



Exit Information Packet 2025

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A. Continuation of Benefits under COBRA

Your medical, dental, vision, healthcare FSA coverage or limited purpose FSA coverage and onsite health center access will end effective your date of termination and your final payroll deduction will be prorated to reflect this end date.

You and your covered dependents have the option of continuing the benefits listed below through the COBRA Law. You have 60 days from the later of the date of loss of coverage OR from the date of notice to extend your coverage, with you paying the monthly cost. Upon election and payment, your coverage under COBRA will be effective as of your termination date. You may extend your coverage for medical, dental, vision and/or the onsite health center access up to 18 months (or up to 36 months under certain conditions). You may extend your healthcare FSA or limited purpose FSA until the end of the Plan year in which you terminated employment. For more information refer to the General Notice of your rights under the COBRA Law that is provided.

Monthly medical, dental, vision, EAP, and Health Center COBRA rates are as follows:

	Harvard Pilgrim Health Care			
	Access America Value No Deductible	Access America Value with Deductible	Access America with Deductible	Access America HSA with Deductible
Employee	\$1,114.93	\$1,030.18	\$1,093.58	\$928.29
Employee + Spouse/ Partner	\$2,341.37	\$2,163.37	\$2,296.51	\$1,949.40
Employee + Child(ren)	\$2,118.38	\$1,957.34	\$2,077.80	\$1,763.75
Family	\$3,567.80	\$3,296.57	\$3,499.45	\$2,970.52

	Delta Dental of Massachusetts		EyeMed
	Dental Standard	Dental High	Vision
Employee	\$37.98	\$58.42	\$2.95
Employee + Spouse/Partner	\$79.75	\$122.66	\$5.90
Employee + Child(ren)	\$75.96	\$116.81	\$5.60
Family	\$132.93	\$204.42	\$8.67

Employee Assistance Program (EAP): \$2.49 per month

Premise Onsite Health Center: \$20.00 per month

Retirees: If you are retiring from Point32Health, you may be eligible to enroll in a Tufts Health Plan or Harvard Pilgrim Health Care Medicare plan option. For more information about these plans and other Medicare options, call 1-800-488-0229.

How to Enroll: You will receive a COBRA notification letter and election packet from Wex. If you elect to continue your medical, dental, vision, healthcare FSA, limited purpose FSA, and/or onsite health center access, you must return a completed Enrollment Form to Wex by the date indicated on the notification letter. Once Wex receives your Enrollment Form and initial payment, it will take 2-3 weeks for processing. This means that there will be a break in coverage from the date of your termination until you are re-enrolled on a COBRA Plan. In the event that you need to see a physician or fill a prescription and are required to pay for these services out of pocket, you can obtain reimbursement forms from the health plan website: Harvard Pilgrim Health Care at www.harvardpilgrim.org.

Once you are enrolled under COBRA, the coverage will be effective the date following your termination date.

If you would like to expedite the enrollment process, you may choose to enroll online (prior to receiving the election packet from Wex). Log in to <https://cobralogin.WEXhealth.com/> no sooner than 5 business days **after** your termination date. From the home page, click on New User Registration button and a registration code will be required. You may receive this code by contacting Wex Participant Services at 1-866-451-3399. Once you are registered, follow the instructions to elect coverage.

If you wish to have your COBRA benefits reinstated upon election, you should pay the total premium due at the time you make your election. However, you are allowed to delay the premium payment for up to forty-five (45) days after you have signed, dated, and submitted your Enrollment Form or enrolled online. Delaying the initial premium payment will delay the reinstatement of your benefits.

When making a payment, please make your check payable to Wex and forward it to:

Wex

PO Box 2079

Omaha, NE 68103-2079.

Failure to pay your premiums by premium due dates will result in termination of your participation in your COBRA benefits. Please be sure to notify Wex of any name or address changes.

