EMPLOYEE BENEFITS

The Town of Holliston offers a variety of benefits to permanent and temporary employees who work more than 20 hours per week on a regular basis. Also included for coverage are elected officials receiving stipends, on-call firefighters and EMTs in accordance with Massachusetts General Laws Chapter 32B.

Detail information regarding plan descriptions, premiums and summary of benefits and coverage for health insurance can be found on the Town of Holliston's website at the following address:

http://www.townofholliston.us/employment-personnel/pages/benefits

If you have any questions regarding your benefits options, you may contact the Treasurer's office at 508-429-0602.

Enrollment forms are available at the Treasurer's Office located at Town Hall, 703 Washington Street, Holliston, during normal business hours.

All payroll deductions for benefits are 48 deductions per year if you are a Town employee and 24 deductions per year if you are a School employee unless otherwise noted. All benefit deductions are paid one month in advance unless otherwise noted.

Our plan year for all benefits begins on July 1 and ends June 30.

The following is a listing of benefits available along with a brief description:

HEALTH INSURANCE PLANS

The Town of Holliston offers plans from Blue Cross, Harvard Pilgrim, Tufts and Fallon. The Town pays 60% of the monthly premiums for Rate Saver and Benchmark Plans and 50% of the monthly premiums for PPOs. Employees pay 40% for Rate Saver and Benchmark Plans and 50% for PPO plan. Health insurance premiums are deducted one month in advance. Health Insurance is offer through a Section 125 Cafeteria Plan which allows you to purchase health insurance on a pre-tax basis.

DENTAL INSURANCE

The Town of Holliston offers Altus Dental Insurance which is 100% employee paid. Dental insurance premiums are deducted one month in advance. Dental Insurance is offer through a Section 125 Cafeteria Plan which allows you to purchase dental insurance on a pre-tax basis.

SECTION 125 CAFETERIA PLAN

The Section 125 Cafeteria Plan allows employees to purchase health and dental insurance on a pre-tax basis. If you do not wish to participate in the Section 125 Plan, please complete the Section 125-Cafeteria Plan- Employee Revocation form located under Employee Forms and return it to the Treasurer's Office.

LIFE INSURANCE

The Town of Holliston offers term and permanent life insurance options as follows:

Basic Life Insurance – Plan A

The Town of Holliston offers $10,000 of Term Life and AD&D insurance to all active employees and $3,000 Term Life /AD&D for retirees. The Town pays 50% of the premium for active and retired employees. Deductions are taken once per month.

Term Life Insurance – Plan B

Additional Term Life and AD&D insurance may be purchased in increments $10,000 up to an additional $500,000 or five (5) times your salary whichever is less. Please refer to Optional Life Insurance B for a more detailed explanation which can be found under Benefits. Deductions are taken once per month. Employees pay 100% of the cost.

Permanent Life Insurance – Plan C

Permanent Life Insurance is available by contacting LifePlus Insurance Agency, Inc at 781-837-9222. Deductions are weekly. Employees pay 100% of the cost.

CANCER INSURANCE

The Town of Holliston offers cancer insurance through Allstate Insurance. Employees pay 100% of the cost.

FLEXIBLE SPENDING PLANS

The Town of Holliston offers flexible spending plans for medical and dependent care through Crosby Benefits. You do not have to be enrolled in the Town's health insurance plans in order to participate in this benefit. The plan year is from July 1 to June 30, with a run out period of September 30. There is a monthly administrative fee of $4.95. The annual limits are as follows: Health Care FSA $2,600.00 and Dependent Care FSA $5,000.00. Deductions are not taken one month in advance. Beginning in FY18, any active employee who has a Health Care FSA who has unused funds in their account as of June 30, 2018, will be eligible to carry over any remaining balance up to $500 to the next plan year.

DISABILITY INSURANCE

The Town and School departments offer long term disability. For details regarding the disability policy Town employees should call the Treasurer's Office at 508-429-0602 and School employees should call Central Office at 508-429-0650.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE TREASURER'S OFFICE

ACKNOWLEDGEMENT FORM

☐ I wish to be enrolled in the following employee group health

EMPLOYEE MONTHLY PREMIUMS

PLAN	INDIVIDUAL	FAMILY
☐ Blue Cross Rate Saver	$407.20	$1,092.00
☐ Blue Cross Benchmark	$368.00	$987.20
☐ Harvard Pilgrim Rate Saver	$367.60	$957.20
☐ Harvard Pilgrim Benchmark	$332.40	$865.60
☐ Harvard Pilgrim PPO	$1,232.00	$2,736.00
☐ Tufts Rate Saver	$386.80	$1,013.20
☐ Tufts Benchmark	$350.00	$916.40
☐ Fallon Select Rate Saver	$278.80	$750.40
☐ Fallon Select Benchmark	$255.20	$687.20
☐ Fallon Direct Rate Saver	$260.00	$697.60
☐ Fallon Direct Benchmark	$237.60	$639.20

☐ Individual _____ ☐ Family _____

Health Insurance is to be effective: _____

****NOTE THE APPLICATION FOR HEALTH INSURANCE MUST BE SUBMITTED WITH THIS FORM****

IF YOU ARE APPLYING FOR FAMILY COVERAGE YOU MUST PROVIDE A MARRIAGE CERTIFICATE FOR YOUR SPOUSE, BIRTH CERTIFICATES FOR YOUR CHILDREN, AND THE TOP PORTION OF IRS FORM 1040 OR 1040EZ SHOWING FILING STATUS AND DEPENDENTS.

☐ I do **NOT** wish to carry health insurance through the Town of Holliston.

☐ I wish to enroll in Basic Life Plan A for $10,000 of term life/AD&D coverage for $3.50 per month.

****NOTE THE APPLICATION FOR LIFE INSURANCE MUST BE SUBMITTED WITH THIS FORM****

☐ I do **NOT** wish to enroll in Basis Life Plan A.

_____ _____ _____

SIGNATURE NAME (PRINT) DATE

THIS FORM MUST BE COMPLETED AND RETURNED TO THE TREASURER'S OFFICE

BENEFIT ACKNOWLEDGEMENT FORM

☐ I wish to enroll in Optional Life Plan B.

$_____ coverage for $_____ per month
Dollar Amount Per Month Cost

****NOTE THE APPLICATION FOR LIFE INSURANCE MUST BE SUBMITTED WITH THIS FORM****

☐ I do **NOT** wish to enroll in Optional Life B.

☐ I wish to enroll in Permanent Life Plan C. Contact the Treasurer's Office

☐ I wish to be enrolled in the voluntary dental insurance.

☐ Individual: $51.28
☐ Family: $142.74

Dental Insurance is to be effective: _____

****NOTE THE APPLICATION FOR DENTAL INSURANCE MUST BE SUBMITTED WITH THIS FORM****

☐ I do **NOT** wish to enroll in the dental plan.

☐ I wish to meet with a representative concerning Cancer insurance.

☐ I do **NOT** wish to carry Cancer Insurance.

☐ I wish to enroll in the Flexible Spending Plan.

☐ Health Care FSA: $_____
☐ Dependent Care FSA: $_____

****NOTE THE APPLICATION FOR FLEXIBLE SPENDING MUST BE SUBMITTED WITH THIS FORM****

☐ I do **NOT** wish to enroll in the Flexible Spending Plan

_____ _____ _____
SIGNATURE NAME (PRINT) DATE