

January 15, 2009 **2009-257 Health Insurance Reimbursement and Compensation Policy**

Resolution 2009-257

TOWN OF DODGEVILLE

Health Insurance Reimbursement and Compensation Policy

The Town Board of the Town of Dodgeville, Iowa County, Wisconsin do enact the following resolution.

WHEREAS, the Town of Dodgeville (the "Town") does not offer health insurance to its employees, and

WHEREAS, the Town desires to establish on a trial basis a program whereby full time employees of the Town are eligible to be reimbursed in whole or in part for health insurance coverage purchased and maintained by the employee or, alternatively, may be compensated for in whole or in part for health insurance coverage under which the employee is a beneficiary under a policy in which the named insured is the employee's spouse or is a beneficiary but not the named insured under some other arrangement,

NOW THEREFORE, BE IT RESOLVED THAT THE FOLLOWING HEALTH INSURANCE PROGRAM IS HEREBY ADOPTED:

1. Insurance Maintained by the Employee and in the Employee's Name. A full time employee of the Town who has purchased and maintains health insurance in his or her name or that includes his or her name as a named insured or is in the name of the employee's spouse and the said insurance in the name of the spouse is not obtained or provided by the spouse's employer, is eligible to be reimbursed for the monthly health insurance premium as it pertains to the employee or the employee and the employee's family if a family policy and is charged to and actually paid by the employee up to a maximum of \$1,150.00 per month. The term health insurance as used herein shall include medical insurance and may in addition include dental and vision coverage. In order to be eligible for premium payments under this provision, the employee shall provide the Town with a premium statement showing the premium amount and satisfactory proof of payment.

2. Insurance Not in the Name of the Employee but of which the Employee is a Beneficiary. A full time employee of the Town whose only health insurance is provided as the result of the extension of coverage to the employee as the result as the employee being a beneficiary or additional insured under a policy issued to another person, is eligible for additional compensation of \$184.62 per every two-week pay period with the Town. The term health insurance as used herein shall include medical insurance and may in addition include dental and vision coverage. In order to be eligible for compensation under this provision, the employee shall provide the Town with a statement showing the employee as a beneficiary or additional insured of a health insurance policy. Eligibility under this provision shall require the employee to sign a waiver that waives any right of the employee to be reimbursed for any health insurance premium paid in whole or in part by the employee.

3. Review of Health Insurance Reimbursement and Compensation Program. The program described herein will be reviewed annually and may be reviewed sooner than annually if the Town determines that a less than annual review is reasonable and necessary. Notwithstanding the foregoing provision, the Town may change the reimbursement and compensation rates described herein upon 30 days notice to all affected employees.

TOWN OF DODGEVILLE

Approved by:

Curt Peterson  
David Gollon  
David Thomas  
Charles D. Price

This Resolution will take effect February 1, 2009.

I, Sara J. Olson, Clerk/Treasurer of the Town of Dodgeville, do hereby certify that the foregoing Resolution was adopted by at least a 2/3 majority vote on the 15th day of January, by the Town of Dodgeville Town Board at a Special Town Board Meeting, duly called and held on the date set forth.

Dated: January 15, 2009

Sara J. Olson, Clerk-Treasurer

Resolution 2009-257

TOWN OF DODGEVILLE

Health Insurance Reimbursement and Compensation Policy  
WAIVER

I \_\_\_\_\_, a full time employee of the Town of Dodgeville represent that I do not have health insurance in my name as a named insured and understand that I am thus not eligible to be reimbursed for some or all of the premium that I would be required to pay if I did have health insurance in my name as a named insured.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Witnessed by:

\_\_\_\_\_