



*State Police Commissioned Officers Association  
of Massachusetts, Inc.*

Post Office Box 849  
Framingham, MA 01701

**Congratulations on your promotion to Lieutenant!** Advancing to the rank of Lieutenant is a significant achievement, and you should be proud of your accomplishment.

As the President of the Massachusetts State Police Commissioned Officers Association [COA] I invite and strongly encourage you to become a member of the COA. Membership dues are very reasonable at \$37.00 twice per month.

Founded in 1980, the COA is a non-profit benevolent organization whose purpose is to foster positive working conditions, goodwill, and communication between our membership, the public, and the Department's administration. As a benevolent association, the COA will also be there for you when needed. The COA provides for our members in many forms: funding for collations, training, memorial flowers, plaques, academic scholarships and other worthy causes as deemed appropriate by the Board of Directors.

Being a member of the COA is a privilege that comes with numerous benefits that are uniquely tailored to your new role as a Commissioned Officer. First, and most importantly, the COA automatically provides you a comprehensive package of legal representation on matters related to your employment as a Massachusetts State Police Commissioned Officer. This includes 24/7 legal representation resulting from critical incidents, representation at a duty status hearing, OPIA investigations, Grand Jury proceedings, Inquests, or and in many other formal legal proceedings. I encourage you to review the attached summary of coverage that was prepared by our legal team at the Law Offices of Timothy Burke for more specific details.

In addition, the COA provides all new members age 65 and under a guaranteed \$16,000 life insurance with AD&D at no cost during your membership. To accept this coverage, you will find an application attached which must be filled out and signed within 45 days of membership for the guaranteed issue. Additional optional coverage is available through our provider, Boston Mutual, at a negotiated discount.

COA members are also automatically enrolled as members of the Massachusetts Police Association, the largest professional police organization in Massachusetts. The MPA provides numerous benefits to our members and provides an additional \$4,000 of life insurance to our membership. When combined with the COA Boston Mutual Insurance, all of our members age 65 and under are automatically covered for \$20,000 at no out of pocket cost.

*Proudly Advocating on Behalf of the Commissioned Officers of the Massachusetts State Police*



It should be noted that although we do not have a grievance procedure, we do have a collaborative relationship with the Colonel's Office. Members of the Executive Board regularly meet with the administration and advocate on behalf of our members. The COA also has a Political Action Committee (PAC) and lobbyist who advocate on behalf of our membership on Beacon Hill. The PAC supports worthy initiatives and candidates that promote safer working conditions for our members and safer communities for our families and the residents of Massachusetts. Our Lobbyist actively represents the interests of our membership at the State House and with various other political entities including the MPA, and Members of the COA E-Board regularly communicate with elected officials to make sure the needs of our membership is taken into account when new or revised legislation is being considered. Our relationship with the MPA also ensures we can work together with their E-Board to be heard together on matters important to both our members.

The COA sponsors several social events yearly that members are invited to participate in including our annual golf tournament and holiday party. We provide financial support for other worthy events, including the Hanna Awards Ceremony and Cops for Kids with Cancer events to name just a few.

It is important to understand that COA is not a union. As a previous President once said, "We don't have a contract; we have contacts." But much like a union, our strength is in our numbers, solidarity, and our unity. ***Traditionally, the COA has had 99% (and often 100%) of eligible Commissioned Officers represented as members. I urge you to help us keep this solidarity by becoming a member of the Massachusetts State Police Commissioned Officers Association today.***

Enclosed is an "Authorization for Payroll Deduction" form, which you may fill out and return with \$62.00. Of this amount, \$25.00 is an initiation fee and the remaining \$37.00 is the first month's dues. When you join, the State Police Payroll Section will begin an automatic deduction from your paycheck and you will see a \$37.00 deduction (displayed as "Union Special") twice per month in your paycheck. Please be certain to include a personal email address on this form so that the COA can keep you updated on essential information.

You may submit the attached form by email to [treasurer@maspcoa.org](mailto:treasurer@maspcoa.org) and pay on our website [www.maspcoa.org](http://www.maspcoa.org) under the "Membership Info" tab. Or if you prefer, mail the completed form along with a check payable to: Massachusetts State Police Commissioned Officers Association, P.O. Box 849, Framingham, MA 01701.

I look forward to you becoming a fellow member. If you have any questions, please feel free to call me at work # 781-897-6610 or cell # 617-908-9854.