Healthcare FSA or Limited Purpose FSA: Ends on your last day of employment. Eligible expenses incurred **after** you terminate employment are **not eligible** for reimbursement unless you continue your contributions by electing COBRA. If you choose not to elect COBRA for your FSA, and you have no eligible expenses incurred before your termination date, the funds remaining in your account are forfeited.

In accordance with IRS regulations, a participant is permitted to submit FSA claims for reimbursement for eligible expenses incurred prior to their retirement or termination date. If you decide to elect COBRA, you will send your FSA payments to Wex each month. You would continue to submit claims for eligible expenses to Wex. All claims must be submitted no later than 90 days after the end of the Plan year.

Dependent Care FSA: If you have a balance remaining in your Dependent Care FSA Account, you may submit eligible claims against this balance through the end of the Plan year for Dependent Care Expenses incurred **before** your termination date. Claims will not be paid in excess of the contributions you made to the account prior to your termination date. Expenses incurred after you terminate employment are not eligible for reimbursement. **The Dependent Care FSA is not subject to continuation under COBRA.**

Onsite Health Center: You may extend your access to the Onsite Health Center under COBRA for up to 18 months (29 or 36 months under certain conditions). You will be required to pay the monthly COBRA cost of \$20.00 a month as well as any applicable copayment(s). Temporary employees are eligible to elect COBRA continuation coverage only if they were paid via the Company payroll and enrolled in a Company-sponsored medical plan prior to the date that their coverage would otherwise have ended.

Another Option for Health Insurance:

If you think COBRA may not be the right option for you, you may want to consider the Commonwealth Health Connector for your health insurance needs (for Massachusetts residents only). You can contact the Health Connector for information and enrollment at <http://www.MAhealthconnector.org> or 1-877-623-6765. For employees outside of Massachusetts, go to <https://www.healthcare.gov/>.

Benefits: A choice of health insurance options with different benefits and prices. Depending on which plan you choose, your monthly premium with the Health Connector could be lower than other coverage options. Unlike COBRA coverage, Health Connector coverage does not have a maximum period; you can continue coverage as long as you pay your premiums on time.

Drawbacks: Benefits may not be the same as the coverage you had through Point32Health. If you enroll in Health Connector coverage, you are waiving your right to elect health insurance under COBRA.

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**** Continuation Coverage Rights under COBRA****

Introduction

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you, or they, would otherwise lose group health coverage. For additional information about your rights and obligations under the Plan and under Federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- (1) Your hours of employment are reduced, or
- (2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse or domestic partner of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- (1) Your spouse/domestic partner dies;
- (2) Your spouse/domestic partner's hours of employment are reduced;
- (3) Your spouse/domestic partner's employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse/domestic partner becomes entitled to Medicare benefits (under Part A, Part B, or both) or;
- (5) You become divorced or legally separated from your spouse or dissolve your domestic partner relationship.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes entitled to Medicare benefits (under Part A, Part B or Both);
- (5) The parent becomes divorced or legally separated; or
- (6) The child stops being eligible for coverage under the plan as a "dependent child."

COBRA Coverage Availability

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

Your Responsibility to Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Point32Health. Note: Similar rights may apply to certain covered retirees, spouses, and dependent children if your employer commences a bankruptcy proceeding and these covered individuals lose coverage.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second Qualifying Event Extension of 18-month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to an additional 18 months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to: Wex at PO Box 2079 Omaha, NE 68103-2079.

If You Have Questions

Questions concerning your plan, or your COBRA continuation coverage rights, should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone number of Regional and District EBSA Office are available through EBSA's website at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administration informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

The Plan Administrator is Point32Health, 1 Wellness Way, Canton, MA 02021, 781-612-1000. COBRA continuation coverage for the Plan is administered by Wex at PO Box 2079 Omaha, NE 68103-2079, or 866-451-3399, <https://cobralogin.WEXhealth.com/>.

