

# Town of Shrewsbury 2022 - 2023 Retiree Payroll Agreement

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

Pay Frequency	Monthly Retirees				Monthly Surviving Spouses			
Benchmark Plans	EMP		TOWN		EMP		TOWN	
<b>Tufts</b>								
Individual	___	\$ 469.20	\$ 703.80	8282	___	\$ 586.50	\$ 586.50	8287
Family	___	\$ 1,228.00	\$ 1,842.00	8272	___	\$ 1,535.00	\$ 1,535.00	8277
<b>HPHC</b>								
Individual	___	\$ 443.20	\$ 664.80	8232	___	\$ 554.00	\$ 554.00	8242
Family	___	\$ 1,155.20	\$ 1,732.80	8212	___	\$ 1,444.00	\$ 1,444.00	8222
<b>BC/BS</b>								
Individual	___	\$ 239.76	\$ 648.24	8262	___	\$ 444.00	\$ 444.00	8267
Family	___	\$ 645.57	\$ 1,745.43	8252	___	\$ 1,195.50	\$ 1,195.50	8257
<b>BC/BS Select</b>								
Individual	___	\$ 223.29	\$ 603.71	8432	___	\$ 413.50	\$ 413.50	8442
Family	___	\$ 600.75	\$ 1,624.25	8412	___	\$ 1,112.50	\$ 1,112.50	8422
<b>HDHP (HSA) Plans</b>	EMP		TOWN		EMP		TOWN	
<b>BC/BS</b>								
Individual	___	\$ 164.56	\$ 583.44	8091	___	\$ 374.00	\$ 374.00	8101
Family	___	\$ 443.52	\$ 1,572.48	8092	___	\$ 1,008.00	\$ 1,008.00	8102
<b>Tufts</b>								
Individual	___	\$ 335.96	\$ 572.04	8093	___	\$ 454.00	\$ 454.00	8103
Family	___	\$ 879.49	\$ 1,497.51	8094	___	\$ 1,188.50	\$ 1,188.50	8104
<b>HPHC</b>								
Individual	___	\$ 317.46	\$ 540.54	8095	___	\$ 429.00	\$ 429.00	8105
Family	___	\$ 828.43	\$ 1,410.57	8096	___	\$ 1,119.50	\$ 1,119.50	8106
<b>Indemnity Plans</b>	EMP		TOWN		EMP		TOWN	
<b>HPHC PPO</b>								
Individual	___	\$1,375.50	\$1,375.50	8162	___	\$1,375.50	\$1,375.50	8167
Family	___	\$3,054.50	\$3,054.50	8152	___	\$3,054.50	\$3,054.50	8157
<b>Life Insurance</b>	EMP		TOWN					
Basic Life	___	\$4.24	\$4.24	8900				

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: \_\_\_\_\_