

New Employee Benefit Summary

PENSION

401A DEFINED CONTRIBUTION PLAN

All non-law enforcement employees are **required** to enroll in the 401A plan. Plan contributions are designated below by Union.

DOE Union Employees Only

EFFECTIVE DATE	MINIMUM EMPLOYEE 401A CONTRIBUTION	CITY'S MATCH (UP TO)
July 1, 2017	6%	9%

All Other Employees

401A Deferred Compensation (ICMA)	Available to all full-time employees. <i>Members of the FOP are not eligible for this plan due to enrollment in the State of Delaware Municipal Police & Fire Pension Plan.</i>	Must contribute up to 3% of pensionable wages as defined by the City of Dover Pension ordinance.
City Contribution	City matches the employee's contribution of up to 5%.	For employees who are enrolled in the 401A and the 457 plan , the City matches the employee's contribution to the 457 plan up to 3% . The City's contribution is deposited in the 401A plan.

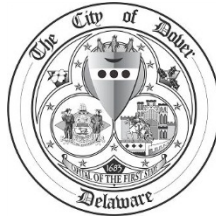
Wages subject to pension are regular pay, scheduled over-time and payment for being on-call, except those hours reported for being called out. If an employee leaves employment with the City, they are eligible to keep all contributions in the plan. There are no vesting requirements for this plan. The Employee is responsible for all investment decisions.

457 DEFERRED COMPENSATION PLAN

Employees may elect to participate in either the ICMA or Nationwide Deferred Compensation 457 plan. The City will match the employee's contribution up to 3%; however, the City's match must be deposited into the 401A pension plan. Enrollment in the 457 is optional and can occur at any time. Law Enforcement employees can enroll in this plan; however there is no match from the City. Similar to the 401A, if an employee leaves employment with the City, they are eligible to keep all contributions in the plan. There are no vesting requirements and the Employee is responsible for all investment decisions.

ICMA Investor Services: 1-800-669-7400

Nationwide Retirement Services: 1-877-677-3678



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POLICE PENSION

Police Officers are automatically enrolled in the State of Delaware's County/Municipal Police Pension Plan. Retirement benefits are paid at 50% of pay after 20 years of service. Benefits increase 3.5% every year until age 55 or when the officer reaches 30 years of service. Employees are considered fully vested after 10 years. If an officer leaves the department prior to being vested, he/she is entitled to his/her contribution only. Statements are mailed to each employee annually by the State. **State Pension Office: (302) 739-4208**

Health Insurance: (Open Enrollment May/Effective July 1)

The City participates in the State of Delaware Group Health Insurance Program. If hired on or before the 15th of the month, coverage is effective on the 1st of the following month. If hired after the 15th of the month, coverage is effective on the 1st of the month after 1 month of employment.

Non-Bargaining employees pay 15% of the total monthly premium for the health care plan of their choice. The City pays the remaining 85% of the total monthly premium.

AFSCME Union Employees

- Hired **on or after May 21, 2014**, will pay **20%** of the total monthly premium for the healthcare plan of their choice. The City pays the remaining **80%** of the total monthly premium.

DOE Union Employees

- **Hired on or after December 22, 2015**, will pay **20%** of the total monthly premium for the healthcare plan of their choice. The City pays the remaining **80%** of the total monthly premium.

FOP Union Employees

- **Hired on or after October 9, 2015**, will pay **20%** of the total monthly premium for the healthcare plan of their choice. The City pays the remaining **80%** of the total monthly premium.

IBEW Union Employees

- **Hired on or after July 1, 2014**, will pay **20%** of the total monthly premium for the healthcare plan of their choice. The City pays the remaining **80%** of the total monthly premium.

New Employee Benefit Summary

Preventive care (as defined by the Affordable Care Act (ACA)) will be covered at no charge through your health and prescription coverage.

Preventive care is one of the most important ways to keep you and your family healthy –

- Annual Physical Exam
- OB/GYN Exam
- Cancer screening, including mammograms and colonoscopies
- Flu, pneumonia and other shots (age parameters may apply)
- Preventive medications such as aspirin to prevent cardiovascular events and folic acid for women through age 50

Most preventive care will be covered at 100 percent if you see a network doctor. Check your plan for details and prior authorizations.