Fraternaly Yours,  
William "Duke" Donoghue  
Acting President  
MSP COA

***Proudly Advocating on Behalf of the Commissioned Officers of the Massachusetts State Police***



# Massachusetts State Police



## Commissioned Officers Association

\*\*\* AUTHORIZATION FOR PAYROLL DEDUCTION \*\*\*

Agency: Massachusetts State Police

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

Name: \_\_\_\_\_

MSP ID# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

I hereby authorize the Commonwealth of Massachusetts to have the sum of \$37.00 deducted from my salary on a monthly basis. This sum represents dues to the State Police Commissioned Officers Association of Massachusetts, Inc. I understand that this deduction may be terminated by me giving thirty (30) days notice in writing to you.

Signature: \_\_\_\_\_ HR/CMS# \_\_\_\_\_

*Copy for Employer – Submit to MSP Payroll, Attn Michael Faiola, 470 Worcester Rd, Framingham MA 01702 or email to Michael.faiola@pol.state.ma.us*



# Massachusetts State Police



## Commissioned Officers Association

\*\*\* AUTHORIZATION FOR PAYROLL DEDUCTION \*\*\*

Agency: Massachusetts State Police

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

Name: \_\_\_\_\_

MSP ID# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

**Personal Email:** \_\_\_\_\_

I hereby authorize the Commonwealth of Massachusetts to have the sum of \$37.00 deducted from my salary on a monthly basis. This sum represents dues to the State Police Commissioned Officers Association of Massachusetts, Inc. I understand that this deduction may be terminated by me giving thirty (30) days notice in writing to you.

Signature: \_\_\_\_\_ HR/CMS# \_\_\_\_\_

*Copy for COA – Mail with \$62.00 check to: MSP COA, PO BOX 849, Framingham, MA 01701 or pay by credit card online at [www.maspcoa.org](http://www.maspcoa.org) AND submit this form to: [treasurer@maspcoa.org](mailto:treasurer@maspcoa.org)*

## **LAW OFFICES OF TIMOTHY M. BURKE**

117 Kendrick Street, Suite 300  
Needham, Massachusetts 02494  
(781) 455-0707

The Firm shall provide representation for the Commissioned Officers Association in the following matters:

1. 24-hour representation of other emergency critical matters related to the performance of the member's duties as a member of the Massachusetts State Police.
2. 24-hour representation of emergency critical incident matters related to the performance of a COA member's duties, including, but not limited to, the discharge of a COA member's firearm in the course of his/her duties.
3. Preparation for and appearance at any Duty Status Board hearing
4. Preparation for and appearance at any Internal Affairs interview.
5. Preparation for and appearance at any Grand Jury proceeding arising as a consequence of a COA member's duties.
6. Preparation for and appearance at any Inquest proceeding arising as a consequence of a COA member's duties.
7. Preparation for and appearance at any Show Cause Hearing arising as a consequence of a COA member's duties.
8. Preparation for and appearance at any interview conducted by the Commonwealth of Massachusetts Human Resources Division's Investigative Center of Expertise.
9. Civil Service matters related to discipline for COA members and appeals from those decisions to the Superior Court.
10. Representation of COA members before the POST Commission proceedings resulting from a COA member's actions while on duty.
11. Defense in any civil rights suit brought against a COA member, regardless of whether you are eligible for indemnification.
12. Representation of you in defense of a claim made at the Massachusetts Commission Against Discrimination by non-COA members.
13. Representation of COA members with injured on duty, disability, or retirement related claim or hearings before the Board on Claims.
14. Available review of any To/From, Arrest or Use of Force reports prior to submission.

15. Legal Advice provided for COA members for their home, automobile and umbrella insurance coverage needs.

16. Discounted hourly rates for the defense of you or members of your immediate family in any off-duty matter not covered by the terms of this agreement.

17. Discounted contingency fees for representation of you or members of your immediate family in a personal injury claim.

**Excluded Matters:**

The firm does not cover representation in the following areas:

1. Matters unrelated to activities not in the performance of a member's duties as a State Police Commissioned Officer.
2. Representation in criminal matters occurring while off duty and/or conduct that is not within the scope of a COA member's employment.
3. Defense of other actions for damages brought by COA members against COA members including allegations of employment discrimination or sexual harassment.
4. Defense of any civil or criminal matters or actions for conduct outside the scope of employment except as set forth under the provisions for areas of representation.
5. Civil Service matters not related to discipline including bypass cases.



