonal?
4. If Part Time, is the employee regularly scheduled to work less than or greater than 20+ hours per week?  
(Note: MGL states employees regularly scheduled to work 20+ hours per week are benefit eligible)
5. If not regularly scheduled, are the employees hours variable in nature?
6. Is the employee Benefit Eligible?
7. Did you Offer employer sponsored health insurance to this employee?

<del>Full Time</del>	<del>Part Time</del>	
Permanent	Temporary	Seasonal
Permanent	Temporary	Seasonal
Less than 20H	Greater than 20H	
Yes	No	
Yes	No	X
Yes	No	X

VOLUNTEER position

**Employee: Please fill out this portion**

FIRST NAME

MIDDLE INITIAL

LAST NAME

SUFFIX (e.g.Sr.,Jr.)

Date of Hire: \_\_\_\_\_

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

1. Did you accept your employer sponsored health insurance? Yes ☐ No ☐ Not Eligible ☒
2. Do you have other health insurance? Yes ☐ No ☐

If YES, are you covered under:

Spouse's Insurance Yes ☐ No ☐

Parents Insurance Yes ☐ No ☐

Are you under age 26? Y N (Circle One)

Student Y N (Circle One)

Other: \_\_\_\_\_

**EMPLOYEE AFFIDAVIT**

I hereby affirm, under penalties of perjury, that all the information provided herein is true to the best of my knowledge. I have been offered affordable health insurance. I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment, that I may forfeit all or a portion of my Massachusetts personal tax exemption and be subject to other penalties pursuant to M.G.L c. 111M. I understand my employer may require this form annually.

EMPLOYEE SIGNATURE

DATE



Office of Treasurer/Collector's Office  
**TOWN OF NORWELL**  
345 Main Street, Norwell, MA 02061  
TEL: (781) 659-8071 ~ FAX: (781) 659-7795  
EMAIL: dsullivan@townofnorwell.net

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**Insurance Waiver / Election Form**

**MEDICAL INSURANCE**



**I hereby waive my option to select HEALTH INSURANCE\***

*\*If I decline health insurance coverage through my employer, and do not have other health insurance coverage, I may not be eligible for cost assistance through the Health Insurance Marketplace. My tax dependents will not be eligible for coverage through the employer and may not be eligible for cost assistance through the Health Insurance Marketplace.*



**I elect BLUE CROSS/BLUE SHIELD HMO BLUE insurance**

☐ Family

☐ Individual



**I elect BLUE CROSS/BLUE SHIELD CARE ELECT PPO insurance**

☐ Family

☐ Individual

**LIFE INSURANCE**



**I hereby waive my option to select the BOSTON MUTUAL LIFE INSURANCE Basic Policy of \$10,000 (Employer pays ½ of monthly premium)**



**I elect the BOSTON MUTUAL LIFE INSURANCE Basic Policy of \$10,000 (Employer pays ½ of monthly premium)**



**I hereby waive my option to select the BOSTON MUTUAL LIFE SUPPLEMENTAL LIFE INSURANCE (Employee pays 100% of monthly premium)**



**I elect BOSTON MUTUAL SUPPLEMENTAL LIFE INSURANCE in the amount of: \$\_\_\_\_\_ I have completed appropriate Boston Mutual paperwork/applications.**

**Name of Employee:** \_\_\_\_\_

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