DelaWELL Health Management Program - All programs and services will be provided through Highmark Delaware and Aetna.

AETNA

Aetna HMO Plan

- Local and National Network Access - It's simple to access care from Aetna's large network of providers in DE, PA, SNJ, MD and across the country!
- Primary Care Physician Selection is required – Your PCP will assist in coordinating your care with your other Health Care providers.
- Referrals are required for certain services and are obtained through your primary care physician. Most preventative care is covered at 100%.

Aetna CDH Gold Plan (Open Choice PPO) with an HRA

- You can see any doctor you want, without a referral.
- Most Preventive Care is covered at 100% when rendered in-network.
- A fund is provided to help cover eligible health expenses.

Here's how your fund would work with the Aetna CDH Gold Plan, there are three parts – the fund, the deductible and the health plan. Here's how they work:

The Fund:

Each year, your employer funds a health reimbursement account – the fund for you. You can use fund dollars to pay eligible out-of-pocket health care costs. Fund dollars can even pay partial amounts of these costs. If you don't use the whole fund in one year, no worries, unused amounts can roll over to the next year. However, if you change employers or leave the CDH Gold Plan, you can't take the fund with you.

New Employee Benefit Summary

Your Deductible:

This is an amount you must pay for eligible expenses. Once you pay the full deductible, your health plan begins to pay benefits. As you use the fund, the payments count toward your deductible. That means you have less to pay out of your own pocket!

Your Health Plan:

Once you meet your deductible, your health plan pays its share for eligible expenses. You pay a smaller share of these costs from your own pocket.

No matter which Aetna plan you choose, you can **SAVE** with **AETNA DISCOUNT PROGRAMS**! Aetna offers discounts such as: Vision Discounts, Gym and Gym Equipment Discounts, Vitamin Discounts, Hearing Aid Discounts, Massage Therapy Services and many more.

When you become an Aetna member you can sign up for Aetna's members-only website. You get tools and resources to help you manage your health and your benefits. All of your plan information and cost-savings tools are in one place - your Aetna Navigator member website.

Call Aetna's Member Services at 877-542-3862 to learn more about how the Aetna HMO Plan and Aetna CDH Gold Plan has everything you need to help you be your healthiest. Additional information can be viewed at www.ben.omb.delaware.gov/medical/aetna.

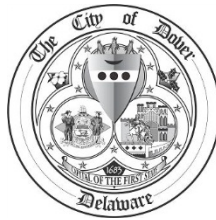
HIGHMARK DELAWARE

Highmark Delaware: First State Basic Plan

In-network services will have a deductible of \$500 per individual and \$1,000 per family. The plan will then pay at 90% of the Highmark allowable charge. The out-of-pocket maximum is \$2,000 per individual and \$4,000 per family (including the deductible) per plan year. The out-of-pocket maximum applies to medical services only. Copays for prescription medications are not applied to the out-of-pocket maximum. Preventive services are covered in network at 100% of the allowable charge and are not subject to a deductible or coinsurance. Out-of-network services will be subject to a deductible of \$1,000 per individual and \$2,000 per family and then the plan will pay at 70% of the allowable charge. The out-of-pocket maximum is \$4,000 per individual and \$8,000 per family per plan year. There is no out-of-network out-of-pocket maximum for prescription drugs.

Highmark Delaware: Comprehensive Preferred Provider Organization (PPO) Plan

By using in-network services you will pay a small copay/coinsurance with no deductible. If you use out-of-network providers, you must meet a \$300 per person/\$600 per family plan year deductible unless otherwise noted. The medical in-network out-of-pocket maximum is \$4,500 per individual and \$9,000 per family. Preventive services are covered in network at 100% of the allowable charge and are not subject to a copay. The out-of-network out-of-pocket maximum is \$7,500 per individual and \$15,000 per family (including the deductible) per plan year. The prescription drug in-network out-of-pocket maximum is \$2,100 per individual and \$4,200 per family. There is no out-of-network out-of-pocket maximum for prescription drugs.