## ATTENTION COA MEMBERS

### Plan, Prepare and Participate!

Since 2009 Platinum Worksite Benefits (PWB) has been providing COA Members important benefits to help you better prepare for life's unexpected events. These benefits include:

- \$10,000 Group Term Life insurance provided by COA to its members at no cost to members (beneficiary updates only)
- Voluntary Term Life insurance up to \$500,000 or 5x base salary (with medical questions)
- Short-Term disability for non-occupational sickness or injury (includes childbirth)
- Accident Insurance
- Life Insurance
- Cancer/Critical Illness Insurance
- Hospital Indemnity Insurance (Hospital Stay Pay)

**These benefits are not automatic, you must enroll to be covered!**

Are you a newer COA member not familiar with the Trustmark and Boston Mutual benefits?

Are you a current participant that would like to review your benefits?

**Current disability participants must notify the benefits counselor of salary changes so the disability benefit can be updated.**

Have you updated your beneficiary for the \$10,000 COA life insurance benefit?

To set up a time to review, enroll, or update your benefits, please click on the link below to review the benefits offered and schedule a time to speak with our representative Michael Jenks:

<https://pwb-mmip.com/coa/>

Our COA representative is Michael F. Jenks, [mfj@pwp-mmip.com](mailto:mfj@pwp-mmip.com)

Cell Phone: 413-896-2098 or office phone: 877-270-5550 ext. 131



## Voluntary Life

### Added Protection for You and Your Family...

Everyone has the need for financial security, but the needs of each employee can vary. To help meet these needs, **Boston Mutual Life Insurance Company** and the **Massachusetts State Police Association Groups** are proud to offer a Group Voluntary Life program for you and your family.

#### Eligibility:

You, as an active full-time employee working 30 hours or more per week, your spouse, your unmarried children ages 14 days to 19 years (to age 25 if a full-time student), and handicapped children over the age of 19 are eligible for coverage. *Dependents may not be insured if they are confined in a medical facility.*

#### Available Insurance:

You have the flexibility to choose coverage in units of **\$10,000** to a maximum of **\$500,000**. However, the maximum coverage amount may not exceed five times your annual salary.

#### Family Coverage:

You may insure your spouse in units of **\$5,000** to a maximum of **\$100,000**, not to exceed **50%** of your coverage amount.

Dependent children age 1-19 years (up to 25 if full-time student) are eligible for **\$10,000**. Dependent children 14 days to 1 year are eligible for **\$1,000**.

*A spouse or child who is an employee cannot be insured as a dependent. If both spouses are insured employees of the same group, their children can only be insured as dependents of one spouse.*

#### Medical Questions:

If you and your dependents enroll within 31 days of becoming eligible, you and your spouse may purchase a specific amount of insurance on a guaranteed basis. **No medical questions asked for coverage at or under the Guaranteed Issue Amount.**

#### Guaranteed Issue Amounts:

Age	Employee	Spouse
Under 60	\$ 150,000	\$ 30,000
60-69	\$ 50,000	\$ 20,000
*70 and Over	\$ 10,000	Not Eligible -

\* Employee's insurance reduction schedule applies

(Refer to the section: "Are there Reductions?")

Guaranteed Issue coverage will become effective on the later of: the effective date of the group policy; or the date the application is received by Boston Mutual. Proof of good health satisfactory to Boston Mutual is required for amounts above the Guaranteed Issue Amounts.

#### Premium Cost:

Sample bi-weekly payroll (24) deductions for you and your spouse each are shown below:

Sample bi-weekly (24) Premium Rate Costs Per Volume of Insurance							
Age	Monthly Premium Rate per						
	\$1,000	10,000	20,000	30,000	50,000	100,000	150,000
0-29	0.12	0.60	1.20	1.80	3.00	6.00	9.00
30-34	0.15	0.75	1.50	2.25	3.75	7.50	11.25
35-39	0.19	0.95	1.90	2.85	4.75	9.50	14.25
40-44	0.29	1.45	2.90	4.35	7.25	14.50	21.75
45-49	0.48	2.40	4.80	7.20	12.00	24.00	36.00
50-54	0.81	4.05	8.10	12.15	20.25	40.50	61.25
55-59	1.35	6.75	13.50	20.25	33.75	67.50	101.25
60-64	1.99	9.95	19.90	29.85	49.75	99.50	149.25
65-69	3.35	16.75	33.50	50.25	83.75	167.50	251.25

Premium rates are based on age at initial entry and do not change as individuals attain higher ages. Premium rates for members age 70 and over are available. Please contact your Benefits Administrator for details.

#### Dependent Cost:

The total bi-weekly (24) premium cost to insure all eligible dependent children for Life Insurance is only **\$.90 per Family Unit**. *All life coverage for dependent children is Guaranteed Issue.*

#### Portability Privilege:

If you leave your employment prior to age 60, the coverage is "portable" for yourself, spouse, and dependent children. The coverage would not include Waiver of Premium or AD&D.

