

Town of Shrewsbury 2021 - 2022 Employee Payroll Agreement

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

Pay Frequency	Bi-Weekly (24 Deductions) <small>Town Departments</small>			Bi-Weekly (24 Deductions) <small>Teachers</small>			Bi-Weekly (24 Deductions) <small>School Administrators</small>			21-Bi-Weekly <small>Aides, ABAs, Ext. Day, and Food Svcs.</small>			
Effective 7/1/2021 Benchmark plans are not available to new Active Employees and Non-Medicare Eligible Retirees.													
Benchmark Plans	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN	
BC/BS	Individual	___	\$215.00	\$322.50	8260	___	\$215.00	\$322.50	8261	___	\$215.00	\$322.50	8264
	Family	___	\$576.60	\$864.90	8250	___	\$576.60	\$864.90	8251	___	\$576.60	\$864.90	8254
Tufts	Individual	___	\$226.60	\$339.90	8280	___	\$226.60	\$339.90	8281	___	\$226.60	\$339.90	8284
	Family	___	\$593.20	\$889.80	8270	___	\$593.20	\$889.80	8271	___	\$593.20	\$889.80	8274
HPHC	Individual	___	\$214.20	\$321.30	8230	___	\$214.20	\$321.30	8231	___	\$214.20	\$321.30	8234
	Family	___	\$558.00	\$837.00	8210	___	\$558.00	\$837.00	8211	___	\$558.00	\$837.00	8214
Fallon Select	Individual	___	\$110.30	\$298.21	8330	___	\$110.30	\$298.21	8331	___	\$110.30	\$298.21	8334
	Family	___	\$297.00	\$803.00	8310	___	\$297.00	\$803.00	8311	___	\$297.00	\$803.00	8314
Fallon Direct	Individual	___	\$83.71	\$296.79	8430	___	\$83.71	\$296.79	8431	___	\$83.71	\$296.79	8434
	Family	___	\$225.17	\$798.33	8410	___	\$225.17	\$798.33	8411	___	\$225.17	\$798.33	8414
High Deductible (HSA) Plans	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN	
BC/BS	Individual	___	\$173.60	\$260.40	8051	___	\$173.60	\$260.40	8061	___	\$173.60	\$260.40	8071
	Family	___	\$466.20	\$699.30	8052	___	\$466.20	\$699.30	8062	___	\$466.20	\$699.30	8072
Tufts	Individual	___	\$175.40	\$263.10	8053	___	\$175.40	\$263.10	8063	___	\$175.40	\$263.10	8073
	Family	___	\$459.40	\$689.10	8054	___	\$459.40	\$689.10	8064	___	\$459.40	\$689.10	8074
HPHC	Individual	___	\$165.80	\$248.70	8055	___	\$165.80	\$248.70	8065	___	\$165.80	\$248.70	8075
	Family	___	\$432.60	\$648.90	8056	___	\$432.60	\$648.90	8066	___	\$432.60	\$648.90	8076
Fallon Select	Individual	___	\$92.88	\$251.12	8057	___	\$92.88	\$251.12	8067	___	\$92.88	\$251.12	8077
	Family	___	\$250.43	\$677.08	8058	___	\$250.43	\$677.08	8068	___	\$250.43	\$677.08	8078
Fallon Direct	Individual	___	\$70.51	\$249.99	8059	___	\$70.51	\$249.99	8069	___	\$70.51	\$249.99	8079
	Family	___	\$190.30	\$674.70	8060	___	\$190.30	\$674.70	8070	___	\$190.30	\$674.70	8080
Indemnity Plans	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN	
HPHC PPO	Individual	___	\$664.50	\$664.50	8160	___	\$664.50	\$664.50	8161	___	\$664.50	\$664.50	8164
	Family	___	\$1,475.50	\$1,475.50	8150	___	\$1,475.50	\$1,475.50	8151	___	\$1,475.50	\$1,475.50	8154
Life Insurance	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN	
Basic Life	___	\$2.12	\$2.12	8904	___	\$2.12	\$2.12	8902	___	\$2.12	\$2.12	8905	
Optional Life	___	\$ _____	8915	\$ _____	8916	___	\$ _____	8917	\$ _____	8918	\$ _____	8919	
	Formula: Rate \$ _____ x Ins. Total per 1,000 \$ _____ x 12 / _____ (deduction frequency)												
Voluntary Life	___	\$ _____	8930	\$ _____	8931	___	\$ _____	8934	\$ _____	8933	\$ _____	8934	
Town Dental Ins	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN	
Altus Dental	(24 week)												
Individual	___	\$23.38	\$0.00	8970	___	NA	NA	8971	___	NA	NA	8972	NA
Family	___	\$60.11	\$0.00	8971	___	NA	NA	8972	___	NA	NA	8973	NA

I understand that if my premiums are not deducted correctly from my payroll/retirement check it is my responsibility to notify the Town Benefits Coordinator, 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: _____