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NOTE: Highmark Delaware's allowable charges are based on the price Highmark Delaware determines is reasonable for care or services provided.

*Complete information on all Highmark Delaware plans, including a summary plan description, can be found at www.ben.omb.delaware.gov/medical.

Please review the Open Enrollment booklet contained in your orientation packet for further details of coverage.

If you cover your spouse in one of the State of Delaware's Group Health Insurance medical plans; you **MUST** complete a new Spousal Coordination of Benefits form upon enrollment, each year during open Enrollment and anytime their employment or insurance status changes. The online Spousal Coordination of Benefits form can be completed by going to the following website: <https://cob.ben.omb.delaware.gov/>

EXPRESS SCRIPTS

When you enroll in a health plan, you are automatically enrolled in the prescription drug plan managed by Express Scripts. The Spousal Coordination of Benefits (SCOB) policy also applies to prescription coverage.

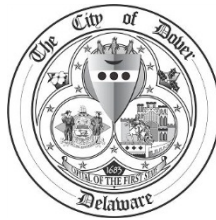
PREVENTIVE MEDICATIONS

Prescriptions are provided through the prescription benefits manager, Express Scripts. Preventive medications are covered at **no cost** to the member for all non-Medicare health plans and are not subject to a deductible or coinsurance. The prescription copays are not applicable to the medical deductible or out-of-pocket maximum. Effective July 1, 2015, the preventive medications covered under your prescription drug plan are listed below:

- Aspirin (to prevent cardiovascular events)
- Oral Fluoride
- Folic Acid
- Iron Supplements
- Immunizations / Vaccines
- Smoking Cessation
- Vitamin D
- Bowel Preps
- Women's Preventive Services Contraceptive Option (For a complete listing of preventive medications visit www.ben.omb.delaware.gov/script.)
- Breast Cancer Prevention

2017 PRESCRIPTION COPAY RATES

STATE OF DELAWARE PRESCRIPTION COVERAGE	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON-PREFERRED
30-DAY SUPPLY	\$8.50	\$20.00	\$45.00
90-DAY SUPPLY	\$17.00	\$40.00	\$90.00



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COST SAVING PRESCRIPTION PROGRAMS

Diabetic supplies (lancets, test strips, syringes/needles) are provided at no cost (\$0 copay) when the prescription is filled at a retail participating pharmacy, a 90-day participating pharmacy or the Express Scripts Pharmacy (mail order). Supplies do not need to be ordered at the same time as medications to take advantage of the \$0 copay.

Multiple diabetic medications may be obtained for just one copay when the prescriptions are filled at the same time at a 90-day participating pharmacy or the Express Scripts Pharmacy (mail order).

MAINTENANCE MEDICATION PROGRAM

Maintenance Medications are those used to treat chronic conditions and long-term conditions. Examples include blood pressure medications, cholesterol-lowering medications, and asthma medications. For more information, see www.ben.omb.delaware.gov/script.

The State of Delaware Prescription Plan requires that maintenance medications be filled for 90 days, and a penalty applies when a 30-day prescription is filled for the 4th time. The penalty is that the member receives a 30-day supply of medication and is charged the 90-day copay, as shown on the chart below.

STATE OF DELAWARE MAINTENANCE MEDICATION PROGRAM	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON-PREFERRED
Penalty: On the 4th fill of a 30-day supply of a Maintenance Medication member receives 30 days of medication and pays the 90-day copay	\$17.00	\$40.00	\$90.00

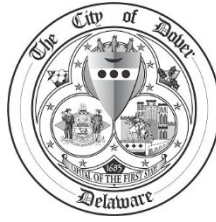
Members can avoid paying a penalty by asking their doctor to write maintenance medication(s) prescriptions for a 90-day supply. Members can then fill 90-day prescriptions:

1. At retail pharmacies participating in the 90-day network: Visit the Statewide Benefits website at www.ben.omb.delaware.gov/script to view a list of retail pharmacies participating in the 90-day network or call Express Scripts at 1-800-939-2142 to ask about a particular pharmacy.
2. Through the Express Scripts Pharmacy (mail order): To get started call 1-800-939-2142 to speak with an Express Scripts Member Services representative.

