

**THE NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND  
PARTICIPATION AGREEMENT**

1. (a) This Participation Agreement, executed by the undersigned Teamsters Local Union (hereinafter "Union") and Employer, is the basis for participation in the New York State Teamsters Council Health and Hospital Fund (hereinafter "Fund"). The Employer, its participating employees, and the Union, as a condition of participation in this Fund, are bound by all of the rules and regulations of the Fund now and/or hereafter adopted.

(b) The Employer and Union understand and agree that the Fund contributions shall be made, as set forth herein, on all employees doing bargaining unit work, irrespective of whether said employees are full time, part time, casual or seasonal, except as is otherwise provided herein. No agreement between the Employer and the Union shall alter this rule or any other rule or provision of this Participation Agreement.

(c) The Employer agrees to contribute as follows, not to exceed the maximum:

Covered Group of Employees (Define) **Co.#7518 Non-Bargaining / Full-Time Police Department and Teamsters Local Union 182**

<i>Rates of Contribution</i>	<i>Daily or Hourly</i>	<i>Weekly</i>	<i>Contract Type</i>
Effective 10/01/2008		See Attached	<input type="checkbox"/> UPS
Effective 01/01/2009		See Attached	<input type="checkbox"/> FREIGHT-National
Effective 01/01/2010		See Attached	<input type="checkbox"/> FREIGHT-Area
Effective			<input type="checkbox"/> CONSTRUCTION
Effective			<input type="checkbox"/> MUNICIPAL
			<input checked="" type="checkbox"/> <i>Other (Specify): xxxxxhere</i>

**Covered Employees:**  Bargaining  Non-Bargaining **Full-Time Police Dept.**

Contributions rates are effective each January subsequent to the initial date of this Participation Agreement.

Contributions begin on all employees from the first hour of the first day of employment.

Select one in each category below:

- (i) **Rates:**  Component Rate with Addendum/Selection Form  Composite Rate (see above)
- (ii) **Benefits:**  Highest Options (All Benefits)  Alternate Benefit Plans (Per Attached Selection Form)

Formula for Road Drivers Contributions: Total miles driven in a tour of duty divided by 25 miles per hour equals hours per trip, divided by 9 equals days credited per trip.

(d) All such payments to be made to the Fund are to be received by the Fund office **on or before the tenth (10th) day of the month following the month in which said monies were accrued**, except when otherwise agreed by the Fund, but not to exceed by the end of the same month due.

2. Failure on the part of the Employer to timely contribute on any of its employees as specified herein shall make the Employer liable for all employee benefit claims which are incurred during the period of delinquency, damages,

reimbursement to the Fund for the Fund's attorneys' fees, auditors' fees, court costs, disbursements and expenses incurred by the Fund in recovering the above. In addition, the Employer must pay all arrears due the Fund together with liquidated damages in the sum of ten percent (10%) of the delinquent amount. The late payment of any delinquency by the Employer shall not in any way relieve it from the obligations set forth above. In addition, when the Employer is notified in writing by the Fund that it is delinquent, the Employer must immediately pay the delinquent amount to the Fund. After said payment, the Employer may appeal the Fund's decision to the Board of Trustees, whose decision shall be final and binding. In the event of failure of the Employer to comply with any of the rules of the Fund, the Employer and all its participating employees, at the Fund's sole discretion, shall cease to participate in the Fund, and the Employer shall be responsible for all the benefits and all other charges specified herein.

3. The Fund may, at any time, audit the payroll records of any and all employees of the Employer at a time mutually agreed upon at no extra charge to the Employer. In the event it is found that the Employer has not fully complied with the Fund rules and/or provisions of this Participation Agreement, the Employer shall pay the full cost of the audit that has been performed by the Fund. In addition, the Employer shall be responsible as set forth in this Participation Agreement and the Fund's rules, regulations and/or collection policies.

