Employee Benefits Summary

<u>REQUIRED INFORMATION FOR BENEFITS:</u> birth date (self, spouse, dependents), social security number (self, spouse, dependents and beneficiaries) voided check for direct deposit.

PROBATIONARY PERIORD: The normal period of probation for new employees shall be six (6) months with the exception of Police and Fire which shall be twelve (12) months

PAYROLL: Mandatory direct deposit

VACATION: Vacation is based upon length of service. New employees accrue 6.67 hours per month from date of hire for use after successful completion of initial six (6) months probationary period.

HOLIDAYS: New Years Day, Martin Luther King, Jr., Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, Christmas Eve and Christmas Day.

SICK LEAVE: Employee receives credit for eight (8) hours of sick leave at the end of each month. Sick leave may be used for personal or immediate family illness. Maximum accrual of 1040 hours.

<u>LIFE INSURANCE:</u> Provided by the City at no cost to employee. Coverage begins on date of employment and equals base annual salary.

SUPPLEMENTAL LIFE INSURANCE: -optional_ Coverage equals base annual salary. Monthly premium cost based upon employee's age and salary.

DEPENDENT LIFE INSURANCE: -optional-

TWO COVERAGE OPTIONS

Employee pays \$1.50 per month for \$5,000 Employee pays \$3.00 per month for \$10,000

LONG TERM DISABILITY: -optional- Coverage begins first month after 90 days employment. Monthly premium is shared 50/50 by employee/City.

| HEALTH INSURANCE PLAN: | Plan | eff. 1/1/16 | E | mployee Cos | st Per Pay Pe | <mark>riod (26)</mark> |
|-------------------------------|--------------------------------|--------------|---------------------|-------------|----------------------------|------------------------|
| | National POS (Humana) | | | Indivi | dual \$7 | 78.05 |
| | | | | Famil | y \$1 | 95.10 |
| | Wellness Assessment Reduced Ra | | | ite Indivi | dual \$7 | 70.25 |
| | | | | Famil | y \$1 | 75.59 |
| | | | | | | |
| DENTAL INSURANCE PLAN: | <u>Plan</u> | eff. 1/1/16 | <u>E</u> | mployee Cos | <mark>st Per Pay Pe</mark> | <u>riod (24)</u> |
| | Delta D | Dental of TN | Employee | 9 | \$1 | 14.91 |
| | | | Employee + Spouse | | \$2 | 29.07 |
| | | | Employee + Children | | \$3 | 32.73 |
| | | | Employee + Family | | \$5 | 54.68 |

FLEXIBLE SPENDING ACCOUNTS: -optional- Medical spending and dependent care spending accounts. Contributions are on a pre-tax basis.

RETIREMENT-ICMA RC 401 (a): Membership is mandatory; 5% mandatory contribution employee; 5% City contribution; employee voluntary contributions available with City matching employee voluntary Contribution up to a maximum 3%.

RETIREMENT-ICMA RC 457 (b) supplement: -optional- Employee may contribute up to \$17,500 in 2017