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B. Other:

1. **Life Insurance:** Your group life insurance coverage ends on your last day of employment. You have the option to continue this coverage through Unum. You may be able to convert or port your coverage to an individual policy with Unum. You will receive a home mailing with information on your life insurance conversion options. If you have any questions, call Unum at 866-220-8460. Unum must receive your completed application within **31 days** of your termination date.
2. **Accidental Death and Dismemberment (AD&D):** Your Basic and Voluntary Accidental Death and Dismemberment Insurance coverage ends on your last day of employment. You may be able to convert or port your coverage to an individual policy with Unum. You will receive a home mailing with information on your AD&D conversion options. If you have any questions, call Unum at 866-220-8460. Unum must receive your completed application within **31 days** of your termination date.
3. **Short-/Long-term Disability:** Your coverage will automatically cease on the date your employment ends.
4. **Health Savings Account (HSA) Contributions:** Your contribution will not be withheld from your final paycheck. You may maintain your account with Fidelity if you were enrolled in the Access America HSA with Deductible health plan. You may transfer your funds to another qualified HSA Bank Account. Note, if you do not transfer your funds, you may be subject to a maintenance fee.
5. **Voluntary Benefit Plans:** Your voluntary benefits (accident, critical illness and/or hospital indemnity) coverage ends on your last day of employment. You have the option to continue this coverage through Unum. You will receive a home mailing regarding your continuation options. If you have questions, call Unum at 866-220-8640. Unum must receive your completed application within **31 days** of your termination date.
6. **Supplemental LTD (IDI) with Unum:** You have **31 days** from your termination date to convert your coverage at the same premium through payments made directly to Unum. For more information, contact Unum at 866-679-3054.
7. **Supplemental LTD (IDI) with MassMutual:** You have **31 days** from your termination date to convert your coverage at the same premium through payments made directly to MassMutual. Call MassMutual at 1-800- 272-2216 for conversion information.
8. **Long Term Care Insurance:** You have **60 days** from the date of termination to convert your coverage at the same premium through payment made directly to Long Term Care Solutions, Inc. Contact Long Term Care Solutions at 1-877-286-2852 for conversion information.
9. **Group Legal:** Your group legal coverage ends the last day of the month you terminate. If you wish to continue your group legal coverage, you can call ARAG Customer Care 1-800-247-4184. You must notify ARAG within **31 days** of your termination date to arrange for premium payment.
10. **ID Theft:** If you would like to continue your coverage with ID Watchdog, call 1-866-513-1518 to speak with a customer advocate who will assist in updating your billing information to a credit or debit card.
11. **Liberty Mutual (auto/home insurance):** Your Liberty Mutual deduction will be taken out of your last regular payroll check. You will then need to call 1-800-789-2925 and speak with a customer service representative to arrange a new payment plan.
12. **Vacation Time (applies to non-exempt employees only):** Your unused balance of accrued vacation time will be paid to you.
13. **IncentFit:** The program requires that you be an active employee when the payment is made with the second pay period of the month.
14. **Your Last Check:** Your supervisor will inform the Payroll Department of the number of hours for your last check. Your final paycheck will be direct deposited in the same manner as your previous paychecks. Please note that if

you are contributing to the 401(k) plan, your contribution will be deducted from your last paycheck or any future-dated commission checks paid to you after your date of termination. If you do not wish to have a 401(k) deduction withheld from your last paycheck, or future-dated commission check or you wish to change the amount being deducted, you will need to access your Fidelity account at NetBenefits.com/AtWork to update or stop your 401(k) deduction. You will need to do this **at least ten days** prior to your termination date.

15. **Your Pay Statements:** Your pay statements and W-2 forms will continue to be available to you after you leave Point32Health through Workday at <https://wd5.myworkday.com/point32health/d/home.html>.

Access to Workday

After leaving Point32Health you will still be able to access Workday from any computer with internet access to view paystips, tax documents, or update your contact information. After your termination date, access via the mobile application will no longer be available.

Once your termination has been processed in the system, you will receive two emails to your personal email address (or your work email address if no personal email address is on file). One will contain your Workday username, and the other a temporary password and the URL link you can use to access Workday after your termination.