4. The Fund shall be open to participation by any group of members belonging to a participating Union that fully complies with all rules and regulations of the Fund. In addition, the Employer may contribute to the Fund for employees working outside the jurisdiction of the collective bargaining agreement in the amount indicated above. However, if these employees are included, the Employer agrees to make contributions on all employees in this category subject to the same conditions and on the same basis as is provided in this Participation Agreement, and the Employer also agrees to continue to make contributions on all these employees for as long as there shall be a collective bargaining agreement between the Employer and the Union, subject to any and all rules and regulations or decisions covering this group that are issued by the Fund. The Employer must request in writing and receive written approval from the Fund in order to have these non-covered employees included. Such request must specifically define the category or categories involved.

5. Should any of the provisions of this Participation Agreement be declared to be in violation of the Labor-Management Relations Act of 1947, as amended, or any other State or Federal statute or regulation, such declaration shall in no way impair the effectiveness or continuity of the rest of the provisions of this Participation Agreement and such provisions are hereby expressly declared to be saved from such illegality.

6. Payments to the Fund must be made by the Employer for all compensable vacation and holiday time up to a maximum of one full calendar year.

7. If an employee is granted a leave of absence, the Employer shall collect from said employee, prior to the leave of absence being effective, sufficient monies to pay the required contributions during the period of absence and such monies shall thereafter be promptly forwarded to the Fund in accordance with the rules of the Fund. In the event the Employer grants a leave and does not so comply, the Employer must pay the contributions subject to all other requirements in paragraph 2 herein.

8. The Employer agrees to furnish such information as may be necessary to enable the Fund to carry out its duties.

9. If a regular employee is absent because of illness or off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of **four (4)** weeks. If a regular employee is injured on the job, the Employer shall continue to pay the required contributions until such employee returns to work. However, such contributions shall not be paid for a period of more than [ 52 ] weeks.

#7518

10. All actions and proceedings commenced or initiated by any claimant, applicant, employee, participant, the Union or the Employer, or their agents, successors or assigns, against the Fund, the Trustees thereof or any employee, service provider, representative or agent thereof, and all actions and proceedings commenced by or on behalf of said Trustees against any claimant, applicant, employee, participant, the Union or the Employer pertaining to the Fund in any manner, shall be brought in the appropriate court in the County of Onondaga, New York or other applicable tribunal located therein except where otherwise provided herein. In regard to federal district court actions, all such actions shall be commenced and heard in the United States District Court for the Northern District of New York. It is specifically agreed that any action or proceeding commenced or initiated in any other jurisdiction or venue shall be transferred to the appropriate court or tribunal specified herein.

11. **This Participation Agreement shall become effective** as of the date of execution hereof and the payments above provided shall be payable from and after [ October 1, 2008 ], **and expire on** [ September 30, 2010 ]. This agreement shall continue in full force and effect for the same term as the Collective Bargaining Agreement. A new Participation Agreement must be signed and submitted for each subsequent Collective Bargaining Agreement.

**Effective Date of Collective Bargaining Agreement:** [ N/A ].  
**Expiration Date of Collective Bargaining Agreement:** [ N/A ].

12. The Employer and its employees shall not be entitled to participate in this Fund unless the Employer and the Union are signatory to a current Participation Agreement.

13. This Participation Agreement represents the entire agreement and understanding of the parties and supersedes all prior or contemporaneous agreements or understandings, whether oral or written. As such, this Participation Agreement may not be modified except by a writing signed by all parties.

The parties hereto have caused this Participation Agreement to be executed on the date shown by each of their signatures below.

