



TOWN OF MEDWAY

COMMONWEALTH OF MASSACHUSETTS

EMPLOYEE BENEFITS ACKNOWLEDGEMENT

Employee Name

The Town of Medway offers benefits to permanent employees who are regularly scheduled to work more than 20 hours per week.

Details about the plans, premiums and summaries of benefits and coverage for health insurance can be found on the Town's website at:

townofmedway.org/human-resources/pages/benefit-information.

The Plan Year for benefits begins on July 1st and ends on June 30th.

You can make changes to your medical, dental, and flexible spending account elections at the following times only:

- Your 30-day new hire period
- Annually at Open Enrollment
- Within 30 days of a Qualifying Event such as marriage, divorce, birth or adoption of a child or loss of coverage.

INITIAL

SECTION 125 CAFETERIA PLAN

The Section 125 Cafeteria Plan allows employees to purchase health and dental insurance on a pre-tax basis.

HEALTH INSURANCE

The Town of Medway offers plans with Health Plans, Inc (HPI). The plans utilize the Harvard Pilgrim Network of providers. There is an HMO plan which the Town pays 70% of the cost of and a PPO plan to which the Town contributes 60% of the cost. Rates can be found on the Town website at the address listed above.

Health insurance premiums are collected one month in advance. Premiums are deducted on a pre-tax basis under the Section 125 Cafeteria Plan.

DENTAL

The Town of Medway offers Delta Dental Insurance which is 100% employee paid. Dental insurance premiums are collected one month in advance. Premiums are deducted on a pre-tax basis under the Section 125 Cafeteria Plan.

FLEXIBLE SPENDING ACCOUNTS

The Town of Medway offers flexible spending accounts for medical and dependent care through Cafeteria Plan Advisors (CPA). You do not have to be enrolled in the Town's health insurance plans to participate in this benefit. The plan year is from July 1 to June 30. The annual limits are as follows: Health Care FSA \$3,050.00 and Dependent Care FSA \$5,000.00. Re-enrollment is required every year.

LIFE INSURANCE

Basic - The Town of Medway offers \$7,000 of term life insurance/accidental death and dismemberment coverage to all active employees and \$2,000 of term life insurance/accidental death and dismemberment coverage to retirees. The Town contributes 50% of the premium and the monthly cost is \$2.21 for active employees and \$1.26 for retirees.

Additional Insurance may be purchased and is 100% employee paid. The guaranteed issue amount is \$50,000 and you must be enrolled in the Basic Life Insurance. Rates and other information are available on the Town website. Premiums are collected one month in advance.

**Life insurance must be elected within 31 days of your hire date. If you choose to enroll at a later date, you are subject to evidence of insurability.

CANCER, ACCIDENT AND SHORT-TERM DISABILITY

Employees may purchase policies for the above benefits. Premiums are 100% employee paid. Please see the Town's website for details.

If an employee is on unpaid leave of absence, all premium payments must be kept current by check payable to The Town of Medway and mailed to the Treasurer's Office.

BENEFIT ELECTIONS

Health Insurance

_____ I wish to enroll in health insurance. An enrollment form is required.

_____ I do NOT wish to enroll in health insurance.

Dental Insurance

_____ I wish to enroll in dental insurance. An enrollment form is required.

_____ I do NOT wish to enroll in dental insurance.

Life Insurance

_____ I wish to enroll in life insurance. An enrollment form is required.

_____ I do NOT wish to enroll in life insurance.

Flexible Spending Account

_____ I wish to enroll in a flexible spending account. An enrollment form is required.

_____ I do NOT wish to enroll in a flexible spending account.

Short Term Disability

_____ I wish to enroll in short term disability, and I agree to be contacted by a broker.

_____ I do NOT wish to enroll in short term disability.

Cancer Coverage

_____ I wish to enroll in cancer coverage, and I agree to be contacted by a broker.

_____ I do NOT wish to enroll in cancer coverage.

Accident Coverage

_____ I wish to enroll in accident coverage, and I agree to be contacted by a broker.

_____ I do NOT wish to enroll in accident insurance.

Printed Name

Signature

Date