UMASS BOSTON

UNIVERSITY OF MASSACHUSETTS BOSTON

GERONTOLOGY INSTITUTE
PENSION ACTION CENTER

May 2, 2008

SE NT VIA FACSIMILE 202-326-4001

Mr . Charles Korb
Pension Benefit Guaranty Corporation
1220 K Street, N.W.
Washington, DC 20005

Re: [redacted]
[redacted]
Sharon, MA 02067

SSN: [redacted]
DOB: [redacted]

Terminated Vested Participant in the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan, PBGC Case No. 19392700

Dear Mr. Korb:

Please be advised that Mr. [redacted] has requested the assistance of the New England Pension Assistance Project with respect to the issue of payment of pension benefits due him pursuant to the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan. **This letter is a claim for guaranteed benefits due him pursuant to the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan.**

Statement of Facts

Mr. [redacted] worked for the Eunice Kennedy Shriver Center for Mental Retardation in Waltham, MA from approximately 1974 through 1985. Mr. [redacted]'s Social Security Earnings Statement confirms these dates as well as Mr. [redacted]'s participation in the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan.[1] Mr. [redacted] is unsure of why continuous service is not labeled in his Social Security Earnings but asserts that he did indeed work for the Shriver Center for those years. To prove Mr. [redacted]'s continuous employment during this period, we have attached an affidavit by his former supervisor, Donald E. McNamee.[2] Mr. McNamee served as Chief Administrator of the Eunice Kennedy Shriver Center from 1970 through 1980 and in the enclosed affidavit he confirms Mr. [redacted]'s continuous employment with the Eunice Kennedy Shriver Center. Mr. [redacted] worked for 11 years, easily fulfilling the minimum 5 years criteria for being vested.[3] This should ensure that he is due benefits under the plan. Furthermore, Mr. [redacted] was a confirmed employee of the Eunice Kennedy Shriver Center from 1978 through 1985. Regardless of how it is listed on his Social Security Earnings Report, he worked as a full time employee under the same position and in the same location for those years. This also fulfills the 5 years of credited service needed to become vested.

[1] Social Security Earnings Statement, Exhibit 1.
[2] Affidavit of Donald E. McNamee, Exhibit 2.
[3] Summary Plan Description: Eunice Kennedy Shriver Center for Mental Retardation, pg. 8, Exhibit 3.

Mr. [redacted] also includes, a Certificate of Appreciation from the Eunice Kennedy Shriver Center in his honor recognizing 5 years of "continuous, loyal and conscientious service."[4] A recommendation letter, dated July 13, 1981, and written by Mr. Barin L. Hansen, Director of Communication Disorders Department at the Eunice Kennedy Shriver Center, also confirms Mr. [redacted]'s position within the Center, and at least 4 years of continuous service through to 1981.[5] A letter dated August 20, 1985 confirms Mr. [redacted]'s full time status within the Center as well as the official end date of his employment.[6] Additionally, a News-Tribune Article, dated December 4, 1981 indicates Mr. [redacted]s position as Media Director of the Center.[7]

Taking into account the above information, Mr. [redacted] was advised by Ms. Katie Temple, a Benefits Retirement Specialist from the University of Massachusetts Medical School, that his formal claim for benefits had been reviewed and was being forwarded for calculation purposes.[8] After 17 weeks, our office received a letter from Ms. Katie Temple encouraging us to contact the PBGC.[9] We responded to this letter on February 27, 2008 requesting more information from the Benefits Department but have not had any response.[10]

The Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan was terminated on June 30, 2000 as a "standard termination." Our office was advised by the PBGC that annuities for deferred vested participants were purchased through Mutual of Omaha. Mutual of Omaha has informed Mr. [redacted] that no annuity was purchased in his name.[11]

Mr. [redacted] has not received benefits in any form from this terminated plan to date.[12] Mr. [redacted] has enclosed his tax returns from 2000 and 2001 to prove his lack of lump sum payment.[13] In 2000, you will see $148,304.00 in line 16a. This represents a roll over of Mr. [redacted]'s 401K plan which he had with The Physicians Computer Network where he worked from 1990 through 1994. The enclosed documents explain and prove this rollover occurred and was not related to the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan in any way.[14]

Argument

Mr. [redacted] was clearly entitled to a deferred vested pension pursuant to the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan. The above exhibits clearly document this entitlement. The benefits payable pursuant to this plan are guaranteed by the Pension Benefit Guaranty Corporation whether the plan is terminated as a "standard termination" or a "distress termination."

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[4] Certificate of Appreciation: [redacted], Exhibit 4.
[5] Recommendation Letter of Barin L. Hansen; dated July 13, 1981, Exhibit 5.
[6] Separation letter of Roy Ross; dated August 20, 1985, Exhibit 6.
[7] News-Tribune Article; December 4, 1981, Exhibit 7.
[8] Formal Claim Acceptance Letter; dated October 19, 2007, Exhibit 8.
[9] Calculation Letter; dated February 15, 2008, Exhibit 9.
[10] Response Letter; dated February 27, 2008, Exhibit 10.
[11] Omaha Mutual Letter; dated April 14, 2008, Exhibit 11.
[12] Affidavit of [redacted], Exhibit 12.
[13] 2001 Tax Return, Exhibit 13.
[14] 2000 Tax Return, Letter: Abar Pension Services, Letter : James Maltz, Rollover Transfer Form, Participant Distribution Election Form, Exhibit 14.

ERISA §4041 outlines the procedure for the standard termination of a single employer plan. The PBGC's certification of a final distribution of assets does not affect PBGC's obligation under Section 4022 to guarantee the payment of all nonforfeitable benefits. In Advisory Opinion 91-1, the General Counsel concludes that the "PBGC remains liable to insure the payment of guaranteed benefits...if the plan administrator has not made a proper distribution." Examples provided of such improper distributions include the omission of a participant from the distribution. Therefore, based upon the advisory opinion, the PBGC must provide benefits to a vested participant on whose behalf an annuity was not purchased, through error or omission.[15]

Conclusion

As the evidence included herein and outlined above shows, Mr. [redacted] is entitled to pension benefits pursuant to the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan. He has never received the benefits in question and appears to have been omitted when annuities were purchased to pay deferred vested benefits. As these are benefits guaranteed by the Pension Benefit Guaranty Corporation pursuant to ERISA, we hereby request that the PBGC pay the benefits to which Mr. [redacted] is clearly entitled.

Please feel free to call either of us at the number above if you need any further information. Please direct any written response to us at: New England Pension Assistance Project, Gerontology Institute, 100 Morrissey Blvd., Boston, MA 02125. Thank you for your attention to this matter.

Sincerely,

Jeanne M. Medeiros, Esq.
Legal Coordinator

Megan Gillette
Legal Intern

Enclosures
Cc: [redacted]

[15] Advisory Opinion, Exhibit 15.

Social Security Administration

Retirement, Survivors and Disability Insurance

Earnings Record Information

From: Office of Central Operations
300 North Greene Street, Baltimore, Maryland 21201

[redacted]
SHARON MA 02067-0000

Date: JUL 08 2006

Refer to: S2RB1J/11619

Your Reference:

We are sending you the statement of earnings you requested for the number holder shown below.