**Co.# 7518 Non-Bargaining / Full-Time Police Dept.**

**LOCAL UNION #** 182  
**ADDRESS:** 5 Rutger Park,  
Utica, NY 13501

**EMPLOYER** Town of New Hartford  
**ADDRESS:** 48 Genesee Street  
New Hartford, NY 13413

**SIGNATURE:** Kelli Grimaldi Vance

**SIGNATURE:** Earle Reed

**PRINT NAME:** Kelli Grimaldi Vance

**PRINT NAME:** Earle Reed

**PRINT TITLE:** Business Agent

**PRINT TITLE:** Town Supervisor

**DATE:** 9/22/08

**DATE:** 9/30/08

**NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND**  
**151 NORTHERN CONCOURSE, SYRACUSE, NY 13212**  
**MAILING ADDRESS: P.O. BOX 4928, SYRACUSE, NEW YORK 13221-4928**

**SIGNATURE:** [Signature]  
**EXECUTIVE ADMINISTRATOR**

**DATE:** 10/10/08

LOCAL UNION # 182 ► 5 RUTGER PARK ► UTICA, NY 13501

EMPLOYER: TOWN OF NEW HARTFORD

## ADDENDUM

Section 1 (C) continued:

(Complete the following for Component Rates Only)

EFFECTIVE DATE	SINGLE		2 PERSON		FAMILY	
	DAILY	WEEKLY	DAILY	WEEKLY	DAILY	WEEKLY
10/01/2008	\$29.14	\$116.55	\$55.36	\$221.45	\$75.04	\$300.15
01/01/2009	\$32.90	\$131.60	\$62.80	\$251.20	\$85.25	\$341.00
01/01/2010	\$37.18	\$148.70	\$71.30	\$285.20	\$96.93	\$387.70

The contribution rate payable for each covered employee is based on the employee's status on Monday of each contribution week. After the initial effective date, all subsequent rate changes are effective January 1<sup>st</sup> of each year during the term of the collective bargaining agreement.

**NOTE:** Attach a separate selection form for each year shown above under the Alternate Benefit Plan Option.

**NEW YORK STATE TEAMSTERS COUNCIL  
HEALTH AND HOSPITAL FUND**

**BENEFIT SELECTION FORM**

The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1<sup>st</sup> of each year during the term of the collective bargaining agreement.

**For period beginning: October 1, 2008 Co.#7518**

BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	Supreme	\$93.20	\$186.30	\$256.10
DENTAL - OPTIONAL	Option 1	\$9.80	\$19.70	\$27.10
VISION - OPTIONAL	Yes	\$2.00	\$3.90	\$5.40
DISABILITY - OPTIONAL	Option 1	\$5.10	\$5.10	\$5.10
LIFE/AD&D - OPTIONAL	Option 1	\$3.00	\$3.00	\$3.00
LEGAL - OPTIONAL	Yes	\$3.45	\$3.45	\$3.45
<b>TOTAL WEEKLY RATE</b>		<b>\$116.55</b>	<b>\$221.45</b>	<b>\$300.15</b>

By signature below the parties signify their agreement to the Benefit Options selected.

**Non-Bargaining/Full Time Police Dept.**

LOCAL UNION # 182  
 ADDRESS: 5 Rutger Park,  
Utica, NY 13501

EMPLOYER NAME Town of New Hartford  
 ADDRESS: 48 Genesee Street  
New Hartford, NY 13413

SIGNATURE: *Kelli Grimaldi Vance*

SIGNATURE: *Earle Reed*

PRINT NAME: Kelli Grimaldi Vance  
 PRINT TITLE: Business Agent  
 DATE: 9/22/08

PRINT NAME: Earle Reed  
 PRINT TITLE: Town Supervisor  
 DATE: 9/30/08

Approved for the Board of Trustees by \_\_\_\_\_  
 Executive Administrator

Date: 10/1/08

**NEW YORK STATE TEAMSTERS COUNCIL  
HEALTH AND HOSPITAL FUND**

**BENEFIT SELECTION FORM**

The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1<sup>st</sup> of each year during the term of the collective bargaining agreement.