- 1 – Email with Workday username

Sender: point32health@myworkday.com

Subject: Workday Account Information

- 2 – Email with temporary password and site URL

Sender: point32health@myworkday.com

Subject: Workday Account Information: Temporary Password

Prior to leaving, it is recommended that you update your contact information in Workday to include a personal email address that can be used for account support.

If you encounter any issues accessing your account after your termination date, please email workday@point32health.org.

16. **Point to Point Balances:** If you have an outstanding Point to Point balance, please contact Work Human at 844-732-5501/844-732-5505 or by email at customerservice@workhuman.com. Note, points do not expire.
17. **Point32Health Property:** Please be sure to leave any Point32Health property such as company keys, ID badge, calling card, lap top computers, etc. with your supervisor, manager, or HR Business Partner on your last day.
18. **Employment Verification and References:** In response to reference and employment verifications, Point32Health utilizes The Work Number to verify dates of employment, position, and salary only.
- **Accessing The Work Number:** www.theworknumber.com
 - **Point32Health Plan Employer Code:** 102828
 - **User ID:** Social Security Number (for example, 123-45-6789)
 - **Default PIN:** Last 4 digits of you SSN and your 4-digit birth year (for example, 67891972)
 - **Customer Service:** 866-604-6572 (TTY: 800-424-0253); Monday-Friday; 8 a.m.-9 p.m.

The reference and verification policy instructs all supervisors, managers, and employees to forward any requests for references or employee information directly to Human Resources. This policy applies to verbal, written, and electronic postings on LinkedIn or other social media for current and former employees.

Please refer any questions you may have to Human Resources at hrsupport@point32health.org.

C. Point32Health 401(k) Plan

This section contains important information regarding the various provisions of the Point32Health 401(k) Plan. Please note there are many tax implications regarding plan withdrawals and rollovers. Although we have provided some general information, you should seek professional tax advice to assist you in your decision-making. Please review the following options:

1. **Retirement:** If you end employment on or after the age of 65, you are eligible to receive 100% of the value of your Plan accounts, this includes your own contributions and Company contributions.
2. **Termination of Employment:** If you end employment for reasons other than for retirement, death, or disability, you are eligible to receive 100% of the value of your own pre-tax contributions (and any rollover amounts adjusted for investment gains and losses). You are also eligible for the vested portion of your Company Match and Retirement contributions, based on the following schedules:

Years of Service	Company Contributions Vested Percentage	
	Company Match	Retirement Contribution
Less than 1 year	0%	0%
1 year but less than 2	33.3%	33.3%
2 years but less than 3	66.6%	66.6%
3 years	100%	100%

3. **Distribution Amounts:**

A. **For vested balances \$5,000 or less***, you have 3 options available:

OPTION 1	You may receive a lump sum distribution as soon as administratively practical. Lump sum distributions are subject to applicable Federal and State taxes and a 10% penalty tax is imposed on most retirement plan distributions paid to individuals under age 59 ½.
OPTION 2	You may transfer your distribution into another qualified plan, or rollover to an Individual Retirement Account ("IRA"). To exercise this option, you must specify on the <i>Distribution Form</i> the exact name of the payee (account or Trust) to which the funds should be made payable. The <i>Distribution Form</i> is available by calling a Fidelity Representative at 1-800-343-0860 or visiting the website NetBenefits.com/AtWork .
OPTION 3	Rollover your balance to a <i>Fidelity Investments Automatic Rollover IRA</i> , which allows a seamless transfer of funds into an IRA managed by Fidelity. A <i>Fidelity IRA</i> information packet may be obtained by calling a Fidelity Representative at 1-800-343-0860 or by visiting forms section on the website NetBenefits.com/AtWork .

B. **If your vested balance (company/employee contributions) exceeds \$5,000**, you may elect any of the options outlined above or take no action and defer distribution to any future date prior to retirement. Your account will continue to accrue interest based on your investment elections, but you will not be able to make additional contributions to it.

