

Town of Shrewsbury 2021 - 2022 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	___	\$430.00	\$645.00	8262	___	\$537.50	\$537.50 8267
Family	___	\$1,153.20	\$1,729.80	8252	___	\$1,441.50	\$1,441.50 8257
Tufts							
Individual	___	\$453.20	\$679.80	8282	___	\$566.50	\$566.50 8287
Family	___	\$1,186.40	\$1,779.60	8272	___	\$1,483.00	\$1,483.00 8277
HPHC							
Individual	___	\$428.40	\$642.60	8232	___	\$535.50	\$535.50 8242
Family	___	\$1,116.00	\$1,674.00	8212	___	\$1,395.00	\$1,395.00 8222
Fallon Select							
Individual	___	\$220.59	\$596.41	8332	___	\$408.50	\$408.50 8342
Family	___	\$594.00	\$1,606.00	8312	___	\$1,100.00	\$1,100.00 8322
Fallon Direct							
Individual	___	\$167.42	\$593.58	8432	___	\$380.50	\$380.50 8442
Family	___	\$450.34	\$1,596.66	8412	___	\$1,023.50	\$1,023.50 8422
HDHP (HSA) Plans	EMP		TOWN		EMP		TOWN
BC/BS							
Individual	___	\$347.20	\$520.80	8091	___	\$434.00	\$434.00 8101
Family	___	\$932.40	\$1,398.60	8092	___	\$1,165.50	\$1,165.50 8102
Tufts							
Individual	___	\$350.80	\$526.20	8093	___	\$438.50	\$438.50 8103
Family	___	\$918.80	\$1,378.20	8094	___	\$1,148.50	\$1,148.50 8104
HPHC							
Individual	___	\$331.60	\$497.40	8095	___	\$414.50	\$414.50 8105
Family	___	\$865.20	\$1,297.80	8096	___	\$1,081.50	\$1,081.50 8106
Fallon Select							
Individual	___	\$185.76	\$502.24	8097	___	\$344.00	\$344.00 8107
Family	___	\$500.85	\$1,354.15	8098	___	\$927.50	\$927.50 8108
Fallon Direct							
Individual	___	\$141.02	\$499.98	8099	___	\$320.50	\$320.50 8109
Family	___	\$380.60	\$1,349.40	8100	___	\$865.00	\$865.00 8110
Indemnity Plans	EMP		TOWN		EMP		TOWN
HPHC PPO							
Individual	___	\$1,329.00	\$1,329.00	8162	___	\$1,329.00	\$1,329.00 8167
Family	___	\$2,951.00	\$2,951.00	8152	___	\$2,951.00	\$2,951.00 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: _____