THE COVERAGE REVIEW PROCESS

The Coverage Review Program is designed to keep up with changes in the prescription marketplace.

Please check the Statewide Benefits Website for a list of affected medications and the type of coverage review required for new users at <http://www.ben.omb.delaware.gov/script/programs.shtml>. The lists will be updated periodically, so you should check this list whenever you receive a prescription for a new medication.



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QUESTIONS ABOUT YOUR PRESCRIPTION COVERAGE

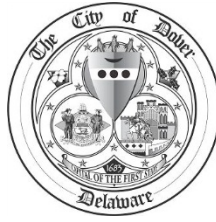
If you have specific questions about medication or pharmacy participation, contact; Express Scripts Member Services (for non-Medicare members) at 1-800-939-2142, 24 hours a day, 7 days a week. Pharmacists are available around the clock for medication consultations. Express Scripts' website, www.express-scripts.com offers extensive online resources, including health and benefit information and online pharmacy services.

PART-TIME EMPLOYEES*

Non-Bargaining, part-time, regular employees working twenty (20) or more hours per week are eligible for certain benefits; however, the City's share of the cost of the coverage shall be one-half (1/2) that for full time regular employees. For each coverage offered, where the City pays the full cost or a portion of the cost for full time employees, the City will pay only one-half (1/2) of the same costs for eligible part time employees.

***DOE Union employees**

Part-time regular employees working thirty (30) or more hours per week shall be eligible to enroll in the City's health insurance plan. However, the City's share shall be one-half (1/2) that for full-time regular employee. Part-time regular employees working less than the required number of hours shall not be eligible for the coverage.



City of Dover

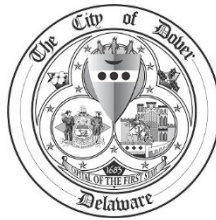
New Employee Benefit Summary

Health Premiums
Effective: July 1, 2017
20% Employee Cost Sharing

Plan Name	Coverage Type	Employee Pays per Month	Biweekly Payroll Deduction	City Pays	Total Cost Monthly
Highmark Delaware First State Basic	Employee Only	\$146.56	\$ 73.28	\$ 586.28	\$ 732.84
	Employee & Child(ren)	\$222.52	\$ 111.26	\$ 890.06	\$ 1,112.58
	Employee & Spouse	\$302.66	\$ 151.33	\$ 1,210.66	\$ 1,513.32
	Family	\$378.20	\$ 189.10	\$ 1,512.84	\$ 1,891.04
Highmark Delaware Comprehensive PPO	Employee Only	\$167.24	\$ 83.62	\$ 669.02	\$ 836.26
	Employee & Child(ren)	\$257.46	\$ 128.73	\$ 1,029.88	\$ 1,287.34
	Employee & Spouse	\$346.48	\$ 173.24	\$ 1,385.94	\$ 1,732.42
	Family	\$433.02	\$ 216.51	\$ 1,732.06	\$ 2,165.08
Aetna HMO	Employee Only	\$152.98	\$ 76.49	\$ 611.96	\$ 764.94
	Employee & Child(ren)	\$233.74	\$ 116.87	\$ 935.02	\$ 1,168.76
	Employee & Spouse	\$321.96	\$ 160.98	\$ 1,287.86	\$ 1,609.82
	Family	\$401.60	\$ 200.80	\$ 1,606.42	\$ 2,008.02
Aetna CDH Gold	Employee Only	\$151.68	\$ 75.84	\$ 606.68	\$ 758.36
	Employee & Child(ren)	\$231.44	\$ 115.72	\$ 925.80	\$ 1,157.24
	Employee & Spouse	\$313.90	\$ 156.95	\$ 1,255.64	\$ 1,569.54
	Family	\$398.64	\$ 199.32	\$ 1,594.60	\$ 1,993.24