*NOTE: If your vested account is \$5,000 or less, and you fail to make an election as specified above, your payment will automatically be transferred into a Fidelity Investments Automatic Rollover IRA managed by Fidelity until you make a distribution election. Transfers are processed on a quarterly basis.

For more complete information, please contact a Fidelity Representative at 1-800-343-0860 or visit the Fidelity website at NetBenefits.com/AtWork.

What is Unemployment Insurance?

Unemployment Insurance (UI) is a temporary income assistance program for Massachusetts workers who have lost their jobs through no fault of their own, and are:

- Able to work
- Available for work, and
- Actively looking for work

Funding for UI benefits comes from quarterly contributions paid by the state's employers to the Department of Unemployment Assistance (DUA). Employees do not contribute to unemployment insurance.

When should you apply for UI benefits?

If you have been separated from work, or your hours have been reduced, you should file a claim for UI benefits **during your first week** of total or partial unemployment.

Your claim will begin on the Sunday of the calendar week in which your claim is filed. This date is known as the effective claim date.

You will not be paid benefits for any week of unemployment preceding the effective date of your claim.

Important note:

You may request benefits only if you are in the United States, its territories, or Canada. You should not request benefits for any week you are outside the United States, its territories, or Canada.

This pamphlet includes important information on how to apply for Unemployment Insurance benefits.

Este folleto contiene información importante sobre cómo solicitar los beneficios del Seguro de Desempleo.

Este panfleto contém informações importantes sobre como registrar-se para receber benefícios de subsidio de desemprego.

Данный проспект содержит важную информацию о процессе подачи заявления на получение Страхового пособия по безработице.

Livrè sa gen enfòmasyon enpòtan sou fason pou aplike pou Benefis Asirans Chomaj yo.

Il presente opuscolo contiene importanti informazioni riguardanti la modalità di richiesta per l'indennità di disoccupazione.

Cette brochure comporte d'importants renseignements sur la façon de demander des prestations d'assurance-chômage.

សៀវភៅផ្សព្វផ្សាយនេះមានរួមជាមួយនឹងព័ត៌មានសំខាន់ៗអំពីរបៀបដាក់ពាក្យសុំប្រាក់អត្ថប្រយោជន៍ការងារសម្រាប់អ្នកបាត់ការងារ។

Cuốn sách mỏng này bao gồm thông tin quan trọng về cách nộp đơn xin bảo hiểm thất nghiệp

ແຕ່ນຈຳນວນນີ້ມີຂໍ້ມູນກ່ຽວກັບວິທີການຂໍເອົາເງິນຕົນປະໂຫຍດປະກັນໄພໜ່ວຍງານ.

这本小册子包括如何申请失业保险金的重要信息。

이 팜플렛에는 실업 보험 급여의 신청 방법에 대한 중요한 정보가 들어 있습니다.

يحتوي هذا الكتيب على معلومات هامة حول كيفية التقديم للحصول على منافع تأمين البطالة.

Equal opportunity employer program

Auxiliary aids and services are available upon request to individuals with disabilities. For hearing-impaired relay services, call 711.



Form 0590-A Rev. 1-26-18



To Massachusetts Workers: How to File a Claim for Unemployment Insurance Benefits

To Massachusetts employers:

Under the state's Employment and Training Law, M.G.L Chapter 151A, you must provide a copy of this pamphlet as soon as practicable, but no more than 30 days, from the last day the employee performed compensable work. You must provide this pamphlet to each of your employees who is separated from work, permanently or temporarily. Please complete the information below:

Employer name

Mailing address

Phone number

Federal employer ID number



File Online

To file your new UI claim or reopen an established claim online, visit our website at: **www.mass.gov/dua/uionline**.

1. Select **Log in to UI Online for Claimants**.
2. Create a UI Online account or log in to an existing account.
3. Complete all the information requested and submit your application.
4. Be sure to include your phone number and email address to make it easier for us to contact you if there are questions about your application.

UI Online is available 6:00 am to 10:00 pm, 7 days a week.

Need Help?

If you have questions about your eligibility, please review the eligibility requirements online at: **www.mass.gov/dua/eligibility**.