Number Holder's Name:	Social Security Number:
[redacted]	[redacted]

If we recently received earnings information, it may not yet be shown on this statement.

Please read the back of this letter for more information about Social Security records.

If you have any questions, you should call, write or visit any social Security office. If you visit, please bring this letter. It will help us answer questions.

NO W-2s Before 1978

Enclosures:
Original Letter
Earnings Statement

Control Number:
Remittance CTL Number:

SSA-1826 ITEMIZED STATEMENT OF EARNINGS JOB:
VERSION 1984.002 * * * FOR SSN [redacted] * * *

YEAR	JAN - MARCH	APRIL -JUNE	JULY - SEPT	OCT - DEC	TOTAL

THERE ARE NO OTHER EARNINGS RECORDED UNDER THIS SOCIAL SECURITY NUMBER FOR THE PERIOD(S) REQUESTED.

EARNINGS FOR THE YEARS AFTER 2004 MAY NOT BE SHOWN, OR ONLY PARTIALLY SHOWN, BECAUSE THEY MAY NOT YET BE ON OUR RECORDS.

PAGE 002 END

EXHIBIT 1

SSA-1826
VERSION 1984.002 * * *

ITEMIZED STATEMENT OF EARNINGS
FOR SSN [redacted] * * *

JOB:

FROM: SOCIAL SECURITY ADMINISTRATION
OFFICE OF CENTRAL OPERATIONS
300 N. GREENE STREET
BALTIMORE, MARYLAND 21290-0300

[redacted]

NUMBER HOLDER NAME:
[redacted]

[redacted] HORIZONS ROAD

[redacted] SHARON [redacted]

PERIOD REQUESTED JANUARY 1974 THRU DECEMBER 1985

EMPLOYER NUMBER: 23-7059686
EUNICE KENNEDY SHRIVER CENTER FOR
MENTAL RETARDATION INC
55 LAKE AVE
WORCESTER MA 01604-1135

YEAR	JAN - MARCH	APRIL -JUNE	JULY - SEPT	OCT - DEC	TOTAL
1974		1,505.00	2,668.50	3,017.50	$ 7,191.00
1975	3,029.00	3,078.00	3,120.00	1,440.00	$ 10,667.00
1981	-	-	-	-	$ 11,205.00
1982	-	-	-	-	$ 22,322.40
1983	-	-	-	-	$ 23,663.00
1984	-	-	-	-	$ 25,006.59
1985	-	-	-	-	$ 21,759.98

EMPLOYER NUMBER: 04-6002586
COMMONWEALTH OF MASS DEPT OF MENTAL
RETARDATION
FERNALD STATE SCHOOL
200 TROPELO RD
WALTHEW MA 02184-0000

1978	-	-	-	-	$ 8,008.00
1979	-	-	-	-	$ 16,900.00
1980	-	-	-	-	$ 19,163.00
1981	-	-	-	-	$ 10,186.00

EXHIBIT 1

AFFIDAVIT OF FORMER ADMINISTRATOR

I, Donald E. McNamee, residing at 31 Dix Street, Winchester, MA 01890 hereby declare that;

1. I served as Chief Administrator of the Eunice Kennedy Shriver Center for Mental Retardation at the Fernald School in Waltham, MA from 1970-1980.

2. Mr. [redacted] was a full-time employee of the Shriver Center under my supervision from 1974-1980.

3. I understand that he continued his employment until 1985.

I hereby declare under penalty of perjury that all information provided on this declaration and any attachment hereto is, to the best of my knowledge and belief, true, complete, and correct.

4/23/07
Date

Donald E. McNamee
Signature

Subscribed and sworn to before me 4-23-07.
Date

Feb. 1, 2013
(Commission expiration)

Marianne Larson
(Notary Public)

Winchester MA
City/County State

EXHIBIT 2

EUNICE KENNEDY SHRIVER CENTER FOR MENTAL RETARDATION, INC.

AT THE WALTER E. FERNALD STATE SCHOOL

200 TRAPELO ROAD
WALTHAM, MASSACHUSETTS 02254

RAYMOND D. ADAMS, M.D., DIRECTOR
EDWIN H. KOLODNY, M.D., ASSOCIATE DIRECTOR

CABLE ADDRESS
"EKSCEN"
TELEPHONE
AREA CODE 617-893-3500

Search Committee
Box 1945
Brown University
Providence, RI 02912

July 13, 1981

Sirs:

I am writing you in support of the candidacy of Mr. [redacted] for the position of COORDINATOR OF MEDIA SERVICES.

I have known [redacted] for a period of four years, during which time he was the director of media services for the Shriver Center University Affiliate Facility in Waltham, Massachusetts. During this period as director of the Communication Disorders Department, there have been many occasions when we have met as colleagues and collaborated on projects.

He has been especially effective in the preparation of the core curriculum, a basic course offered to Masters students in training at our facility, where yearly sessions are amplified by video, audio, and slide presentations which are the responsibility of the various lecturers and Mr. [redacted]. He has prepared media packages and support for both single presentations and special courses such as the Harvard Symposium which annually presents "The Scientific Bases of Mental Retardation" to health professionals from all over the world. I have seen his abilities in television, slidetape, still photography, and educational poster products, both in connection with my own work, and in his connections with numerous other professionals, and I have always found him to be a skillful, creative, tactful colleague.

He has worked as a supervisor of other media people, and with students, and his performance has always been at a high level. He has managed to remain calm and courteous without sacrificing his enthusiasm for projects, or compromising his own standards of quality media.

In addition, here at the Shriver Center, he has always found energy to contribute to extra projects in fund-raising, in outreach workshop committees, and to encourage creative collaboration with students and faculty, who otherwise would not explore the educational potential of media. He has worked with me in special projects in televised assessment of difficult-to-be-tested clients with profound retardation, and has always been skillful and sensitive to the needs of my department. I can recommend him highly, as a professional who has a great deal to offer an educational community, both in terms of his intellectual and personal gifts. In my opinion you would be making a serious mistake if you did not consider him as a promising candidate for Brown University.

cordially,

Barin L. Hansen Ed.D., C.C.C.
Director Communication Disorders Dept. Shriver
Adjunct Professor, Emerson College
Adjunct Assistant Professor, Boston University

EXHIBIT 5

Shriver Center
for Mental Retardation, Inc.
200 Trapelo Road
Waltham, Massachusetts 02254
(617) 893-3500

Edwin H. Kolodny, M.D., Director
Raymond D. Adams, M.D., Director Emeritus

August 20, 1985

[redacted]
Media Director
Eunice Kennedy Shriver Center

Dear [redacted]:

This letter will confirm our conversation of this morning. The arrangements that I will set forth here are, as we discussed, flexible. If and when your own circumstances change, we will adjust accordingly.

