

## Town of Shrewsbury 2018 - 2019 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	___ \$392.00	\$588.00	8262	___ \$490.00	\$490.00	8267
	Family	___ \$1,051.20	\$1,576.80	8252	___ \$1,314.00	\$1,314.00	8257
<b>Tufts</b>	Individual	___ \$378.00	\$567.00	8282	___ \$472.50	\$472.50	8287
	Family	___ \$989.60	\$1,484.40	8272	___ \$1,237.00	\$1,237.00	8277
<b>HPHC</b>	Individual	___ \$354.00	\$531.00	8232	___ \$442.50	\$442.50	8242
	Family	___ \$922.00	\$1,383.00	8212	___ \$1,152.50	\$1,152.50	8222
<b>Fallon Select</b>	Individual	___ \$187.65	\$507.35	8332	___ \$347.50	\$347.50	8342
	Family	___ \$505.71	\$1,367.29	8312	___ \$936.50	\$936.50	8322
<b>Fallon Direct</b>	Individual	___ \$142.34	\$504.66	8432	___ \$323.50	\$323.50	8442
	Family	___ \$383.24	\$1,358.76	8412	___ \$871.00	\$871.00	8422
HDHP (HSA) Plans	EMP	TOWN		EMP	TOWN		
<b>BC/BS</b>	Individual	___ \$322.80	\$484.20	8091	___ \$403.50	\$403.50	8101
	Family	___ \$866.40	\$1,299.60	8092	___ \$1,083.00	\$1,083.00	8102
<b>Tufts</b>	Individual	___ \$298.00	\$447.00	8093	___ \$372.50	\$372.50	8103
	Family	___ \$780.80	\$1,171.20	8094	___ \$976.00	\$976.00	8104
<b>HPHC</b>	Individual	___ \$279.20	\$418.80	8095	___ \$349.00	\$349.00	8105
	Family	___ \$728.00	\$1,092.00	8096	___ \$910.00	\$910.00	8106
<b>Fallon Select</b>	Individual	___ \$160.92	\$435.08	8097	___ \$298.00	\$298.00	8107
	Family	___ \$434.16	\$1,173.84	8098	___ \$804.00	\$804.00	8108
<b>Fallon Direct</b>	Individual	___ \$122.32	\$433.68	8099	___ \$278.00	\$278.00	8109
	Family	___ \$329.56	\$1,168.44	8100	___ \$749.00	\$749.00	8110
Indemnity Plans	EMP	TOWN		EMP	TOWN		
<b>HPHC PPO</b>	Individual	___ \$1,306.00	\$1,306.00	8162	___ \$1,306.00	\$1,306.00	8167
	Family	___ \$2,900.00	\$2,900.00	8152	___ \$2,900.00	\$2,900.00	8157
<b>Life Insurance</b>							
		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:** \_\_\_\_\_