**For period beginning: January 1, 2009 Co.#7518**

BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	Supreme	\$107.20	\$214.20	\$294.50
DENTAL - OPTIONAL	Option 1	\$10.50	\$21.10	\$29.00
VISION - OPTIONAL	Yes	\$2.10	\$4.10	\$5.70
DISABILITY - OPTIONAL	Option 1	\$5.30	\$5.30	\$5.30
LIFE/AD&D - OPTIONAL	Option 1	\$3.00	\$3.00	\$3.00
LEGAL - OPTIONAL	Yes	\$3.50	\$3.50	\$3.50
<b>TOTAL WEEKLY RATE</b>		\$131.60	\$251.20	\$341.00

By signature below the parties signify their agreement to the Benefit Options selected.

**Non-Bargaining/Full Time Police Dept.**

LOCAL UNION # 182  
 ADDRESS: 5 Rutger Park,  
Utica, NY 13501

EMPLOYER NAME Town of New Hartford  
 ADDRESS: 48 Genesee Street  
New Hartford, NY 13413

SIGNATURE: *Kelli Grimaldi Vance*

SIGNATURE: *Earle Reed*

PRINT NAME: Kelli Grimaldi Vance  
 PRINT TITLE: Business Agent  
 DATE: 9/22/08

PRINT NAME: Earle Reed  
 PRINT TITLE: Town Supervisor  
 DATE: 9/30/08

Approved for the Board of Trustees by \_\_\_\_\_

Executive Administrator

Date: *9/22/08*

**NEW YORK STATE TEAMSTERS COUNCIL  
HEALTH AND HOSPITAL FUND**

**BENEFIT SELECTION FORM**

The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1<sup>st</sup> of each year during the term of the collective bargaining agreement.

**For period beginning: January 1, 2010 Co.#7518**

BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	Supreme	\$123.30	\$246.30	\$338.70
DENTAL - OPTIONAL	Option 1	\$11.20	\$22.60	\$31.00
VISION - OPTIONAL	Yes	\$2.20	\$4.30	\$6.00
DISABILITY - OPTIONAL	Option 1	\$5.50	\$5.50	\$5.50
LIFE/AD&D - OPTIONAL	Option 1	\$3.00	\$3.00	\$3.00
LEGAL - OPTIONAL	Yes	\$3.50	\$3.50	\$3.50
<b>TOTAL WEEKLY RATE</b>		\$148.70	\$285.20	\$387.70

By signature below the parties signify their agreement to the Benefit Options selected.

**Non-Bargaining/Full Time Police Dept.**

LOCAL UNION # 182  
ADDRESS: 5 Rutger Park,  
Utica, NY 13501

EMPLOYER NAME: Town of New Hartford  
ADDRESS: 48 Genesee Street  
New Hartford, NY 13413

SIGNATURE: *Kelli Grimaldi Vance*  
PRINT NAME: Kelli Grimaldi Vance  
PRINT TITLE: Business Agent  
DATE: 9/22/08

SIGNATURE: *Earle Reed*  
PRINT NAME: Earle Reed  
PRINT TITLE: Town Supervisor  
DATE: 9/30/08

Approved for the Board of Trustees by \_\_\_\_\_

Executive Administrator

Date: *9/28*

**THE NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND  
PARTICIPATION AGREEMENT**

1. (a) This Participation Agreement, executed by the undersigned Teamsters Local Union (hereinafter "Union") and Employer, is the basis for participation in the New York State Teamsters Council Health and Hospital Fund (hereinafter "Fund"). The Employer, its participating employees, and the Union, as a condition of participation in this Fund, are bound by all of the rules and regulations of the Fund now and/or hereafter adopted.

(b) The Employer and Union understand and agree that the Fund contributions shall be made, as set forth herein, on all employees doing bargaining unit work, irrespective of whether said employees are full time, part time, casual this rule or any or seasonal, except as is otherwise provided herein. No agreement between the Employer and the Union shall alter other rule or provision of this Participation Agreement.