1. You will remain a full-time employee through August 23, 1985.

2. As of August 26, you will become half-time on a schedule to be arranged with Betsy Micucci. You will remain half time until March 28, 1986 when your employment with the Shriver Center will cease.

3. The Shriver Center will pay its portion of your Blue Cross/Blue Shield health insurance premium through March 28, 1986.

4. From March 29, 1986 through June 30, 1986, the Shriver Center will pay the full amount of your health insurance premium. Thereafter the responsibility for health insurance will be yours.

Sincerely,

Roy

Roy Ross

RR/bs
cc: Betsy Micucci
Nancy Rockstrom

[redacted],

Sorry this all sounds so formal. I wanted to get all the details down in hard English

R

EXHIBIT 6

University of Massachusetts
UMASS Medical School

Department of Human Resources
University of Massachusetts Medical School
419 Belmont Street
Worcester, MA 01604-1097 USA
508.856.5260 (office) 508.856.2390 (fax)

February 15, 2008

Ms. Megan Gillette
Legal Intern
University of Massachusetts-Boston
Gerontology Institute
Pension Action Center
100 Morrissey Boulevard
Boston, MA 02125-3393

Dear Ms. Gillette,

We have received confirmation from our actuarial consultant that he has researched the case of Mr. [redacted]. As you are aware, Mr. [redacted] was a former employee of the Eunice Kennedy Shriver Center for Mental Retardation in Waltham, MA.

The Shriver Pension Plan was terminated in approximately 2001 or 2002. It was insured by the Pension Benefit Guaranty Corporation. The PBGC case number for the plan termination is 19392700. Our consultant was able to locate two participants from the Shriver Pension Plan on the missing PBGC missing participant database. However, Mr. [redacted] was not one of the missing participants.

Our consultant's research concludes that Mr. [redacted] may have been paid a benefit already or an annuity plan may have been purchased for him as part of the plan termination. The Shriver Pension Plan termination file will need to be searched and the PBGC will determine whether a benefit is due Mr. [redacted].

The consultant's recommendation is to have Mr. [redacted] contact the PBGC Plan Termination Department and request their assistance. The address to write to is:

Pension Benefits Guaranty Corporation
Plan Termination Department
1200 K Street, NW
Suite 930
Washington, DC 20005

Sincerely,

Katie Temple

Katie Temple
Benefits Manager

EXHIBIT 9

UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com

MUTUAL of OMAHA

April 14, 2008

Megan Gillette
New England Pension Assistance Project
Gerontology Institute
Univ. of Massachusetts Boston
100 Morrissey Blvd
Boston, MA 02125

Re: [redacted]
Contract No. SPG 12483,

Dear Megan Gillette:

United of Omaha has no record of [redacted]. Please submit documentation to prove otherwise.

If you have any questions, you may contact me by phone at 1-800-843-2455, extension 6355, Fax number at 1-402-997-1900, or E-Mail me at morgan.nelson@mutualofomaha.com.

Sincerely,

Morgan Nelson
Benefit Service Specialist
Retirement Plans Division

@@+
@@-

EXHIBIT 11

AFFIDAVIT OF IRA MILLER

PARTICIPANT DECLARATION
OF RETURN OR NON-RETURN OF PLAN BENEFITS

I, [redacted], of 6[redacted], Massachusetts, hereby declare that:

1. As of the Date of Plan Termination, 6/30/2000, I was a former participant in the pension plan sponsored by the Eunice Kennedy Shriver Center for Mental Retardation.

2. I was employed by the Eunice Kennedy Shriver Center in Waltham, Massachusetts, from 1974 through 1985.

3. I have not received any benefits from the Eunice Kennedy Shriver Center for Mental Retardation pension plan.

4. I hereby declare under penalty of perjury that all information provided on this declaration and any attachment hereto is, to the best of my knowledge and belief, true, complete and correct.

May 1, 2008
Date

Signature

[redacted]

ss: Norfolk County
State of Massachusetts

Subscribed and sworn to before me this 1 day of May, 2008. MFC

Marlene S Chused
Oct. 19, 2012
(My commission expires)

(Notary Public)

City/~~County~~: County of Norfolk, State of Massachusetts

EXHIBIT 12

Form **1040** U.S. Individual Income Tax Return **2001** (99)

IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

For the year Jan. 1-Dec. 31, 2001, or other tax year beginning , 2001, ending , 20

Your first name and initial	Last name	Your social security number
[redacted]	[redacted]ER	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
[redacted]	[redacted]ER	[redacted]

Home address (number and street). If you have a P.O. box, see page 19. Apt. no.

[redacted] RD.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

SHARON, MA 02067

▲ **Important!** ▲ You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ▶ You: ☐ Yes ☒ No Spouse: ☐ Yes ☒ No

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b ☒ Spouse
c Dependents:

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 20)
MICHAEL [redacted]SON	[redacted]	SON	X

If more than six dependents, see page 20.

No. of boxes checked on 6a and 6b: 2
No. of your children on 6c who: lived with you: 1; did not live with you due to divorce or separation (see page 20):
Dependents on 6c not entered above:
Add numbers entered on lines above ▶: 3

d Total number of exemptions claimed

Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 21. Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	113,542.
8a	Taxable interest. Attach Schedule B if required	8a	1,414.
b	Tax-exempt interest. Do not include on line 8a (8b)		
9	Ordinary dividends. Attach Schedule B if required	9	1,466.
10	Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 2	10	223.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	3.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions (15a) b Taxable amount (see page 23)	15b	
16a	Total pensions and annuities (16a) b Taxable amount (see page 23)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits (20a) b Taxable amount (see page 25)	20b	
21	Other income. List type and amount (see page 27)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	116,648.

Adjusted Gross Income

23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 28)	24	
25	Archer MSA deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 30)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a	32	
33	Subtract line 32 from line 22. This is your adjusted gross income ▶	33	116,648.

110001 11-27-01

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 72.

Form 1040 (2001)