20% Employee Cost Sharing

AFSCME Union Employees hired on or after May 20, 2015
DOE Union Employees hired on or after December 22, 2015
FOP Union Employees hired on or after October 9, 2015
IBEW Union Employees hired on or after July 1, 2014



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VISION CARE

Open Enrollment May / Effective July 1

Vision Benefits of America has been providing quality service for over 15 years to our employees. The City pays the full premium for all full time regular employees. Employees must pay the premiums for their dependents. The plan provides a complete vision exam, clear lenses, and a quality frame at no out-of-pocket cost to you other than the \$10 copayment. Also the plan provides Polycarbonate Lenses and 1-year scratch protection, when spectacle lenses are obtained through a VBA participating provider. **This is a two-year binding election.** Vision Insurance is also provided to employees and dependents that are enrolled in the Blue Care and/or Aetna health plan.

VBA Customer Service: www.visionbenefits.com or 1-800-432-4966

VBA Monthly Premiums as of July 1, 2017

Vision Benefits of America (VBA)	Employee Only	\$ -
	Employee & Child(ren)	\$ 4.09
	Employee & Spouse	\$ 3.97
	Family	\$ 8.21

DELTA DENTAL

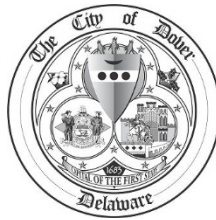
Open Enrollment May / Effective July 1

Premiums are paid entirely by the employee. Two plan options are available. The low plan provides coverage for basic dental care services; for example, exams, cleanings, x-rays and fillings. In addition to the services provided with the low plan, the high plan provides coverage for endodontics, periodontics, oral surgery, major services and prosthodontics. Services or costs incurred over the allowable limits of each plan are the responsibility of the employee. **Enrollment is binding therefore an employee's enrollment is required for the entire plan year.**

Visit www.deltadentalins.com for more information or call 800-932-0783.

Delta Dental Monthly Premiums as of July 1, 2017

Delta Dental High Plan	Employee Only	\$ 40.35
	Employee & One Depend	\$ 75.70
	Family	\$ 119.65
Delta Dental Low Plan	Employee Only	\$ 27.24
	Employee & One Depend	\$ 52.33
	Family	\$ 98.07



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ASI FLEXIBLE SPENDING

Open Enrollment November / Effective January 1.

Dependent Care Accounts

You can establish a dependent care spending account where you use pretax dollars to pay a provider who takes care of dependents so that you or your spouse can work or attend school full-time. Eligible expenses include licensed day care centers, after-school care, baby-sitting costs (with limitations), or day care for an elderly member of your household. You can redirect up to \$5,000 if you are single or married filing a joint tax return, or \$2,500 if you are married and filing a separate return. Part time employees are not eligible.

Medical Spending Account

You can establish a medical spending account to use pretax dollars to pay unreimbursed health care expenses. Eligible expenses include medical plan deductibles, insurance payments, hearing care expenses, and unreimbursed vision and dental expenses. You can redirect up to \$2,000 (annually) of your pay, on a pretax basis, to fund your medical spending account. Part time employees are not eligible.

SECTION 125

Employees can elect to have health and dental insurance premiums deducted from your gross pay before Social Security, Medicare, Federal and State taxes are calculated (a pretax basis), thus reducing your tax liability.

Section 125 lowers the salary on which both Social Security benefits are calculated. While the actual impact on the benefit calculation is typically very minor, if you are close to beginning a Social Security benefit, you may consider waiving the Section 125 Plan for your medical premiums. Premiums would then be taken as an after-tax deduction. We encourage you to contact the Social Security Administration at (877) 701-2141 for more about how your Social Security income is calculated. Changes to this deduction are only permitted as a result of a life event after initial election.

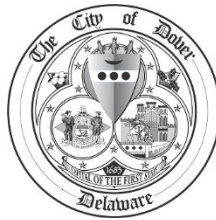
LIFE & DISABILITY INSURANCE - UNUM Life, Accident & Short Term Disability Insurance (LID)

Open Enrollment October / Effective November 1.

