



**TOWN OF MADISON
CONNECTICUT 06443-2563**

Rita C. Umile
Manager of
Human Resources,
Office of the
First Selectman

FISCAL YEAR 10-11

**PAYMENT IN LIEU OF BENEFITS POLICY
FOR AFSCME COUNCIL 15 EMPLOYEES**

An employee may elect **not to participate** in the Town of Madison's health benefit program and receive quarterly payments equal to 50% of the current, single, Century Preferred coverage rate. The payment will be prorated depending on when the employee elects to waive the health benefit program.

Health benefits refer to medical coverage and all riders attached to the policy—dental, vision and prescription plans.

Please refer to your union contract for further details.

HEALTH BENEFITS WAIVER

I elect not to participate in the Town of Madison's health benefit program.

I understand that my "in lieu of" benefit payment will be on a quarterly basis and will be pro-rated depending on when I waived health benefits. The **2010/2011** annual reimbursement is **\$3,458.64**, paid in quarterly installments to the employee.

I also understand that I may only choose to re-enter the health benefit program during the normal open enrollment period, unless I have had a change in status.

I fully understand the above agreement:

EMPLOYEE NAME (please print)

EMPLOYEE SIGNATURE

DATE