

Employee Name: _____

Date of Hire: _____

SHELBY COUNTY **EMPLOYEE BENEFITS**



Effective
January 1, 2019

Administered by:

PERSONNEL SERVICES DEPARTMENT
Post Office Box 1350
200 West College Street
Columbiana, AL 35051
(205) 670-6510

SHELBY COUNTY EMPLOYEE BENEFITS SUMMARY

Employee Name: _____ Date of Hire: _____

(1) **HEALTH & DENTAL INSURANCE** EFFECTIVE DATE: _____

EMPLOYEE\EMPLOYER (COST) PER MONTH

COVERAGE TYPE	BLUE CROSS/BLUE SHIELD W/ DELTA DENTAL		DENTAL ONLY	
	EMPLOYEE COST	EMPLOYER COST	EMPLOYEE COST	EMPLOYER COST
<i>Single</i>	\$37.33	\$429.33	\$2.13	\$24.53
<i>Family</i>	\$94.20	\$1,083.20	\$7.24	\$ 83.20

HEALTH INSURANCE

- Health coverage begins on the first day of the second full month following the new employee’s date of hire. (For example, if a new employee’s hire date is in the month of January, the effective date of coverage will be March 1.)
- Please refer to the health carrier's brochure for benefits data.

ELIGIBILITY

EMPLOYEES: A full-time employee working thirty (30) or more hours per week
 A part-time employee working an average thirty (30) or more hours per week
 or an average 130 or more hours per month.

DEPENDENTS: Any child up to the age of twenty-six (26) that satisfy the eligibility guidelines of the contract. Please check with your employer if there are any questions.

TRANSFERS New hires meeting the following criteria will be considered as transfers by the LGHIP:

1. New hires, previously covered by LGHIP.
and
2. New hires that terminated employment with another local government unit and covered by LGHIP.

IMPORTANT DEPENDENT INFORMATION:

- A newly acquired dependent must be added to your coverage within 60 days of the attainment date. Newly acquired dependents not added within the first 60 days will not be allowed to add the dependent until the annual open enrollment period.
- Employees may not cover their wife, husband, or other dependents if the dependent is independently insured or if they are eligible to be independently insured as a subscriber in the program.

DENTAL INSURANCE

- Dental eligibility is the same as the health insurance and coverage is effective the same day.
- An employee that declines health insurance coverage has the option to elect dental only coverage.
- Please refer to the Dental insurance brochure for benefits data.

ELIGIBILITY

EMPLOYEE: (Same as Health- see above)
DEPENDENTS: (Same as Health- see above)

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(2) SUPPLEMENT VISION & DENTAL EFFECTIVE DATE, if elected: _____

SOUTHLAND NATIONAL VOLUNTARY PLAN

Coverage	DENTAL	VISION
<i>Single</i>	\$40.00	\$20.00
<i>Family</i>	\$40.00	\$20.00

- Coverage begins on the first day of the second full month following the new employee’s date of hire. (For example, if a new employee’s hire date is in the month of January, the effective date of coverage will be March 1.)
- Please refer to the Southland insurance brochure for benefits data.

ELIGIBILITY **EMPLOYEE:** (Same as Health- see above)
DEPENDENTS: (Same as Health- see above)

(3) BASIC TERM LIFE AND ACCIDENT (AD&D) INSURANCE EFFECTIVE DATE: _____

COST PAID AT 100% BY COUNTY COMMISSION BENEFIT: _____ \$25,000

- Life insurance coverage begins on the first of the calendar month following the date the employee completes one month of continuous employment.
- Employees are responsible for beneficiary elections.
- Beneficiary elections can be changed upon written request from the employee.

ELIGIBILITY **EMPLOYEE:** (see brochure for details)
DEPENDENTS: (see brochure for details)

(4) SUPPLEMENTAL LIFE INSURANCE EFFECTIVE DATE, if elected: _____

EMPLOYEE SUPPLEMENTAL TERM LIFE INSURANCE

- Employees can elect **Supplemental Term Life Insurance** in amounts of either 1, 2, or 3 times your Basic Annual Earnings (BAE), rounded to the next higher \$1,000, if not an even multiple thereof, subject to a maximum of \$150,000.
- Proof of good health that is satisfactory to the insurance company is required when requesting more than \$100,000 of Supplemental Term Life Insurance.
- Employees are responsible for beneficiary elections.
- Beneficiary elections can be changed upon written request from the employee.
- Benefits reduce at ages 70 and 75. See your brochure and certificate for more information about age-based benefit reductions.

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DEPENDENT TERM LIFE INSURANCE - SPOUSE

- Employees electing **Employee Supplemental Term Life Insurance** can also elect **Dependent Term Life Insurance** for their spouse. Elections can be made in increments of \$5,000, up to 50% of the amount you elected for the employee with a maximum election of \$75,000.
Remember: Amounts over \$50,000 for you must be approved by the insurance company.
- Proof of good health that is satisfactory to the insurance company is required when requesting more than \$50,000 of Supplemental Term Life Insurance.
- An employee may not be insured as both an employee and a dependent.
- The beneficiary for the life insurance on the lives of your spouse and children will automatically be the employee, if surviving. Otherwise the estate of the spouse and/or children, subject to policy provisions.

DEPENDENT TERM LIFE INSURANCE - CHILD

- Employees electing **Employee Supplemental Term Life Insurance** can also elect **Dependent Term Life Insurance** for your dependent children to age 19, students to age 23.
- Under this option, each child has a \$5,000 benefit.
- Only one employee may insure each eligible child.
- The beneficiary for the life insurance on the lives of your spouse and children will automatically be the employee, if surviving. Otherwise, the benefit goes to the estate of the spouse and/or children, subject to policy provisions.

(5) VOLUNTARY ACCIDENT (AD&D) INSURANCE **EFFECTIVE DATE, if elected:** _____

Additional **Voluntary Accident (AD&D) Insurance** is available to employees and their family members. You may purchase from \$20,000 up to 5 times your annual salary up to \$250,000 in multiples of \$10,000.

- Your family members will be covered for a percentage of you benefit depending on the makeup of your family - see the brochure for more information about coverage percentages.
- Rates for **Voluntary Accident Insurance** are \$0.30/\$10,000 for single and \$0.40/\$10,000 for family.
- See the **Voluntary Accident Insurance** Enrollment Form for the maximum amount of benefit you can elect for yourself.
- You are responsible for electing a beneficiary.
- Employees may change their beneficiary for voluntary accident insurance upon written request.
- The beneficiary for the voluntary accident insurance on the lives of your spouse and children will automatically be the employee, if surviving. Otherwise, the benefit goes to the estate of the spouse and/or children, subject to policy provisions.

(6) RETIREMENT PROGRAM **EFFECTIVE DATE:** _____

(A) THE RETIREMENT SYSTEMS OF ALABAMA

EMPLOYEES RETIREMENT SYSTEM

- Retirement deductions begin immediately (on your first paycheck).
- Mandatory Employee Contributions:

Regular Employees		Firefighters/Law Enforcement/Correction Officers	
Tier 1	5%	Tier 1	6%
Tier 2	6%	Tier 2	7%

- Please refer to the Retirement brochure for details.

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(7) **MUTUAL SAVINGS CREDIT UNION** **EFFECTIVE DATE, if elected:** Upon Enrollment

(A) **AVAILABLE THROUGH A PAYROLL DEDUCTION PLAN.**

ELIGIBLE EMPLOYEE (ELIGIBILITY): All exempt status (full-time) and classified service employees are eligible for membership. All other categories of service are not deemed classified employees and are eligible for County provided benefits only as specifically provided by the County Commission or the appropriate appointing authority.

ELIGIBILITY DATE: The date of employment and/or upon enrollment.

MINIMUM DEDUCTION: \$5.00 (unless subject to MSCU policy)

MAXIMUM DEDUCTION: Total new pay less \$5.00 (unless subject to MSCU policy)

DEDUCTION FREQUENCY: Per pay period

DEDUCTION CHANGE OF STATUS: All MSCU members can adjust their deduction amount. **A CHANGE FORM** must be completed/signed by the member. The **CHANGE FORM** must then be submitted to MSCU or Personnel Services as soon as possible. The deduction change will become effective on the next pay period following the Personnel Department's receipt of the change form.

DEDUCTION TERMINATION: All MSCU members payroll deductions will be completed upon final compensation in accordance with the County's bi-weekly and/or monthly payroll process, unless otherwise assigned by a completed "Change of Status" Change Form.

All rules and regulations of the Mutual Savings Credit Union are hereby incorporated in this policy. Shelby County shall have no responsibility or obligation to provide for withdrawals of employee funds from MSCU accounts. Shelby County does not warrant or guaranty the financial viability of the MSCU or any of its successors or assignees. The role of the County is to facilitate an employee payroll deduction savings plan.

(10) **DISABILITY INSURANCE** **EFFECTIVE DATE:** _____

**SELF-FUNDED/ADMINISTERED BY SHELBY COUNTY PERSONNEL
COUNTY COMMISSION PAYS 100% OF THE COST**

Disability insurance eligibility begins when the employee gains regular status and has successfully completed their six month probationary period or a six (6) months waiting period for unclassified positions. Coverage begins after all accrued sick leave is exhausted.

ELIGIBLE EMPLOYEES

- **REGULAR EMPLOYEES**
Regular classified service employees are eligible after completion of their six-month probationary period and must be actively employed and working 32 or more hours per week.
- **UNCLASSIFIED SERVICE EMPLOYEES**
Unclassified service employees are eligible six months from the date of hire and must be actively employed and working 32 or more hours per week.

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NOT ELIGIBLE FOR DISABILITY COVERAGE

- Probationary Employees
- Dependents
- Elected Officials
- Retired Employees
- Outside Agency Employees

BENEFIT ELIBILITY

1. **SICK LEAVE REQUIREMENTS:** BENEFITS AVAILABLE ONLY AFTER ALL SICK LEAVE IS EXHAUSTED
2. **WEEKLY BENEFITS TERMINATE ON THE EMPLOYEE'S 70TH BIRTHDAY**

BENEFIT CLASSIFICATION

- **ACCIDENT**
- **SICKNESS**

BENEFITS BEGIN

1ST DAY AFTER SICK LEAVE REQUIREMENTS ARE MET
 8TH DAY AFTER SICK LEAVE REQUIREMENTS ARE MET

LENGTH OF BENEFITS

26 WEEKS

BENEFIT AMOUNT:

ELIGIBLE EMPLOYEES: \$120/WK

REQUIREMENTS

- Eligible employees must submit proof of claim on the approved claim forms (subject to provisions of notice and proof of claims of this plan).
- Claim forms must be submitted by the employee along with verification that the employee no longer has any accrued sick leave available.
- The employee must submit a Physician’s Statement on initial discovery of disability. A new Physician’s Statement must be provided every six (6) weeks, as long as disability is CLAIMED.

IMPORTANT INFORMATION AND REQUIREMENTS

- Employees are responsible for adding and/or deleting dependents from their coverage when they become eligible or ineligible for coverage.
- Employees must add eligible dependents within 60 days of the date they acquire the new dependent (marriage, birth, adoption, etc.). Dependents that are not added during the initial eligibility period cannot be added until the annual open enrollment period.
- Employees responsible for assigning a beneficiary to their life insurance coverage. Changes to beneficiaries can only be made by submitting the request to Personnel Services in writing.
- Benefits will not become effective until all required paperwork and supporting documents are on file in the Department of Personnel Services and with the provider.
- All benefit questions should be directed to Personnel Services. Unless the response comes from a representative of Personnel Services it is not considered valid or correct.