LID insurance is an optional life, accidental death, and disability insurance product. For those who select this benefit, the premium is shared 50% - 50% between the employee and the City (this cost sharing is for full-time employees). Part time employees have a 25% - 75% cost sharing with the City's portion being 25%. The employee's contribution is deducted from the first paycheck of each month. Premiums are based on the employee's annual salary. Enrollment is a binding election for one year. Long Term Disability is offered only to non-bargaining employees (at no cost).

Life Insurance Benefit = 2x annual salary (maximum \$350,000)

- Accidental Death Benefit = Additional 2x annual salary (maximum \$350,000)
- Disability Insurance Benefit (off the job injury/sickness) = 70% of weekly salary up to a maximum of \$400 week. Benefits available for up to 52 weeks. Waiting period may apply and counts toward the benefit eligibility period.



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AFLAC

The following AFLAC products are available to all full-time employees (Short-Term Disability Insurance, Hospital Advantage, Cancer Care, Critical Care and Recovery and Accident Indemnity). If you are interested in obtaining this coverage from AFLAC, please contact Fred Wilson via phone at (302) 283-0950 or via email at frederick_wilsoniii@us.aflac.com. Be sure to mention that you are a City of Dover employee.

VOLUNTARY TERM LIFE

Voluntary Term Life Insurance is an affordable and sensible way to provide your family with the additional financial protection in the event of an untimely death. The face amount of the policy can help to pay for mortgage/rent, credit card debt, loans, health care costs, final expenses, etc. Employee can elect coverage up to 5 times your annual salary. Coverage is also available for spouses and dependent children (up to age 21). Premiums are paid 100% by the employee, with rates set to increase in increments of 5 years based upon your age. Premiums are deducted on a bi-weekly, post-tax basis. Administered by UNUM (the carrier of the City's Life, Accidental Death & Dismemberment and Short-Term Disability provider). Newly eligible employees are guaranteed \$150,000 in term life insurance with no medical questions.

UNIVERSAL LIFE INSURANCE

Universal Life Insurance provides benefits in the event of a fatal occurrence. No physicals or bloodwork are required. Universal Life rates are projected to stay the same throughout the life of your policy and accumulates cash value over time. This coverage is portable, which means you can take the coverage when you leave employment with no change in the rate. Coverage is also available for spouses and dependent children (to age 26). 100% of premiums for Universal Life are paid by the employee. This coverage is administered by TransAmerica.

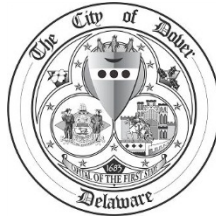
DIRECT DEPOSIT

City of Dover payroll is paid biweekly on Friday. Direct Deposit of your paycheck into a specified bank account is **REQUIRED** for all employees. Complete the enrollment form and attach a voided check for a checking account or deposit slip for savings account.

EDUCATIONAL ASSISTANCE PROGRAM

The City of Dover offers its fulltime, regular employees the opportunity to take courses relating to his/her job. The City will reimburse the employee for the tuition, cost of books, and lab fees up to the University of Delaware credit hour fee schedule for in-state residents and course level, with a maximum of three courses per term. The courses must be related to the employee's job. This does require approval from the Department Head and the Human Resources Director. Reimbursement is done on a sliding scale after the course is taken and grades are reported.

Letter Grade	Grade	Reimbursement %
A	90-100	100
B	80 to 89	90
C	70 to 79	80
D or F	69 and under	0



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BONUS PROGRAMS

The City offers several bonus programs intended to formally recognize individuals, as well as, group initiatives, ideas, commitments, and accomplishments. These programs support the City's Vision and Mission statement and are intended to foster personal and group achievements. The program is based on three categories of bonuses and includes specific bonus programs within these categories. The three categories are Health, Performance, and Suggestions/Ideas.