(c) The Employer agrees to contribute as follows, not to exceed the maximum:

Covered Group of Employees (Define) **Town of New Hartford / Non-Bargaining Full Time Police and Teamsters Local Union 182**

<i>Rates of Contribution</i>	<i>Daily or Hourly</i>	<i>Weekly</i>	<i>Contract Type</i>
Effective 10/01/2005		See Attached	<input type="checkbox"/> UPS
Effective 01/01/2006		See Attached	<input type="checkbox"/> FREIGHT-National
Effective 01/01/2007		See Attached	<input type="checkbox"/> FREIGHT-Area
Effective 01/01/2008		See Attached	<input type="checkbox"/> CONSTRUCTION
Effective			<input checked="" type="checkbox"/> <i>Other (Specify):</i>

Contributions begin on all employees from the first hour of the first day of employment.

Select one in each category below:

- (i) **Covered Employees:**  Bargaining  Non-Bargaining **Full Time Police**
- (ii) **Rates:**  Component Rate with Addendum/Selection Form  Composite Rate (see above)
- (iii) **Benefits:**  Highest Options (All Benefits)  Alternate Benefit Plans (Per Attached Selection Form)

Formula for Road Drivers Contributions: Total miles driven in a tour of duty divided by 25 miles per hour equals hours per trip, divided by 9 equals days credited per trip.

(d) All such payments to be made to the Fund are to be received by the Fund office on or before the tenth (10th) day of the month following the month in which said monies were accrued, except when otherwise agreed by the Fund, but not to exceed by the end of the same month due.

2. Failure on the part of the Employer to timely contribute on any of its employees as specified herein shall make the Employer liable for all employee benefit claims which are incurred during the period of delinquency, damages, reimbursement to the Fund for the Fund's attorneys' fees, auditors' fees, court costs, disbursements and expenses incurred by the Fund in recovering the above. In addition, the Employer must pay all arrears due the Fund together with liquidated damages in the sum of ten percent (10%) of the delinquent amount. The late payment of any delinquency by the Employer shall not in any way relieve it from the obligations set forth above. In addition, when the Employer is

notified in writing by the Fund that it is delinquent, the employer must immediately reimburse the delinquent amount to the Fund. After said reimbursement, the employer may appeal the Fund's decision to the Board of Trustees, whose decision shall be final and binding. In the event of failure of the Employer to comply with any of the rules of the Fund, the Employer and all its participating employees, at the Fund's sole discretion, shall cease to participate in the Fund, and the Employer shall be responsible for all the benefits and all other charges specified herein.

3. The Fund may, at any time, audit the payroll records of any and all employees of the Employer at a time mutually agreed upon at no extra charge to the Employer. In the event it is found that the Employer has not fully complied with the Fund rules and/or provisions of this Participation Agreement, the Employer shall pay the full cost of the audit that has been performed by the Fund. In addition, the Employer shall be responsible as set forth in this Participation Agreement and in accordance with the Fund's current Collections Policy.

4. The Fund shall be open to participation by any group of members belonging to a participating Local Union that fully complies with all rules and regulations of the Fund. In addition, the Employer may contribute to the Fund for employees working outside the jurisdiction of the Collective Bargaining Agreement in the amount indicated above. However, if these employees are included, the Employer agrees to make contributions on all employees in this category subject to the same conditions and on the same basis as is provided in this Participation Agreement, and the Employer also agrees to continue to make contributions on all these employees for as long as there shall be a Collective Bargaining Agreement or Agreements between the Employer and the Union, subject to any and all rules and regulations or decisions covering this group that are issued by the Fund. The employer must request in writing and receive written approval from the Fund in order to have these non-covered employees included. Such request must specifically define the category or categories involved.

5. Should any of the provisions of this Participation Agreement be declared to be in violation of the Labor-Management Relations Act of 1947, as amended, or any other State or Federal statute or regulation, such declaration shall in no way impair the effectiveness or continuity of the rest of the provisions of this Participation Agreement and such provisions are hereby expressly declared to be saved from such illegality.

6. Payments to the Fund must be made by the Employer for all compensable vacation and holiday time up to a maximum of one full calendar year.