EXHIBIT 13

Credits	34	Amount from line 33 (adjusted gross income)	34	116,648.
Standard Deduction for - • People who checked any box on line 35a or 35b or who can be claimed as a dependent,	35a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 35a		
	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien ▶ 35b ☐		
• All others: Single, $4,550 Head of household, $6,650 Married filing jointly or Qualifying widow(er), $7,600 Married filing separately, $3,800	36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	18,100.
	37	Subtract line 36 from line 34	37	98,548.
	38	If line 34 is $99,725 or less, multiply $2,900 by the total number of exemptions claimed on line 6d. If line 34 is over $99,725, see the worksheet on page 32	38	8,700.
	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	89,848.
	40	Tax. Check if tax from a ☐ Form(s) 8814 b ☐ Form 4972	40	19,052.
	41	Alternative minimum tax. Attach Form 6251	41	0.
	42	Add lines 40 and 41	42	19,052.
	43	Foreign tax credit. Attach Form 1116 if required	43	
	44	Credit for child and dependent care expenses. Attach Form 2441	44	
	45	Credit for the elderly or the disabled. Attach Schedule R	45	
	46	Education credits. Attach Form 8863	46	
	47	Rate reduction credit. See the worksheet on page 36	47	
	48	Child tax credit (see page 37)	48	250.
	49	Adoption credit. Attach Form 8839	49	
	50	Other credits from: a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	50	
	51	Add lines 43 through 50. These are your total credits	51	250.
	52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- ▶	52	18,802.
Other Taxes	53	Self-employment tax. Attach Schedule SE	53	
	54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
	55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required	55	
	56	Advance earned income credit payments from Form(s) W-2	56	
	57	Household employment taxes. Attach Schedule H	57	
	58	Add lines 52 through 57. This is your total tax ▶	58	18,802.
Payments	59	Federal income tax withheld from Forms W-2 and 1099	59	16,936.
If you have a qualifying child, attach Schedule EIC.	60	2001 estimated tax payments and amount applied from 2000 return	60	
	61a	Earned income credit (EIC)	61a	
	b	Nontaxable earned income 61b		
	62	Excess social security and RRTA tax withheld (see page 51)	62	
	63	Additional child tax credit. Attach Form 8812	63	
	64	Amount paid with request for extension to file (see page 51)	64	
	65	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	65	
	66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments ▶	66	16,936.
Refund	67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	
Direct deposit? See page 61 and fill in 68b, 68c, and 68d.	68a	Amount of line 67 you want refunded to you ▶	68a	
	b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number		
	69	Amount of line 67 you want applied to your 2002 estimated tax ▶ 69		
Amount You Owe	70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52 ▶	70	1,866.
	71	Estimated tax penalty. Also include on line 70 71		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 53)? ☒ Yes. Complete the following. ☐ No

Designee's name ▶ ROBERT L. COVAL, CPA Phone no. ▶ 781-762-0199 Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 19. Keep a copy for your records.

Your signature CLIENT'S COPY Date Your occupation OPERATIONS MGR Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation ADMINISTRATOR

Paid Preparer's Use Only

Preparer's signature Date 04/11/02 Check if self-employed ☒ Preparer's SSN or PTIN 027-42-0159

Firm's name (or yours if self-employed), address, and ZIP code ROBERT L. COVAL, CPA
1500 PROVIDENCE HIGHWAY SUITE 20
NORWOOD, MA 02062

EIN 04 2845799

Phone no. (781)762-0199

110002
11-27-01

EXHIBIT 13

1040 U.S. Individual Income Tax Return 2000

IRS Use Only - Do not write or staple in this space

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning , 2000, ending , 20

OMB No. 1545-0074

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

Your first name and initial [redacted]	Last name [redacted]
If a joint return, spouse's first name and initial [redacted]	Last name [redacted]
Home address (number and street). If you have a P.O. box, see page 19. [redacted]	Apt. no.
City, town or post office, state, and ZIP code. [redacted]	

CLIENT'S COPY

Your social security number [redacted]

Spouse's social security number [redacted]

▲ IMPORTANT ▲ You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want $3 to go to this fund? ▶ You: ☐ Yes ☒ No Spouse: ☐ Yes ☒ No

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b ☒ Spouse

No. of boxes checked on 6a and 6b: 2

c Dependents:

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 20)
MICHAEL [redacted]	[redacted]	SON	X

If more than six dependents, see page 20.

No. of your children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see page 20):

Dependents on 6c not entered above:

d Total number of exemptions claimed: Add numbers entered on lines above ▶ 3

Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	95,838.
8a	Taxable interest. Attach Schedule B if required	8a	1,727.
b	Tax-exempt interest. Do not include on line 8a (8b)		
9	Ordinary dividends. Attach Schedule B if required	9	1,466.
10	Taxable refunds or credits of state and local income taxes STMT 2 STMT 3	10	516.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	0.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions (15a) b Taxable amount (see page 23)	15b	
16a	Total pensions and annuities (16a 148,304.) b Taxable amount (see page 23)	16b	0.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits (20a) b Taxable amount (see page 25)	20b	
21	Other income. List type and amount (see page 25)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	99,547.

Adjusted Gross Income

23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 29)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a	32	
33	Subtract line 32 from line 22. This is your adjusted gross income ▶	33	99,547.

					Page
Credits	34	Amount from line 33 (adjusted gross income)		34	99,547
Standard Deduction for Most People Single: $4,400 Head of household: $6,450 Married filing jointly or Qualifying widow(er): $7,350 Married filing separately: $3,675	35a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 35a			
	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here ▶ 35b ☐			
	36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent		35	17,213.
	37	Subtract line 36 from line 34		37	82,334.
	38	If line 34 is $96,700 or less, multiply $2,800 by the total number of exemptions claimed on line 6d. If line 34 is over $96,700, see the worksheet on page 32 for the amount to enter		38	8,400.
	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39	73,934.
	40	Tax (see page 32). Check if any tax from a ☐ Form(s) 8814 b ☐ Form 4972		40	14,999.
	41	Alternative minimum tax. Attach Form 6251		41	0.
	42	Add lines 40 and 41		42	14,999.
	43	Foreign tax credit. Attach Form 1116 if required	43		
	44	Credit for child and dependent care expenses. Attach Form 2441	44		
	45	Credit for the elderly or the disabled. Attach Schedule R	45		
	46	Education credits. Attach Form 8863	46		
	47	Child tax credit (see page 36)	47	500.	
	48	Adoption credit. Attach Form 8839	48		
	49	Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	49		
	50	Add lines 43 through 49. These are your total credits		50	500.
	51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- ▶		51	14,499.
Other Taxes	52	Self-employment tax. Attach Schedule SE		52	
	53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		53	
	54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required		54	
	55	Advance earned income credit payments from Form(s) W-2		55	
	56	Household employment taxes. Attach Schedule H		56	
	57	Add lines 51 through 56. This is your total tax ▶		57	14,499.
Payments	58	Federal income tax withheld from Forms W-2 and 1099	58	14,432.	
If you have a qualifying child, attach Schedule EIC.	59	2000 estimated tax payments and amount applied from 1999 return	59		
	60a	Earned income credit (EIC)	60a		
	b	Nontaxable earned income: amount ▶ and type ▶			
	61	Excess social security and RRTA tax withheld (see page 50)	61		
	62	Additional child tax credit. Attach Form 8812	62		
	63	Amount paid with request for extension to file	63		
	64	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	64		
	65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments ▶		65	14,432.
Refund	66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid		66	
Have it directly deposited! See page 60 and fill in 67b, 67c, and 67d.	67a	Amount of line 66 you want refunded to you ▶		67a	
	b	Routing number ▶ c Type: ☐ Checking ☐ Savings			
	d	Account number			
	68	Amount of line 66 you want applied to your 2001 estimated tax ▶ 68			
Amount You Owe	69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. ▶		69	67.
	70	Estimated tax penalty. Also include on line 69 70			

Sign Here — Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		OPERATIONS MGR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		ADMINISTRATOR	

May the IRS discuss this return with the preparer shown below (see page 60)? X Yes ☐ No

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	04/01/01	X	027-42-0159
Firm's name (or yours if self-employed), address, and ZIP code		EIN	04 2845799
ROBERT L. COVAL, CPA 1500 PROVIDENCE HIGHWAY SUITE 20 NORWOOD, MA 02062		Phone no.	(781)762-0199

1008
03-01

EXHIBIT 14

The Company You Keep®
www.newyorklife.com

New York Life Insurance Company
399 Neponset Street, Suite 212
Canton, MA 02021-1959
Bus. 781 575-1300 Res. 781 784-8765
Fax 781 821-8399

James D. Maltz, CLU, LUTCF
Agent

August 25, 2000

[redacted]
Sharon, MA 02067

Dear [redacted]

It's not too soon to thank you both for placing your continued confidence in me and the companies I represent.

[redacted]'s application for his Physician Computer Network, Inc. 401(k) Savings Plan rollover for about $ 140,000 into the New York Life Insurance and Annuity Corporation (NYLIAC) variable annuity was sent out to establish a new account for you today. I also overnight mailed the proper forms to Abar Pension Services, Inc., to Scott Feit's attention for them to begin the transfer process. They had stated to me that it would take about 10 business days for the check to be sent out. If the check is mailed out to you directly, do not sign or cash it, call me to get it over to NYLIAC.

As [redacted] requested the total amount rolled over will be split into the following separate accounts:

SmCap Alger American Small Capitalization	14%	Fidelity VIP II Contrafund	14%
WORLDWIDE GR Janus Aspen Series Worldwide Growth	14%	MainStay VP Growth Equity	14%
MainStay VP Capital Appreciation	14%	Janus Aspen Series Balanced	14% BALANCED
Eagle Asset Management Growth Equity	8%	MainStay VP Indexed Equity	8%

Should you have any additional questions or concerns, please feel free to call. I have enclosed another card for your records. Thanks again for your trust.

Very truly yours,

James D. Maltz, CLU
Registered Representative

JDM/bm

PS Enclosed is a copy of the document I sent out to Abar Pension Services for your records.

Chartered Life Underwriter
Business and Personal Insurance Planning
Insurance Estate Planning

EXHIBIT 14

[redacted] for Financial Products & Services
Registered Representative for
NYLIFE Securities Inc.
800 South Street, Suite 800
Waltham, MA 02454
781 647-4100

New York Life Insurance Company
New York Life Insurance and Annuity Corporation
(A Delaware Corporation)
NYLIFE Securities Inc.
51 Madison Avenue, New York, NY 10010

LifeStages Annuities
The Company You Keep®

To Issued By (Check One):

☐ NEW YORK LIFE INSURANCE COMPANY
☒ NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
(A Delaware Corporation)

IRA Transfer/Direct Rollover or TSA Transfer Form

This form along with an application, proper disclosure documents, and state replacement forms if applicable, may b
used to process an IRA Transfer, Direct Rollover of tax-qualified funds into an IRA, or TSA Transfer (check one).

☐ IRA Transfer ☐ TSA Transfer ☒ Pension/403(b) Direct Rollover into an IR

To institute the transfer of funds to New York Life Insurance and Annuity Corporation or New York Life Insura
Company, complete this form, and we will initiate the transfer with your present carrier.

TO BE COMPLETED BY THE CLIENT

Please Enter the Name and Address of your Present Insurer/Trustee/Custodian:

AAA Pension Services
Name of Financial Institution
70 South Orange Avenue
Mailing Address - Street
Livingston New Jersey 07039
City State Zip Code
[redacted]
Account Number(s)

Please Enter Your Information:

[redacted]
Client Name
[redacted]
Mailing Address - Street
Sharon MA 02067
City State Zip Code
[redacted]
Social Security Number

I hereby request the immediate transfer of the account(s) listed above to New York Life Insurance and Annuity Corporation or New York Life Insurance Company (as indicated above) (check one):

☒ Full Transfer

☐ Partial Transfer (Indicate Dollar Amount: $_____)

☐ All funds in my contract(a) which are not subject to surrender charges

The proceeds will be applied to (check one): ☒ New Policy ☐ Existing Policy Number_____

To Transferring Organization – As the issuer, trustee or custodian of the current policy or account you are authorized and directed to transfer the amount specified above. The check should be made payable to **New York Life Insurance and Annuity Corporation** or **New York Life Insurance Company** (as indicated above) for my benefit, and mailed to the address provided in the cover letter. **If I have indicated a policy number to apply proceeds to, please indicate that number on the check.**

I certify that I have taken any necessary Required Minimum Distributions prior to the transfer of these funds.

I am aware that surrender penalties may be incurred as a result of this request.

[redacted]
Policyholder or Accountholder's Signature

6/24/00
Date

As the issuer of an Individual Retirement Annuity, as defined in Section 408(b) of the Internal Revenue Code or a Tax Sheltered Annuity, as defined in Section 403(b) of the Internal Revenue Code in accordance with the provisions of the Revenue Ruling 90-24, New York Life Insurance and Annuity Corporation or New York Life Insurance Company agrees to accept the funds. When we receive the check, we will (a) issue the new policy, provided that the amount and the proposed annuitant's age meet our policy issuance rules or (b) apply the proceeds to the above numbered policy, provided that the amount meets our additional premium rules. If not, we will return the current policy proceeds to the Financial Institution.

Authorized NYLIAC/NYL Officer

) (6/99)

New York Life LifeStages® Variable Annuity and New York Life Premium Variable Annuity are distributed by NYLIFE Distributors
51 Madison Avenue, New York, NY 10010

EXHIBIT 14

P.3/13

ABAR Pension Services, Inc.

CONSULTING ACTUARIES

MIKEL R. UCHITEL, F.S.A.
MARK SHEMTOB, A.S.A.

70 SOUTH ORANGE AVENUE-SUITE 210
LIVINGSTON, NEW JERSEY 07039-4903
(973) 994-0051
FAX: (973) 994-7202

August 11, 2000

[redacted]
Sharon, MA 02067

SECOND AND FINAL NOTICE

Re: Benefit under the Physician Computer Network, Inc. 401(k) Savings Plan for [redacted]

Dear [redacted]

Enclosed please find the following items:

1. A Notice to Participant of Distribution Election.

2. Special Tax Notice Regarding Plan Payments.

3. Participant Distribution Election which must be completed, signed and returned as noted below prior to the disbursement of any benefits. If you are married then your spouse must sign and it must be notarized.

ABAR - Suite 210
70 South Orange Avenue
Livingston, NJ 07039

Please note that a response must be made before September 8, 2000. If no written election is received, the Plan will make a lump sum distribution to you of your account balance less 20% IRS withholding.

Any questions regarding "The Soloist IRA" at Nationwide Life Insurance Company, call Aaron Berg at (973) 463-7575. All other questions, please call Paul Neilan at extension 133.

Sincerely,
ABAR PENSION SERVICES, INC.

Scott Feit

Scott M. Feit

/SF
Enclosures

EXHIBIT 14

UNIVERSITY OF MASSACHUSETTS BOSTON

GERONTOLOGY INSTITUTE
PENSION ACTION CENTER

July 25, 2008

BY CERTIFIED MAIL; RETURN RECEIPT REQUESTED

Nancy Martin
Pension Benefit Guaranty Corporation
1200 K St. NW Rm 9307
Washington, DC 2005

Dear Ms. Martin,

This letter is in reference to our telephone conversation on July 24, 2008, regarding Mr. [redacted]'s pension benefits pursuant to the Eunice Kennedy Shriver Center. During our phone conversation you discussed Mr. [redacted]'s inability to produce an official document from the Eunice Kennedy Shriver Center for Mental Retardation that verified that he was vested and thus entitled to his pension benefit. You raised the possibility that because of this Mr. [redacted] may not be entitled to his pension benefit. However, this assertion would be incorrect based on the ERISA requirements for vesting. Additionally this is fundamentally unfair to the claimant, Mr. [redacted]

The only legal requirement for vesting is that the person actually was a participant in the plan for the requisite period of time to be vested. The Eunice Kennedy Shriver's plan sponsor's failure to actually provide Mr. [redacted] with a certificate of vesting is not and cannot be an additional requirement – this would clearly violate ERISA.

An official document, such as a company letterhead, would not alter the fact that Mr. [redacted] is 100% vested and entitled to his pension benefit. The Defined Benefit Plan in effect at the time of Mr. [redacted]'s employment states that all weekly-paid employees at least 25 years-of-age become participants in the plan immediately following their first completed year of credited service with their employer.[1] Mr. [redacted] was 25 years-old when he completed his first full year of service with the Eunice Kennedy Shriver Center in 1975 and thus, automatically became a participant in the Eunice Kennedy Shriver Center Pension Plan. The Shriver Center Defined Benefit Plan requires 7 years of service for participants to be 100% vested. Mr. [redacted] worked for the Eunice Kennedy Shriver Center from 1974 through 1985. Mr. [redacted] has 11 documented years of credited service, easily fulfilling the 7 years of service needed to be 100% vested. Thus, Mr. [redacted] has earned and is entitled to pension benefits pursuant to the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan.

[1] Summary Plan Description: Eunice Kennedy Shriver Center for Mental Retardation, pg. 3.

Mr. [redacted] has gone to great lengths to obtain the information provided in his original claim letter for guaranteed benefits and has produced more than enough evidence to prove his case. This evidence includes, among other things, an affidavit of his former supervisor documenting his employment, documentation of his Social Security earnings associated with that employment, a certification of appreciation he received for his dedication to his employer, and a recommendation letter from a supervisor at the Eunice Kennedy Shriver Center.

It would be fundamentally unfair to deprive Mr. [redacted] of his hard earned pension benefits simply because he was never provided with any official documents from the Eunice Kennedy Shriver Center detailing the fact that he had become a vested member. Mr. [redacted] cannot be blamed for not having been provided with this letter, as that was in the complete control of the Eunice Kennedy Shriver Center at all times. Mr. [redacted] has satisfied all of the requirements of the plan, and should not be disadvantaged and denied the right to a pension that he has rightfully earned simply because his employer has not provided a letter. Mr. [redacted] has provided ample documentation showing that he has a right to a pension pursuant to the terms of the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan, and a denial on this basis would be fundamentally unfair.

Furthermore, our office requests that any decision you arrive at is documented in writing so that Mr. [redacted] has an opportunity to appeal.

Sincerely,

Jeanne M. Medeiros, Esq.
Legal Coordinator

Alexander Zane
Legal Intern

Enclosures
Cc: [redacted]

UMASS BOSTON

UNIVERSITY OF MASSACHUSETTS BOSTON

GERONTOLOGY INSTITUTE
PENSON ACTION CENTER

October 21, 2008

BY CERTIFIED MAIL; RETURN RECEIPT REQUESTED

Nancy Martin
Pension Benefit Guaranty Corporation
1200 K Street, NW Rm 9307
Washington, DC 20005

Dear Ms. Martin:

As you are aware, Mr. [redacted] has requested the assistance of the New England Pension Assistance Project with respect to the issue of his entitlement to pension benefits pursuant to the Eunice Kennedy Shriver Center for Mental Retardation. Mr. [redacted] worked at the Eunice Kennedy Shriver Center from approximately 1974 through 1985.

This letter is in regards to our last telephone conversation on August 13, 2008, regarding Mr. [redacted]'s pension benefits. During our conversation, and in subsequent email correspondences, we have discussed Mr. [redacted]'s Social Security Earnings Statement. You have expressed concern that Mr. [redacted] is listed as having worked for the Fernald State School from 1978 through 1981. You raised the possibility that this meant that during 1978 through 1981 Mr. [redacted] may have only been working part-time for the Eunice Kennedy Shriver Center, which would therefore make him ineligible for a vested pension benefit.

Although it might appear that the Shriver Center employment and the Fernald School employment represent two distinct periods with different employers, this is not the case. There is ample documentary evidence that the Shriver Center was housed within, and is part of, the Fernald School. Enclosed is an article documenting the creation of the Eunice Kennedy Shriver Center at the Fernald State School as a direct result of state and federal funding received by the Fernald State School.

In his May 2, 2008 claim for guaranteed benefits due him pursuant to the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan, Mr. [redacted] enclosed a copy of the Summary Eunice Kennedy Shriver Center for Mental Retardation, Inc. Pension Plan. (Marked as Exhibit 3) The cover page of the summary plan document clearly lists the address for the Eunice Kennedy Shriver Center as being:

200 Trapelo Road
Waltham, MA 02154

Also, enclosed in the May 2, 2008, claim was a recommendation letter, dated July 13, 1981, and written by Mr. Barin L. Hansen, Director of the Communications Disorders Department at the Eunice Kennedy Shriver Center on behalf of Mr. [redacted] (Enclosed as Exhibit 5). The letterhead on the recommendation reads: "Eunice Kennedy Shriver Center for Mental Retardation, Inc. **at the Walter E. Fernald State School"** (emphasis added). Also, the address for the Eunice Kennedy Shriver Center is listed on the recommendation letter as again being:

200 Trapelo Road
Waltham, MA 02154

The Eunice Kennedy Shriver Center was housed within and part of the Fernald State School. Mr. [redacted] is unsure of why continuous service is not listed on his Social Security Earnings, but asserts that he did indeed work for the Eunice Kennedy Shriver Center from 1978 through 1981. In a telephone conversation on September 9, 2008, Janet Granfield, the Director of Payroll/Personnel at the Fernald State School, confirmed that the Shriver Center is located within the Fernald State School. Additionally, Ms. Granfield stated that during her twenty years as the Director of Payroll/Personnel she is aware of several Shriver Center Employees having being improperly listed on their Social Security Earnings for having worked for the Fernald State School. She noted that shortly following the creation of the Eunice Kennedy Shriver Center, "state and federal employees often mixed." In a letter, dated October 10, 2008, Ms. Granfield confirmed that she has researched the manual and personnel records of the Fernald State School from 1959 to the present and found absolutely no record of Mr. [redacted] ever being employed as a state employee with the Fernald State School. Again, confirming that regardless of how it is listed on his Social Security Earnings Report, Mr. [redacted] worked as a full time employee under the same position and in the same location from 1974 though 1985.

Mr. [redacted]'s claim for benefits is further supported by the letter of recommendation, written by Mr. Hansen, which confirms Mr. [redacted]'s position as Director of Media Service with the Center, and states that he has worked alongside Mr. [redacted] for at least four years before July 13, 1981. This would cover the years from 1978 through 1981 that are listed incorrectly on the Social Security Earnings Statement as periods during which Mr. [redacted] worked at the Fernald State School.

Mr. [redacted]'s employment with the Eunice Kennedy Shriver Center is further verified by a Certificate of Appreciation from the Eunice Kennedy Shriver Center in Mr. [redacted]'s honor recognizing 5 years of "continuous, loyal and conscientious service." A letter dated August 20, 1985 confirms Mr. [redacted]'s full time status within the Center as well as an official end date of his employment. Additionally, a News-Tribune Article, dated December 4, 1981 indicates Mr. [redacted]'s position as Media Director of the Center. Finally, an affidavit by Mr. [redacted]'s former supervisor, Donald E. McNamee confirms that Mr. [redacted] was employed with the Eunice Kennedy Shriver Center from 1974 through 1980. Thus, Mr. [redacted] was employed by the Eunice Kennedy Shriver Center for Medical Retardation from approximately 1974 through 1985. **Mr. [redacted] has 11 years**

of credited service, easily fulfilling the 7 years of service needed to be 100% vested. Mr. [redacted] is entitled to pension benefits pursuant to the Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan.

We also note that, in cases of an omitted participant in a terminated plan, the PBGC often directs the omitted participant to seek payment of benefits from the successor employer, if there is one. In this case, that would not be an appropriate or available remedy for Mr. [redacted]. The Eunice Shriver Center has, since the time of Mr. [redacted]'s employment, become part of the University of Massachusetts Medical School. The only pension plan sponsored by the entity is a contributory defined benefit plan sponsored by the Commonwealth of Massachusetts. It is a non-ERISA plan. Benefits are paid out only to public employees who have made contributions into the system. Mr. [redacted] would not be eligible for retirement benefits through that system. As noted in Janet Granfield's letter, Mr. [redacted] was never a state employee.

Please review these documents and contact me if you have any further questions. Please direct any written response to us at: New England Pension Assistance Project, Gerontology Institute, 100 Morrissey Blvd., Boston, MA 02125. Thank you for your attention to this matter.

Sincerely,

Jeanne Medeiros

Jeanne M. Medeiros, Esq.
Legal Coordinator

Alexander Zane
Legal Intern

Enclosures
Cc: [redacted]

Alexander Zane

From: Martin Nancy [Martin.Nancy@pbgc.gov]
Sent: Tuesday, December 02, 2008 3:50 PM
To: Alexander Zane
Subject: RE: [redacted] (again)

OK So here is it. Based on what Susan McArthur and Katie Temple of the University of Massachusetts Medical School stated PBGC WILL NOT PAY [redacted]. I spoke to Katie and said you had provided me with a bit more information regarding the Walter E. Fernald State School which might help them decide that [redacted] had enough years. If it is enough proof they would pay him his benefit. I also informed her she would be hearing from you and I would give her a copy of what you sent me on October 21, 2008. So PBGC is closing our file on this.

Nancy Martin
1-800-736-2444 x 3386

From: Alexander Zane [mailto:Alexander.Zane@umb.edu]
Sent: Tuesday, December 02, 2008 3:07 PM
To: Martin Nancy
Subject: RE: [redacted] (again)

Nancy,

I just talked with Susan McArthur, she works in the accounts payable department at the University of Massachusetts Medical School. Ms. McArthur told me that UMass purchased the Shriver Center in 2002 and that "nothing at all changed." UMass simply incorporated the organization into their school.

She can be reached at 781-642-0001

Thanks. Please keep me updated on any developments.

-Alex-

UMASS BOSTON

UNIVERSITY OF MASSACHUSETTS BOSTON

GERONTOLOGY INSTITUTE
PENSION ACTION CENTER

July 13, 2009

BY FAX TO 202-326-4001 AND BY REGULAR MAIL

Charles Korb
Pension Benefit Guaranty Corporation
1200 K Street, N.W.
Washington, DC

Re: [redacted] Soc. Sec. No. [redacted]
Sharon, MA 02067

Terminated vested participant in Eunice Kennedy Shriver Center of Mental Retardation Retirement Plan, PBGC Case No. 19392700

Dear Mr. Korb:

As you are aware, this office filed a claim for guaranteed benefits on [redacted]'s behalf in May of 2008.

Mr. [redacted] worked for the Eunice Kennedy Shriver Center for Mental Retardation and was a participant in the above-named retirement plan. We have previously provided to the PBGC proof of Mr. [redacted]'s continuous employment from 1974 through 1985, proof that he met the plan's vesting provisions at the time of his separation from employment (the plan had a 3-to-7-year graded vesting schedule), and proof that he has not received a distribution of the benefit amount in question nor had an annuity purchased in his name for payment of his guaranteed benefit.

After months of investigation, Nancy Martin informed us that the PBGC would be closing Mr. [redacted] case, as she had concluded that the Shriver Center had become part of the University of Massachusetts Medical Center years after Mr. [redacted] had stopped working there, and years after the defined benefit plan in question was terminated. It was her conclusion that the University of Massachusetts Medical School was responsible for payment of the benefits in this terminated plan.

I have had numerous telephone conversations with Attorney James Healy, the general counsel of the University of Massachusetts Medical School. It is the University's position that it has assumed no liability of any kind for payments of benefits pursuant to the Shriver Center plan. As previously mentioned, the University acquired the Shriver Center several years after the plan

termination, and it neither received any assets nor assumed any liability for the Shriver's plan. The university's attorney has stated unequivocally that there is no legal or factual basis for the PBGC's mere assertion that University is responsible for payment of Mr. [redacted] benefit.

In addition to the fact that there is no documentary evidence or statutory authority to support such a position, we have pointed out in previous correspondence that the only pension plan sponsored by the University of Massachusetts is a non-ERISA contributory plan operated by the Commonwealth of Massachusetts which pays benefits only to public employees who have made contributions into its system.

Should you wish to confirm any of these facts regarding the University of Massachusetts Medical School's position, I would suggest that you contact Attorney Healy at 508-856-2007.

As the evidence previously submitted clearly shows, [redacted] is entitled to pension benefits pursuant to the Eunice Kennedy Shriver Center's Pension Plan. He has never received the benefits in question and appears to have been omitted when annuities were purchased to pay deferred vested benefits. There is no successor entity which is legally responsible for payment of the benefits. As these benefits are guaranteed by the Pension Benefit Guaranty Corporation pursuant to ERISA, we hereby reiterate our request that the PBGC pay the benefits to which Mr. [redacted] is clearly entitled.

