

CITY OF SWEET HOME
EMPLOYEE BENEFITS SUMMARY/CHECKLIST
Classification: SHPEA

CITY PAID			
Medical - ER 95%/EE 5%	Regence Copay Plan B with Alternative Care	\$500 claimant/\$1,500 family deductible	
Dental - ER 95%/EE 5%	Willamette Dental	No Annual Maximum, No Deductible, Copay Varies	
	MODA - ODS	\$1,500 Benefit per Year	
Vision - ER 95%/EE 5%	VSP	Exam/Lenses Yearly under 19 Exam/Lenses/Frame every 2 Years 19 and over	
Life Insurance	The Hartford	\$1,000 Employee Only	
Accidental Death & Dismemberment	The Hartford	\$10,000 Employee Only	
Long Term Disability Insurance	Standard	66.23% of first \$7,500	
Basic Life Insurance	Standard	\$25,000 Employee Only	
Retirement Program	ICMA RC	12% of Salary Contributed	
	PERS (Sworn Officers Only)	City picks up employee's portion. 6-month waiting period unless employee is already vested.	
Retirement Benefits are not provided until after six (6) months of employment with the City.			
Employee Assistance Program	Deer Oaks EAP Services		
Vacation	Years of Service	Accrual	
	0-5 Years	96 Hours	
	5-10 Years	120 Hours	
	10-15 Years	144 Hours	
	15 + Years	144 Hours plus 8 Hours for each year of service beyond 15 years.	
Sick Leave	8 Hours per Month		
Holidays	Consult Collective Bargaining Agreement.		
Personal Leave	Consult Collective Bargaining Agreement.		
Education & Professional Development	Reimbursement based on program. Consult Collective Bargaining Agreement.		
Other Benefits	Consult Collective Bargaining Agreement and/or Union President, and the Employee Handbook		
EMPLOYEE PAID - OPTIONAL			
		COVERAGE SELECTED	
		YES	NO
Dependent Life Insurance	The Hartford		
Supplemental Employee/Spouse	The Hartford		
Accidental Death & Life Insurance	The Hartford		
Short Term Disability	The Hartford		
Supplemental Health Insurance	AFLAC		
Direct Deposit			
Mid-Month Draw			

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Deferred Compensation	ICMA Retirement		
	Nationwide		
	First Investors		
Flexible Spending Account	ASI		
Sweet Home Community Foundation			
United Way			
Steelhead Gym Membership			

Many of the benefits listed on the front side of this form are provided through group policies with CIS as well as other carriers. This list is provided as general information only.

If you marry, divorce, have children, or a spouse or dependent dies during the year, this may have an effect on your coverage. You should advise HR or your supervisor as soon as you are aware of any changes so we can be sure you and your family have all the coverage to which you are entitled.

Each year in October, during Open Enrollment, you will have the opportunity to change your coverage for reasons other than those listed above. For further information please contact HR.

ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

I have received all the information I have requested regarding the coverage described above and have voluntarily selected the coverage indicated. I understand that I must advise my supervisor or HR of changes in marital status and/or dependents as soon as I am aware so a determination can be made regarding any changes in coverage.

Employee Signature

Date

Are you currently or have you ever been covered by Oregon PERS?

Yes ☐ No ☐