7. If an employee is granted a leave of absence, the Employer shall collect from said employee, prior to the leave of absence being effective, sufficient monies to pay the required contributions during the period of absence and such monies shall thereafter be promptly forwarded to the Fund in accordance with the rules of the Fund. In the event the Employer grants a leave and does not so comply, the Employer must pay the contributions subject to all other requirements in paragraph 2 herein.

8. The Employer agrees to furnish such information as may be necessary to enable the Fund to carry out its duties.

9. If a regular employee is absent because of illness or off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of **four (4)** weeks. If a regular employee is injured on the job, the Employer shall continue to pay the required contributions until such employee returns to work. However, such contributions shall not be paid for a period of more than [ **52** ] weeks.

10. All actions and proceedings commenced or initiated by any claimant, applicant, employee, participant, the Union or the Employer, or their agents, successors or assigns, against the Fund, the Trustees thereof or any employee, service provider, representative or agent thereof, and all actions and proceedings commenced by said Trustees against any claimant, applicant, employee, participant, local the Union or the Employer pertaining to the Fund in any manner, shall

be brought in the appropriate court in the County of Onondaga, New York or other applicable tribunal located therein except where otherwise provided herein. In regard to arbitration proceedings, all such arbitrations shall be initiated in the Syracuse, New York regional office of the American Arbitration Association and all hearings and related proceedings shall be conducted in Syracuse, New York. In regard to federal district court actions, all such actions shall be commenced and heard in the United States District Court for the Northern District of New York. It is specifically agreed that any action or proceeding commenced or initiated in any other jurisdiction or venue shall be transferred to the appropriate court or tribunal specified herein.

11. **This Participation Agreement shall become effective** as of the date of execution hereof and the payments above provided shall be payable from and after [ October 1, 2005 ], **and expire on** [ September 30, 2008 ]. This agreement shall continue in full force and effect for the same term as the Collective Bargaining Agreement. A new Participation Agreement must be signed and submitted for each subsequent Collective Bargaining Agreement.

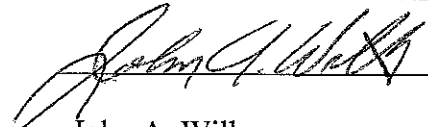
**Effective Date of Collective Bargaining Agreement:** [ October 1, 2005 ]. **Expiration Date of Collective Bargaining Agreement:** [ September 30, 2008 ].

12. The Employer and its employees shall not be entitled to participate in this Fund unless the Employer and the Union are signatory to a current Participation Agreement.


13. This Participation Agreement represents the entire agreement and understanding of the parties and supersedes all prior or contemporaneous agreements or understandings, whether oral or written. As such, this Participation Agreement may not be modified except by a writing signed by all parties.

The parties hereto have caused this Participation Agreement to be executed on the date shown by each of their signatures below.


**LOCAL UNION #** 182  
**ADDRESS:** 5 Rutger Park,  
 Utica, NY 13501

**SIGNATURE:**   
**PRINT NAME:** John A. Wilk  
**PRINT TITLE:** President/Business Agent  
**DATE:** 7/20/05

**Non-Bargaining Full Time Police**  
**EMPLOYER** Town of New Hartford  
 48 Genesee Street  
 New Hartford, NY 13413

**SIGNATURE:**   
**PRINT NAME:** Ralph Humphreys  
**PRINT TITLE:** Town Supervisor  
**DATE:** 7-28-05

**NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND**  
**3 NORTHERN CONCOURSE, SYRACUSE, NY 13212**  
**MAILING ADDRESS: P.O. BOX 4928, SYRACUSE, NEW YORK 13221-4928**

**SIGNATURE:**   
**EXECUTIVE ADMINISTRATOR** **DATE:** 8/08/05

LOCAL UNION # 182 ► 5 RUTGER PARK ► UTICA, NY 13501

EMPLOYER: **TOWN OF NEW HARTFORD**  
**Non-Bargaining Unit ( Full Time Police)**

# ADDENDUM

Section 1 (C) continued:

(Complete the following for Component Rates Only)