Health Bonuses

- STOP Program (Sensibly Taking Off Pounds) – Weight Loss Incentive Program
- Breathe Program (No Smoking Incentive)
- SHAPE Program (So Have A Physical Exam)

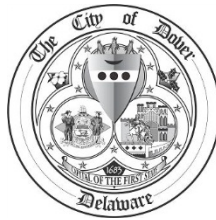
Performance Bonuses

- "DUCS in a Row" Program (Doing Useful Community Service)
- Caught Doing It Right Program

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is administered by Human Management Services (HMS). This program is a confidential counseling and referral program for all employees and dependents experiencing personal problems. Employees are entitled to 5 visits per problem per calendar year at no cost. The EAP is available to all employees enrolled in a health insurance plan.

HMS Contact Information: www.hmsincorp.com or 1-800-343-2186



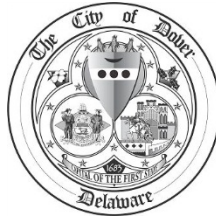
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BENEFIT REVIEW & CHECK LIST

	Pension	401a	Contribution dependent upon employee union	Complete Application	Mandatory
	Pension	457 <i>Either ICMA or Nationwide</i>	Enroll Anytime	Contact HR	Optional
	Health	Select Plan	Enroll or Decline	Complete & Return Application; include marriage certificate, Birth certificates and social security cards for all dependents Complete Spousal COB, if applicable	If you decline, Open Enrollment occurs in May of each Year; effective July 1
	Dental	Select Coverage	Enroll or Decline	Complete & Return Application	If you decline, Open Enrollment occurs in May of each year; effective July 1
	Vision	Select Coverage	Enroll or Decline	Complete & Return Application	If you decline, Open Enrollment occurs in May of each year, effective July 1
	ASI Flex	Select Plan	Enroll or Decline <i>(Health FSA and/or Dependent Care FSA)</i>	Complete & Return Application	If you decline, Open Enrollment occurs November of each year; effective January 1
	Section 125	Select Option	Yes or No <i>(pretax deduction of health, dental, vision and/or ASI Flex premiums)</i>	Complete & Return Application	Mandatory
	LID	Select Option	Enroll or Decline <i>(Life, STD and AD&D)</i>	Complete & Return Application	If you decline, Open Enrollment occurs in October of each year; effective November 1
	AFLAC	Many Plans & Options	Enroll or Decline	Contact AFLAC Rep. Fred Wilson at (302) 858-8719	Optional; Open Enrollment occurs in May of each year; effective July 1
	Voluntary Life	Select Plan/Coverage	Enroll or Decline	Complete & Return	If you decline, Open Enrollment occurs in May of each Year; effective July 1

All of your information is due back to Human Resources by:



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ACKNOWLEDGEMENT FORM

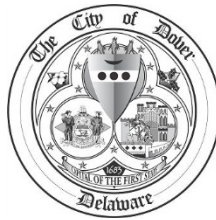
By signing this form, I acknowledge that I have received the New Employee Benefit Summary, Benefit Review and Checklist.

Employee Name

Employee Signature

Date

Department



City of Dover

New Employee Benefit Summary VERIFICATION OF HEALTH COVERAGE ELECTION

Employee's
Name: _____

Social Security No: _____

Marital Status: ☐ Single
☐ Married

☐ Divorced
☐ Widowed

Number of
Dependents: _____

I understand that I am eligible for health coverage with the City of Dover through the State of Delaware Group Health Insurance Plan. The health coverage available under this plan and the contribution I will have to make to be covered have been explained to me in detail.

Therefore I elect to: ☐ **ENROLL**

☐ **DECLINE**

If you elect to **DECLINE** the health coverage offered, please complete the section below. If you elect to **ENROLL** in health coverage please sign and date this form at the bottom and return to the Human Resources Department:.

I certify that I and/or my dependents have health coverage with another group insurance plan:

Name of Organization Providing Coverage:		Address:	
Insurance Carrier:		Group No:	

I waive all claims to medical benefits under the City of Dover/State of Delaware Group Health Insurance Plan. This election will remain in force for the plan year unless my family status changes. I understand that if I waive coverage at this time and desire coverage at a later date I must meet the requirements of a Qualifying Event or the next Open Enrollment Period.

I declare that the information I have furnished, to the best of knowledge and belief, is true, correct and complete.

Employee's Signature

Date

Human Resources Staff Signature

PLEASE RETURN COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT