

HEALTH COVERAGE OFFER LETTER

(Date of Letter)

(Employee Name)

(Address)

(City, State, Zip)

Dear *(Employee Name)*,

In Section XVI: Benefits of the Tremonton City Personnel Policies and Procedures Manual, it states that if a Part-time Employee averages more than thirty (30) hours per week or more than one-hundred thirty (130) hours per month during the Standard or Initial Measurement Period, that employee is eligible for Health Coverage.

This letter is to inform you that you have been found eligible for health coverage. Please choose an option below:

- Accept Health Coverage Decline Health Coverage

During this fiscal year, the Tremonton City Council has decided to pay ninety percent (90%) of each employee's Health Coverage premium. The remaining ten percent (10%) of the Health Coverage premium shall be the Employee's responsibility. Below is a schedule of the amount that will be deducted from your bi-weekly paycheck based upon coverage type if you elect to enroll in Health Coverage:

<u>Coverage Type</u>	<u>Amount</u>
Family	\$59.27
Double	\$40.00
Single	\$18.02

Please sign below and return this letter to the HR Director by the 15th of the month to ensure timely enrollment in Health Coverage if requested.

Cordially,

Mayor Roger Fridal

Employee Signature

Date

Notes:

REV 02-14.1