

Human Resources D Building, Suite 209A phone 774.357.2195 fax 508.730.3278

	ONLINE	
TO:	Part-time Non-Benefitted Employees	
FROM:	Human Resources Office	
SUBJECT:	Mandatory Massachusetts Alternative Retirement Plan (OBRA) Waiver Form	
Commonwea	- ·	Community College, you are required to participate in the nent plan (OBRA), through mandatory payroll deductions.
Office. Dedu	actions will be taken out with or without	mplete the form, and return it to the Human Resources t this form. If the form is not returned to us, Empower your deposited deductions or earned interest.
 An ac Syste A ret A wo 	ctive full-time or part-time, benefited er em or Optional Retirement Program; iree of the Massachusetts State Retirem ork-study student enrolled in a minimum dent employee (non-work study) enroll	e are not required to contribute to OBRA: imployee enrolled in the Massachusetts State Retirement ient System or Optional Retirement Program; in of six credits at Bristol Community College. ied in a minimum of twelve credits at Bristol Community
Resources in		e complete this waiver form and return it to Human eing taken from your paycheck. If you have any questions,
Name:		Social Security #:
	Print First/Last Name	Last 4 only
☐ I am a be	enefited Massachusetts state employee a	at State Organization
□ Lam a re	tired Massachusetts state employee from	G
— I am a re	urea massachaseus state employee froi	State Organization
☐ I am a w	ork-study OR student employee AND a	
rema credi	in in a full-time student status. You also	Number of Credits at you are exempt from OBRA payroll deduction while you a gree to notify Human Resources if you drop below 12 at Bristol Community College, at which point you would
Signature		 Date