

Town of Shrewsbury 2019 - 2020 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	
BC/BS							
Individual	___	\$411.60	\$617.40	8262	___	\$514.50	\$514.50 8267
Family	___	\$1,103.60	\$1,655.40	8252	___	\$1,379.50	\$1,379.50 8257
Tufts							
Individual	___	\$414.00	\$621.00	8282	___	\$517.50	\$517.50 8287
Family	___	\$1,083.60	\$1,625.40	8272	___	\$1,354.50	\$1,354.50 8277
HPHC							
Individual	___	\$387.60	\$581.40	8232	___	\$484.50	\$484.50 8242
Family	___	\$1,009.60	\$1,514.40	8212	___	\$1,262.00	\$1,262.00 8222
Fallon Select							
Individual	___	\$203.58	\$550.42	8332	___	\$377.00	\$377.00 8342
Family	___	\$548.64	\$1,483.36	8312	___	\$1,016.00	\$1,016.00 8322
Fallon Direct							
Individual	___	\$154.44	\$547.56	8432	___	\$351.00	\$351.00 8442
Family	___	\$415.80	\$1,474.20	8412	___	\$945.00	\$945.00 8422
HDHP (HSA) Plans	EMP	TOWN			EMP	TOWN	
BC/BS							
Individual	___	\$332.40	\$498.60	8091	___	\$415.50	\$415.50 8101
Family	___	\$892.40	\$1,338.60	8092	___	\$1,115.50	\$1,115.50 8102
Tufts							
Individual	___	\$320.40	\$480.60	8093	___	\$400.50	\$400.50 8103
Family	___	\$839.20	\$1,258.80	8094	___	\$1,049.00	\$1,049.00 8104
HPHC							
Individual	___	\$300.00	\$450.00	8095	___	\$375.00	\$375.00 8105
Family	___	\$782.80	\$1,174.20	8096	___	\$978.50	\$978.50 8106
Fallon Select							
Individual	___	\$171.45	\$463.55	8097	___	\$317.50	\$317.50 8107
Family	___	\$462.51	\$1,250.49	8098	___	\$856.50	\$856.50 8108
Fallon Direct							
Individual	___	\$130.24	\$461.76	8099	___	\$296.00	\$296.00 8109
Family	___	\$350.90	\$1,244.10	8100	___	\$797.50	\$797.50 8110
Indemnity Plans	EMP	TOWN			EMP	TOWN	
HPHC PPO							
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
Life Insurance	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: _____