#### Conversion Privilege:

Yes, you may convert your Voluntary Life coverage for yourself, spouse, and children to a whole life policy without proof of good health, if you apply within 31 days of the date coverage terminated, and it did not terminate due to non-payment of premium. The premiums are based on Boston Mutual's usual rate for the insured's age on the date of conversion.



# Commonwealth of Massachusetts

## PAYROLL DEDUCTION AUTHORIZATION FORM (PDA) FOR INSURANCE OR OTHER EMPLOYEE DEDUCTIONS

**Please check one of the following:**      New Deduction:       Change Deduction:

**Please remit my payroll deduction to:**

**Vendor: BOSTON MUTUAL**

**Address:** \_\_\_\_\_ **Current Amount: \$** \_\_\_\_\_

\_\_\_\_\_ **New Amount: \$** \_\_\_\_\_

**Policy/Account#:** \_\_\_\_\_ **Vendor ID:** \_\_\_\_\_ (Payroll Dept Use Only)

**TOTAL PAYROLL DEDUCTIONS: \$** \_\_\_\_\_ **LIMITED BALANCE: \$** \_\_\_\_\_ (If applicable)

**FREQUENCY:** \_\_\_\_\_

**Agency/Dept: MA STATE POLICE**      **(Employer)**

**Employee Name:** \_\_\_\_\_ **Bargaining Unit: COA**

**Employee ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone: ( )** \_\_\_\_\_

I hereby authorize my Employer, named above, to deduct from my salary and to remit to the above named Vendor until further notice the amount at the frequency identified above.

It is understood that my Employer will forward the said payments to the Vendor during the continuance of my employment by said Employer or until this authorization is revoked by me with sixty days notice in writing to the said Employer.

I understand that my Employer is responsible for the correct remittance of said payment to the above named Vendor.

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





120 Royall Street • Canton, MA 02021

PLEASE PRINT OR TYPE

Please refer to your Administration Kit for enrollment and mailing instructions

GROUP BENEFITS ENROLLMENT FORM

EMPLOYEE / FAMILY INFORMATION
COA
Employer/Policyholder
Employee Name (Last, First, Middle)
Home Address (Street, City, State, Zip)
Gender (M/F) Occupation or Job Title Date of Birth Age
PAYROLL TYPE: Weekly, Bi-Weekly, Monthly, Annual
Earnings: \$
Average Hours Worked Date of Hire or Date of Full Time Employment if different Effective Date State Class
Spouse (Last, First, Middle) Gender (M/F) Date of Birth Age No. of Dependents

You Must Have Basic Coverage to Elect Voluntary Coverage
BASIC:
Group # 26704 Div. 1
LIFE & AD&D YES NO Insurance Amount
[X] \$ 10,000
NO COST
You Must Have Voluntary Coverage to Elect Dependent Coverage
VOLUNTARY:
Group # 26748 Div.
LIFE & AD&D YES NO Insurance Amount
SPOUSE YES NO Insurance Amount
DEPENDENT LIFE:
CHILD(REN) YES NO Insurance Amount

Name of Your Beneficiary(ies) for Life and/or AD&D Benefits: (Total Percentage of Benefit must equal 100%) List Additional Beneficiaries on separate sheet
Primary Beneficiary(ies): Residential Address Date of Birth Social Security # Tel. # Relationship % of Benefit
000-00-0000
Contingent Beneficiary(ies):
000-00-0000

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary. If an insured dependent dies, we will pay the proceeds to you.

ACCEPTANCE OF INSURANCE - Employee Signature Required

SIGNATURE
I apply for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the Group Policy or Group Policies issued to my employer by the Boston Mutual Life Insurance Company and authorize deductions, if any, from my earnings of the required premium contribution toward the cost of the insurance. I understand that if I am disabled on the date my insurance would otherwise become effective, I shall only become insured on the date I return to active full-time work. I further understand that if I decline insurance coverage for which I am now eligible and I desire to participate in the plan at a later date, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.
Signature of Employee X Date

REFUSAL OF INSURANCE

Employee Name (Last, First, Middle) Employee/Policyholder Group No.
I hereby certify that I have been given an opportunity to participate in the Group Insurance Plan offered by my Employer (or the Association with whom I am affiliated) and insured by Boston Mutual Life Insurance Company and that I have declined to do so with respect to:
Basic Life & AD&D Voluntary Life & AD&D Dependent Life
I further understand that if I desire to participate in the Plan at a later date with respect to the coverage checked, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.
Signature of Employee Date
Signature of Witness Date