EFFECTIVE DATE	SINGLE		2 PERSON		FAMILY	
	DAILY	WEEKLY	DAILY	WEEKLY	DAILY	WEEKLY
10/1/2005	19.63	78.50	38.15	152.60	53.68	214.70
1/1/2006	22.60	90.40	43.78	175.10	57.95	231.80
1/1/2007	25.86	103.45	48.89	195.55	66.14	264.55
1/1/2008	29.14	116.55	55.36	221.45	75.04	300.15

The contribution rate payable for each covered employee is based on the employee's status on Monday of each contribution week. After the initial effective date, all subsequent rate changes are effective January 1<sup>st</sup> of each year during the term of the collective bargaining agreement.

## COMPONENT BENEFIT RATES / HIGHEST OPTIONS – ALL BENEFITS

**NOTE:** Attach a separate selection form for each year shown above under the Alternate Benefit Plan Option.

**NEW YORK STATE TEAMSTERS COUNCIL  
HEALTH AND HOSPITAL FUND**

**BENEFIT SELECTION FORM**

The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1<sup>st</sup> of each year during the term of the collective bargaining agreement.

**For period beginning: October 1, 2005**

BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	Supreme	\$58.60	\$122.90	\$176.80
DENTAL - OPTIONAL	Option 1	\$7.40	\$15.40	\$22.10
VISION - OPTIONAL	Yes	\$1.60	\$3.40	\$4.90
DISABILITY - OPTIONAL	Option 1	\$4.50	\$4.50	\$4.50
DEATH/AD&D - OPTIONAL	Option 1	\$3.00	\$3.00	\$3.00
LEGAL - OPTIONAL	Yes	\$3.40	\$3.40	\$3.40
<b>TOTAL WEEKLY RATE</b>		<b>\$78.50</b>	<b>\$152.60</b>	<b>\$214.70</b>

By signature below the parties signify their agreement to the Benefit Options selected.

LOCAL UNION # **182**  
 ADDRESS: 5 Rutger Park, Utica, NY 13501  
 SIGNATURE: *John A. Wilk*  
 PRINT NAME: John A. Wilk  
 PRINT TITLE: President/B.A.  
 DATE: 7/20/05

**Non-Bargaining Full Time Police  
Town of New Hartford**  
 ADDRESS: 48 Genesee Street  
New Hartford, NY 13413  
 SIGNATURE: *Ralph Humphreys*  
 PRINT NAME: Ralph Humphreys  
 PRINT TITLE: Town Supervisor  
 DATE: 7-28-05

Approved for the Board of Trustees by *David S. ...*  
 Executive Administrator

Date: 8/11/05 *dy*

**NEW YORK STATE TEAMSTERS COUNCIL  
HEALTH AND HOSPITAL FUND**

**BENEFIT SELECTION FORM**

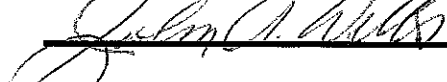
The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1<sup>st</sup> of each year during the term of the collective bargaining agreement.

**For period beginning: January 1, 2006**

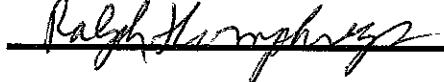
BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	Supreme	\$69.10	\$143.00	\$192.30
DENTAL - OPTIONAL	Option 1	\$8.50	\$17.40	\$23.50
VISION - OPTIONAL	Yes	\$1.70	\$3.60	\$4.90
DISABILITY - OPTIONAL	Option 1	\$4.70	\$4.70	\$4.70
DEATH/AD&D - OPTIONAL	Option 1	\$3.00	\$3.00	\$3.00
LEGAL - OPTIONAL	Yes	\$3.40	\$3.40	\$3.40
<b>TOTAL WEEKLY RATE</b>		<b>\$90.40</b>	<b>\$175.10</b>	<b>\$231.80</b>

By signature below the parties signify their agreement to the Benefit Options selected.