ERISA §4041 outlines the procedure for the standard termination of a single employer plan. The PBGC's certification of a final distribution of assets does not relieve the PBGC of its obligation under Section 4022 to guarantee the payment of all nonforfeitable benefits. In Advisory Opinion 91-1, the General Counsel concludes that the "PBGC remains liable to insure the payment of guaranteed benefits ... if the plan administrator has not made a proper distribution". Examples provided of such improper distributions include the omission of a participant from the distribution. Therefore, based upon the advisory opinion, the PBGC must pay benefits to Mr. [redacted], a vested participant who was not included in the distribution.

Please review this matter and direct your written response to me at: New England Pension Assistance Project, Gerontology Institute, 100 Morrissey Blvd., Boston, MA 02125. I may be reached by telephone at 617-287-7332. Thank you for your attention to this matter.

Sincerely,

Jeanne M. Medeiros

Jeanne M. Medeiros, Esq.

Enclosures

cc: [redacted]
James Healy, Esq.

UMASS BOSTON

UNIVERSITY OF MASSACHUSETTS BOSTON

GERONTOLOGY INSTITUTE
PENSION ACTION CENTER

January 8, 2010

Demetrice A. Allison, Auditor
Standard Termination and Compliance Division
Pension Benefit Guaranty Corporation
1200 K Street, NW, Suite 930
Washington, DC 20005-4026

Re: [redacted] Eunice Kennedy Shriver Center for Mental Retardation Retirement Plan
PBGC Case No. 19392700

Dear Ms. Allison:

This is in response to your letter of January 4, 2010. Mr. [redacted] has been working to correct the incorrect information in his Social Security earnings information for quite a while. Please see enclosed his letter of April 3, 2009 to the Social Security Administration office in Norwood, Massachusetts, along with their decision of May 7, 2009 correcting these records in part.

As you can see, the records now attribute Mr. [redacted]'s earnings in the years 1975, 1976, and 1978 to the Eunice Kennedy Shriver Center. Therefore, Social Security Earnings records now document Mr. [redacted]'s continuous employment with the Shriver Center from1974 through 1978 , and 1981 through 1985. The only remaining area lacking clarity, then, is in the years 1979 and 1980.

Please note that Mr. [redacted] has previously provided to the PBGC the Affidavit of Donald McNamee, the former Chief Administrator of the Shriver Center, attesting to Mr. [redacted]'s continuous employment with the Shriver Center entity. I am enclosing another copy for your convenience. His Affidavit specifically address the years from 1974 through 1980.

The October 2008 letter of Janet Granfield corroborates the fact that Mr. [redacted] was never on state payroll records as a state employee of the Fernald State School/ Mass. Department of Mental Retardation. Rather, he was at all times an employee of the Shriver Center.

It is clear that all parties with knowledge of the situation and with actual payroll records assert that Mr. [redacted] was at all times an employee of the Shriver Center and not the Commonwealth of Massachusetts. Given the passage of time, it has not been possible for Mr. [redacted] to have the Social Security Administration correct the two years when his earnings were

mis-attributed to the Commonwealth. However, it is clear that the Commonwealth of Massachusetts never listed Mr. [redacted] as an employee, and his supervisor attests to his continuous employment with the Shriver Center during those years.

Please contact me at 617-287-7332 if I can provide you with any further information. Thank you for your attention to this matter.

Sincerely,

Jeanne M. Medeiros, Esq.

Enclosures

cc: [redacted]

Social Security Administration

Retirement, Survivors and Disability Insurance

Earnings Record Information

Date: May 7, 2009

Social Security Number: [redacted]

[redacted]
SHARON MA 02067-2764

We have completed our review of your earnings record. Based on the information we received, we changed our records to show the following amounts for the employment you asked us about:

SOURCE OF EARNINGS	YEAR	AMOUNT OF EARNINGS Social Security	Medicare
EUNICE KENNEDY SHRIVER CEN 55 LAKE AVE WORCESTER MA 01604 Employer ID: 23-7059686	1976	$11,947.00	$11,947.00
	1977	$13,380.00	$13,380.00
	1978	$14,985.00	$14,985.00

Earnings were taxed for Medicare beginning in 1966. From 1983 on, these earnings include Medicare-Qualified Government Earnings.

Do You Disagree With The Decision?

If you disagree with our decision, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

See Next Page

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at (866) 563-9533. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SUITE 102
ONE EDGEWATER DRIVE
NORWOOD MA 02062

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Linda S. McMahon
Deputy Commissioner
for Operations

PBGC/Insurance Operations Department
P.O. Box 151750
Alexandria VA 22315-1750

404
June 29, 2010

PBGC Case Number:	8627300
PBGC Plan Name:	FOSTER GRANT SALARIED PENSION PLAN
STCD PBGC Case Number:	19392700
STCD PBGC Plan Name:	Eunice Kennedy Shriver Center of Mental Retardation Retirement Plan

[redacted]
SHARON MA 02067

Dear I[redacted]:

We have finished our review of the plan and your benefit, and we have determined that you are entitled to a monthly payment of $159.80. This amount is based on your benefit starting on February 1, 2015 in the form of a Straight Life Annuity.

The enclosed Benefit Statement also reflects your Earliest Benefit Start Date of August 1, 2010 in the amount of $135.83. *Please contact PBGC to request an application to begin receiving your pension with payments effective August 1, 2010.* If we do not hear from you within 90 days of the date of this letter, your Annuity Start Date will be adjusted to the first of the month on or after the date we receive your application, and/or the date you request your pension benefit payment to begin. When your pension benefit payment from PBGC begins, you will automatically receive missed payments due from the later Annuity Start Date.

When you are ready to retire, we will send you information about other benefit forms available.

The enclosed Benefit Statement explains how we calculated your benefit and provides information on early retirement. If you choose to retire after February 1, 2015, your monthly benefit will be increased.

This is PBGC's formal determination of your benefit. You have the right to appeal this determination if you provide a specific reason why the determination is wrong. Your appeal must be in writing and filed within 45 days of the date of this letter. If you simply have a question about how your benefit was calculated, you should call us for an explanation, instead of filing an appeal. But please note that the time you have to file an appeal will not be extended unless you specifically request an extension within the 45-day period. The enclosed pamphlet, *Your Right to Appeal*, explains more about filing an appeal.

Please call our Customer Contact Center at **1 (800) 400-7242** about four months before you are ready to begin receiving benefits. We will send you an application. Call anytime if you have any questions or need assistance. If you use a TTY/TDD, call **1 (800) 877-8339**, and give the relay operator our telephone number. You may also write to:

Pension Benefit Guaranty Corporation
U.S. Government Agency

PBGC/Insurance Operations Department
P.O. Box 151750
Alexandria, VA 22315-1750

When writing us, include your Social Security number, PBGC case number 8627300, and a daytime telephone number. Please keep this letter in your records for future reference.

Sincerely,

Lorraine Rybak

Lorraine Rybak
FBA Pension Benefit Analyst
Post Valuation Administration

Enclosures:
(Manual Insert) Benefit Statement
Your Right to Appeal