

## Town of Shrewsbury 2016 - 2017 Retiree Payroll Agreement

I \_\_\_\_\_ authorize the Town of Shrewsbury to deduct the premiums designated below from my: ( ) MTR Check ( ) Retirement Check ( ) Direct Payment

Pay Frequency	Monthly Retirees				Monthly Surviving Spouses			
Benchmark Plans	EMP		TOWN		EMP		TOWN	
<b>BC/BS</b>	Individual	___ \$325.60	\$488.40	8262	___ \$407.00	\$407.00	8267	
	Family	___ \$873.60	\$1,310.40	8252	___ \$1,092.00	\$1,092.00	8257	
<b>Tufts</b>	Individual	___ \$309.60	\$464.40	8282	___ \$387.00	\$387.00	8287	
	Family	___ \$810.80	\$1,216.20	8272	___ \$1,013.50	\$1,013.50	8277	
<b>HPHC</b>	Individual	___ \$294.00	\$441.00	8232	___ \$367.50	\$367.50	8242	
	Family	___ \$766.00	\$1,149.00	8212	___ \$957.50	\$957.50	8222	
<b>Fallon Select</b>	Individual	___ \$159.57	\$431.43	8332	___ \$295.50	\$295.50	8342	
	Family	___ \$429.57	\$1,161.43	8312	___ \$795.50	\$795.50	8322	
<b>Fallon Direct</b>	Individual	___ \$121.00	\$429.00	8432	___ \$275.00	\$275.00	8442	
	Family	___ \$325.60	\$1,154.40	8412	___ \$740.00	\$740.00	8422	
<b>Rate Saver Plans</b>	<i>Effective 7/1/2014 Rate Saver plans are not available to new Non-Medicare Eligible Retirees or Spouses</i>							
	EMP		TOWN		EMP		TOWN	
<b>BC/BS</b>	Individual	___ \$354.00	\$531.00	8563	___ \$442.50	\$442.50	8568	
	Family	___ \$949.60	\$1,424.40	8553	___ \$1,187.00	\$1,187.00	8558	
<b>Tufts</b>	Individual	___ \$336.40	\$504.60	8538	___ \$420.50	\$420.50	8543	
	Family	___ \$881.20	\$1,321.80	8528	___ \$1,101.50	\$1,101.50	8533	
<b>HPHC</b>	Individual	___ \$319.60	\$479.40	8513	___ \$399.50	\$399.50	8518	
	Family	___ \$832.40	\$1,248.60	8503	___ \$1,040.50	\$1,040.50	8508	
<b>Fallon Select</b>	Individual	___ \$182.12	\$456.89	8359	___ \$319.50	\$319.50	8364	
	Family	___ \$490.49	\$1,230.52	8348	___ \$860.50	\$860.50	8354	
<b>Fallon Direct</b>	Individual	___ \$140.06	\$455.94	8459	___ \$298.00	\$298.00	8464	
	Family	___ \$376.00	\$1,224.00	8448	___ \$800.00	\$800.00	8454	
Indemnity Plans	EMP		TOWN		EMP		TOWN	
<b>HPHC PPO</b>	Individual	___ \$1,168.00	\$1,168.00	8162	___ \$1,168.00	\$1,168.00	8167	
	Family	___ \$2,593.50	\$2,593.50	8152	___ \$2,593.50	\$2,593.50	8157	
Life Insurance	EMP		TOWN					
Basic Life	___ \$4.24	\$4.24	8900					
Optional Life	___ \$ _____		8912					
				Formula: \$4.00 x Ins. Total per 1,000 \$ _____				

I understand that if my premiums are not deducted correctly from my payroll/retirement check it is my responsibility to notify the Town Benefits Administrator, and I will be responsible for all back premiums. I also understand that the Town deducts premium one month in advance of coverage and additional premium due upon initial enrollment will also be deducted from my first payroll/retirement check.

**EFFECTIVE DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_