

Town of Shrewsbury 2016 - 2017 Employee Payroll Agreement

I _____ authorize the Town of Shrewsbury to deduct the premiums designated below from my payroll check.

Pay Frequency	52-Weekly <small>Town Departments</small>		26-Bi-Weekly <small>Teachers</small>		26-Bi-Weekly <small>School Administrators</small>		21-Bi-Weekly <small>Aides, ABAs, Ext. Day, and Food Svcs.</small>	
	EMP	TOWN	EMP	TOWN	EMP	TOWN	EMP	TOWN
Benchmark Plans								
BC/BS								
Individual	___ \$75.14	\$112.71 8260	___ \$150.28	\$225.42 8261	___ \$150.28	\$225.42 8264	___ \$186.06	\$279.09 8263
Family	___ \$201.60	\$302.40 8250	___ \$403.20	\$604.80 8251	___ \$403.20	\$604.80 8254	___ \$499.20	\$748.80 8253
Tufts								
Individual	___ \$71.45	\$107.17 8280	___ \$142.89	\$214.34 8281	___ \$142.89	\$214.34 8284	___ \$176.91	\$265.37 8283
Family	___ \$187.11	\$280.66 8270	___ \$374.22	\$561.32 8271	___ \$374.22	\$561.32 8274	___ \$463.31	\$694.97 8273
HPHC								
Individual	___ \$67.85	\$101.77 8230	___ \$135.69	\$203.54 8231	___ \$135.69	\$203.54 8234	___ \$168.00	\$252.00 8233
Family	___ \$176.77	\$265.15 8210	___ \$353.54	\$530.31 8211	___ \$353.54	\$530.31 8214	___ \$437.71	\$656.57 8213
Fallon Select								
Individual	___ \$36.82	\$99.56 8330	___ \$73.65	\$199.12 8331	___ \$73.65	\$199.12 8334	___ \$91.18	\$246.53 8333
Family	___ \$99.13	\$268.02 8310	___ \$198.26	\$536.04 8311	___ \$198.26	\$536.04 8314	___ \$245.47	\$663.67 8313
Fallon Direct								
Individual	___ \$27.92	\$99.00 8430	___ \$55.85	\$198.00 8431	___ \$55.85	\$198.00 8434	___ \$69.14	\$245.14 8433
Family	___ \$75.14	\$266.40 8410	___ \$150.28	\$532.80 8411	___ \$150.28	\$532.80 8414	___ \$186.06	\$659.66 8413
Rate Saver Plans <i>Effective 7/1/2014 Rate Saver plans are not available to new Active Employees and Non-Medicare Eligible Retirees</i>								
	EMP	TOWN	EMP	TOWN	EMP	TOWN	EMP	TOWN
BC/BS								
Individual	___ \$81.69	\$122.54 8561	___ \$163.38	\$245.08 8562	___ \$163.38	\$245.08 8565	___ \$202.29	\$303.43 8564
Family	___ \$219.14	\$328.71 8551	___ \$438.28	\$657.42 8552	___ \$438.28	\$657.42 8555	___ \$542.63	\$813.94 8554
Tufts								
Individual	___ \$77.63	\$116.45 8536	___ \$155.26	\$232.89 8537	___ \$155.26	\$232.89 8540	___ \$192.23	\$288.34 8539
Family	___ \$203.35	\$305.03 8526	___ \$406.71	\$610.06 8527	___ \$406.71	\$610.06 8530	___ \$503.54	\$755.31 8529
HPHC								
Individual	___ \$73.75	\$110.63 8511	___ \$147.51	\$221.26 8512	___ \$147.51	\$221.26 8515	___ \$182.63	\$273.94 8514
Family	___ \$192.09	\$288.14 8501	___ \$384.18	\$576.28 8502	___ \$384.18	\$576.28 8505	___ \$475.66	\$713.49 8504
Fallon Select								
Individual	___ \$42.03	\$105.44 8357	___ \$84.05	\$210.87 8358	___ \$84.05	\$210.87 8361	___ \$104.07	\$261.08 8360
Family	___ \$113.19	\$283.97 8346	___ \$226.38	\$567.93 8347	___ \$226.38	\$567.93 8350	___ \$280.28	\$703.15 8349
Fallon Direct								
Individual	___ \$32.32	\$105.22 8457	___ \$64.64	\$210.43 8458	___ \$64.64	\$210.43 8461	___ \$80.03	\$260.54 8460
Family	___ \$86.77	\$282.46 8446	___ \$173.54	\$564.92 8447	___ \$173.54	\$564.92 8450	___ \$214.86	\$699.43 8449
Indemnity Plans								
	EMP	TOWN	EMP	TOWN	EMP	TOWN	EMP	TOWN
HPHC PPO								
Individual	___ \$269.54	\$269.54 8160	___ \$539.08	\$539.08 8161	___ \$539.08	\$539.08 8164	___ \$667.43	\$667.43 8163
Family	___ \$598.50	\$598.50 8150	___ \$1,197.00	\$1,197.00 8151	___ \$1,197.00	\$1,197.00 8154	___ \$1,482.00	\$1,482.00 8153
Life Insurance								
	EMP	TOWN	EMP	TOWN	EMP	TOWN	EMP	TOWN
Basic Life	___ \$0.98	\$0.98 8904	___ \$1.96	\$1.96 8902	___ \$1.96	\$1.96 8905	___ \$2.42	\$2.42 8903
Optional Life	___ \$ _____	8910	\$ _____	8911	\$ _____	8914	\$ _____	8913
	Formula: Rate \$ _____ x Ins. Total per 1,000 \$ _____ x 12 / _____ (pay frequency)							
Voluntary Life	___ \$ _____	8930	___ \$ _____	8931	___ \$ _____	8934	___ \$ _____	8933

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. I acknowledge that I have received a notice informing me of my right under COBRA (Consolidated Omnibus Budget Reconciliation Act). I also acknowledge that I have received the Town of Shrewsbury's HIPAA Privacy Policy.

EFFECTIVE DATE: _____

SIGNED: _____

DATED: _____