For assistance creating a UI Online account, visit: **www.mass.gov/dua/fileclaim**.

Information Needed to File a Claim

To apply for unemployment, you need to provide personal information including your Social Security number, birth date, home address, email address, and phone number.

You also need information about your employment history from the last 15 months, including:

- Names of all employers, plus addresses and phone numbers
- Reasons for leaving those jobs
- Work start and end dates
- Recall date (if you were laid off but have a set date to return to work)

You may need additional information in certain situations:

- If you are not a U.S. citizen — your Alien Registration number or verification that you are legally allowed to work in the United States.
- If you have dependent children — their birth dates and Social Security numbers
- If you're in a union — your union name and local number
- If you were in the military — your DD-214 Member 4 form. If you don't have it, you can request your DD-214 online at www.dd214.us.

To receive payments by direct deposit, you'll need your bank name, account number and routing number. Otherwise, DUA will send you a debit card.



File by Phone

To file your new UI claim or reopen an established claim by phone, you can:

- Schedule a callback from the TeleClaim Center by visiting our website at: **www.mass.gov/dua/schedulecallback**.
- Call the TeleClaim Center at (617) 626-6800 or toll-free at (877) 626-6800. Please adhere to the call-in schedule below.

The TeleClaim Center is available 8:30 am to 4:30 pm, Monday through Friday.

Last digit of your Social Security Number:	Assigned day to call the TeleClaim Center:
0, 1	Monday
2, 3	Tuesday
4, 5, 6	Wednesday
7, 8, 9	Thursday
Any last digit	Friday

Unemployment – filing outside of Massachusetts

Generally, you should file your claim with the state where you worked. If you worked in a state other than the one where you now live or if you worked in multiple states, the state unemployment insurance agency where you now live can provide information about how to file your claim with other states.

Rhode Island

<https://dlt.ri.gov/individuals/unemployment-insurance/apply-unemployment-benefits>

File online here: <https://dltweb.dlt.ri.gov/uipua/>

File by phone at (401) 415-6772

New Hampshire

<https://www.nhes.nh.gov/>

File online here: <https://www.unemploymentbenefits.nh.gov/file-my-initial-claim>

Connecticut

<https://portal.ct.gov/dolui>

File online here: <https://uiclaimsct.force.com/CTDirectBenefits>

Maine

<https://www.maine.gov/unemployment/>

File online here: <https://reemploy.me.maine.gov/accessme/faces/login/login.xhtml>

Unemployment – Employer information

Check your payslip to see which company to use when filing for unemployment:

Payslips 10 items

Payment Date	Period Start Date	Period End Date	Company
01/28/2022	01/09/2022	01/22/2022	Point32Health Services Inc

Point32Health Services, Inc. (formerly Tufts Associated Health Plans, Inc.)

Employer name

Corporate Cost Control

PO Box 1180

Londonderry, NH 03053-1180

Mailing address

80374620

DUA Employer ID number

042985923

Federal employer ID number

Tufts Health Public Plans, Inc.

Employer name

Corporate Cost Control

PO Box 1180

Londonderry, NH 03053-1180

Mailing address

10052973

DUA Employer ID number

800721489

Federal employer ID number

Tufts Associated Health Maintenance Organization
Employer name

Corporate Cost Control
PO Box 1180
Londonderry, NH 03053-1180
Mailing address

79281750
DUA Employer ID number

042674079
Federal employer ID number

Unemployment – Employer information (Harvard Pilgrim Healthcare & Institute)

Harvard Pilgrim Health Care, Inc.
Employer name

Corporate Cost Control
PO Box 1180
Londonderry, NH 03053-1180
Mailing address

72030420
DUA Employer ID number

04-2452600
Federal employer ID number

Harvard Pilgrim Health Care Institute, LLC
Employer name

Corporate Cost Control
PO Box 1180
Londonderry, NH 03053-1180
Mailing address

965548790
DUA Employer ID number

94-3477531
Federal employer ID number