

Definition of OBRA

Part-Time, Seasonal, and Temporary Employees of the Commonwealth of Massachusetts or an electing Massachusetts local government employer

The Omnibus Budget Reconciliation Act of 1990 (OBRA) expanded the definition of “employment” for Social Security coverage and FICA tax purposes to include services performed after July 1, 1991 by a state or local government employee, unless the employee is a participant of the employer’s retirement system at the time service is rendered or is already covered under an agreement between the employer and the Secretary of Health and Human Services (referred to as Section 218 agreement).

- Most full-time, state or local public employees are participants in their employer’s retirement system. By virtue of that participation, full-time service is not covered employment for purposes of Old Age Survivors and Disability Insurance (OASDI) portion of taxes under the Federal Insurance Contributions Act (FICA), sometimes called Social Security tax, on the wages of employees paid by the employer with respect to employment.
- Generally temporary, seasonal and part-time employees are not participants of their employer’s retirement system and their employment may be excluded from mandatory Social Security coverage provided they participate in an appropriate alternative plan under OBRA.
- All employees classified as OBRA must make mandatory contributions equal to 7.5% of gross compensation per pay period. Contributions and any earnings are tax-deferred, meaning taxes are not due until distributed, and are invested in the Voya Fixed Account. Distributions of benefits are permitted upon severance from employment, retirement or death.

If you have questions or would like further information about OBRA mandatory accounts, please contact (800) 584-6001.

Insurance products, annuities and funding agreements are issued by Voya Retirement Insurance and Annuity Company (“VRIAC”). Fixed annuities are issued by VRIAC. VRIAC is solely responsible for meeting its obligations. Plan administrative services provided by VRIAC or Voya Institutional Plan Services, LLC (“VIIPS”). Neither VRIAC nor VIIPS engage in the sale or solicitation of securities. All companies are members of the Voya® family of companies. **Securities distributed by Voya Financial Partners, LLC (member SIPC) or other broker-dealers with which it has a selling agreement.**



Enrollment Form

For Part-Time Employees In 457 Public Employer Deferred Compensation Plans

Voya Retirement Insurance and Annuity Company
P.O. Box 990063
Hartford, CT 06199-0063

Fax Number: 1-800-643-8143

In this form, Voya Retirement Insurance and Annuity Company may also be referred to as the Company. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions.

Information About You

Please print.

Changes to the Social Security No. or Date of Birth must be initialed by the Participant.

City of Medford, MA

Billing Group No.

VK4318

Participant Name (First, Middle Initial, Last)

Social Security No.

Participant Resident Address (No. & Street)

PO Box

City/Town

State

Zip Code

Date of Birth

Home Telephone No.

Work Telephone No.

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Anti-Fraud Statement

We are required by the insurance regulations of your state to provide you with the following information: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Mandatory Salary Reduction

I acknowledge that I have received the Fixed Annuity Disclosure Booklet and understand that all contributions will be deposited into the Voya Fixed Account.

Signature

This Agreement is made between the Participant and the Employer. I understand that the information indicated above will remain in effect until later changed or revoked by me. I also understand that I am required to contribute a mandatory amount (as defined by my Employers Plan) into the Voya Fixed Account until my status as a Part Time employee is otherwise changed as permitted by the plan.

Participant's Signature

Date (mm/dd/yyyy)