

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

Employee Name Cooper Bousum

Employee ID# _____

Employer Name _____

Employer ID# _____

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. 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

Cooper Bousum

Date 06/08/2025

IX. ACKNOWLEDGEMENT AND RECEIPT FORM

I hereby acknowledge that the municipality's Drug and Alcohol Policy has been provided to me, as well as the referenced DOT regulations contained in 49 CFR 40.

Cooper Bousum 06/08/2025

Employee Name Date

Cooper Bousum 06/08/2025

Employee Signature Date

For Office Use Only:

Date Received: _____

Received by: _____

Town of Ipswich
Anti-Discrimination Policy Acknowledgement

This acknowledges that I have received and reviewed the Town of Ipswich Anti-Discrimination Policy ("Policy"). By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder, and I agree to review periodically any changes or modifications. I recognize that the law and associated Policy regarding workplace discrimination are continually evolving. Therefore, I understand that my annual review of this Policy, as it may be amended, is required.

Cooper Bousum
Employee Name [please print]

Police
Department [Please Print]

Cooper Bousum
Employee Signature

Date: 06 / 08 / 2025

☐ Employee _____ was unwilling to sign this document
[print name of employee]

Dept. Head/Director Signature _____ Print Name _____

Date: / /

To be included in employee's personnel file.

SEXUAL HARASSMENT POLICY

M.G.L. c. 151B requires that employers shall provide annually to all employees an individual written copy of the employer's policy against harassment.

This acknowledges that I have received and reviewed the Town of Ipswich Sexual Harassment Policy ("Policy"). By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder, and I agree to review periodically any changes or modifications. I recognize that the law and associated Policy regarding sexual harassment are continually evolving. Therefore, I understand that my regular review of this Policy, as it may be amended, is required.

Print Name: Cooper Bousum

Signature: Cooper Bousum

Date: 06/08/2025

To be included in employee's personnel file.

ATTACHMENT 2: NOTICE OF PREGNANT WORKER'S FAIRNESS ACT

I, Cooper Bousum, acknowledge that I received a copy of the Town of Ipswich Policy: Notice of Pregnant Worker's Fairness Act.

Cooper Bousum
Employee's Signature

06/08/2025
Date

☐ Employee _____ was unwilling to sign this document
[print name of employee]

Supervisor Signature Print Name Date: ____/____/____

HR Director Signature Print Name Date: ____/____/____

WORKPLACE VIOLENCE POLICY

This acknowledges that I have received and reviewed the Town of Ipswich Workplace Violence Policy ("Policy"). By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder, and I agree to review periodically any changes or modifications. I recognize that the law and associated Policy regarding workplace violence are continually evolving. Therefore, I understand that my annual review of this Policy, as it may be amended, is required.

Print Name: Cooper Bousum

Signature: Cooper Bousum

Date: 06/08/2025

Department: Police

To be included in employee's personnel file.

Town of Ipswich
Security Camera Policy Acknowledgement

With your signature below, you represent that you have received a copy of the Town's Security Camera Policy, and that you have read and understand this policy.

I acknowledge that I have received and read the Town's SECURITY CAMERA POLICY.

Please be advised that refusal to acknowledge receipt of this Policy, your refusal will be documented and you will remain obligated to comply with this Policy.

Cooper Bousum

Employee Name [please print]

Cooper Bousum

Employee Signature

Date: 06 / 08 / 2021

☐ Employee _____ was unwilling to sign this document
[print name of employee]

HR Director Signature

Print Name

Date: ____ / ____ / ____



TOWN OF IPSWICH
SOCIAL MEDIA POLICY
Appendix A

I, Cooper Bousum have reviewed the Town of Ipswich Social Media Policy and understand the duties and obligations I have as an employee of the Town as it pertains to social media.

I also understand the requirement to report any complaints or problems of misuse to the Town Manager as soon as a suspected incident has occurred.

I also understand that any violation to this policy shall be subject to appropriate discipline, up to and including termination of employment.

Cooper Bousum
Employee Signature

06/08/2025
Date

Maiya Dos
Witness

06/08/2025
Date

ACKNOWLEDGEMENT OF RECEIPT
TOWN OF IPSWICH PERSONNEL HANDBOOK

To the Employee:

This Acknowledgement must be completed, signed, and returned to your immediate supervisor who will, in turn, forward the Acknowledgement to the Town Manager's office for inclusion in your personnel file.

I, Cooper Bousum, an employee of the Town of Ipswich, hereby certify that I have received a copy of the Town of Ipswich Personnel Rules and Regulations, inclusive of the following policies, and have read and understand the contents contained therein:

- Consolidation Memo dated January 20, 1993 (revised April 1, 2002)
- Personnel Rules and Regulations
 - ✓ Purpose and Applicability of Rules and Regulations
 - ✓ Classification and Reclassification
 - ✓ Compensation Plan
 - ✓ Recruitment
 - ✓ Grievances
 - ✓ Appointments, Training and Continuity of Service
 - ✓ Promotions and Demotions
 - ✓ Discipline
 - ✓ Separation
 - ✓ Transfers
 - ✓ Employee Benefits
 - ✓ Insurance and Retirement
 - ✓ Work Schedules
 - ✓ Miscellaneous
 - ✓ Policy on Sexual Harassment
- Holiday Time Memo dated January 4, 1978
- Alcohol and Drug-Free Work Place Policy

Cooper Bousum
(Signature)

06/08/2025
(Date)

*** PLEASE SEE REVERSE SIDE OF THIS FORM.

ACKNOWLEDGEMENT OF RECEIPT
TOWN OF IPSWICH DRUG-FREE WORK PLACE POLICY

To the Employee:

This Acknowledgement must be completed, signed, and returned to your immediate supervisor who will, in turn, forward the Acknowledgement to the Town Manager's office for inclusion in your personnel file..

I, Cooper Bousum, an employee of the Town of Ipswich, hereby certify that I have received a copy of the Town's policy regarding the maintenance of a drug-free work place. I realize that the manufacture, distribution, dispensing, possession, or use of illicit drugs or alcohol is prohibited on the Town's municipally-owned premises, and violation of this policy can subject me to disciplinary action, including termination of employment. I realize that, as a condition of employment by the Town of Ipswich, a federal grantee, I must abide by the terms of this policy and will notify the Town of Ipswich of any criminal drug conviction for a violation occurring in the work place no later than five (5) days after such conviction. I understand that on-the-job drug or alcohol use is specifically prohibited by the Town of Ipswich and that the penalties include termination of employment.

Cooper Bousum
(Signature)

06/08/2025
(Date)