LOCAL UNION # **182**  
ADDRESS: 5 Rutger Park,  
Utica, NY 13501

SIGNATURE:   
PRINT NAME: John A. Wilk  
PRINT TITLE: President/B.A.  
DATE: July 20, 2005

**Non-Bargaining Full Time Police**  
EMPLOYER NAME **Town of New Hartford**  
ADDRESS: 48 Genesee Street  
New Hartford, NY 13413

SIGNATURE:   
PRINT NAME: Ralph Humphreys  
PRINT TITLE: Town Supervisor  
DATE: 7-28-05

Approved for the Board of Trustees by   
Executive Administrator

Date: 8/11/05 *dy*

**NEW YORK STATE TEAMSTERS COUNCIL  
HEALTH AND HOSPITAL FUND**

**BENEFIT SELECTION FORM**

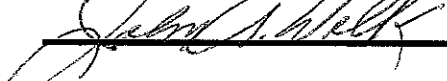
The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1<sup>st</sup> of each year during the term of the collective bargaining agreement.

**For period beginning: January 1, 2007**


BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	Supreme	\$81.00	\$162.00	\$222.70
DENTAL - OPTIONAL	Option 1	\$9.20	\$18.40	\$25.30
VISION - OPTIONAL	Yes	\$1.90	\$3.80	\$5.20
DISABILITY - OPTIONAL	Option 1	\$4.90	\$4.90	\$4.90
DEATH/AD&D - OPTIONAL	Option 1	\$3.00	\$3.00	\$3.00
LEGAL - OPTIONAL	Yes	\$3.45	\$3.45	\$3.45
<b>TOTAL WEEKLY RATE</b>		\$103.45	\$195.55	\$264.55

By signature below the parties signify their agreement to the Benefit Options selected.


LOCAL UNION # **182**  
ADDRESS: 5 Rutger Park,  
Utica, NY 13501

SIGNATURE:   
PRINT NAME: John A. Wilk  
PRINT TITLE: President/B.A.  
DATE: July 20, 2005

**Non-Bargaining Full Time Police**  
EMPLOYER NAME **Town of New Hartford**  
ADDRESS: 48 Genesee Street  
New Hartford, NY 13413

SIGNATURE:   
PRINT NAME: Ralph Humphreys  
PRINT TITLE: Town Supervisor  
DATE: 7-28-05

Approved for the Board of Trustees by   
Executive Administrator

Date: 8/11/05 

**NEW YORK STATE TEAMSTERS COUNCIL  
HEALTH AND HOSPITAL FUND**

**BENEFIT SELECTION FORM**

The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1<sup>st</sup> of each year during the term of the collective bargaining agreement.

**For period beginning: January 1, 2008**

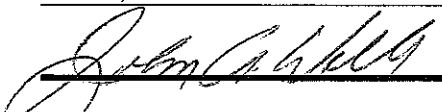
BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	Supreme	\$93.20	\$186.30	\$256.10
DENTAL - OPTIONAL	Option 1	\$9.80	\$19.70	\$27.10
VISION - OPTIONAL	Yes	\$2.00	\$3.90	\$5.40
DISABILITY - OPTIONAL	Option 1	\$5.10	\$5.10	\$5.10
DEATH/AD&D - OPTIONAL	Option 1	\$3.00	\$3.00	\$3.00
LEGAL - OPTIONAL	Yes	\$3.45	\$3.45	\$3.45
<b>TOTAL WEEKLY RATE</b>		\$116.55	\$221.45	\$300.15

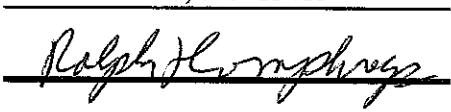
By signature below the parties signify their agreement to the Benefit Options selected.

**Non-Bargaining Full Time Police  
Town of New Hartford**

LOCAL UNION # **182**  
ADDRESS: 5 Rutger Park,  
Utica, NY 13501

EMPLOYER NAME  
ADDRESS: 48 Genesee Street  
New Hartford, NY 13413

SIGNATURE:   
PRINT NAME: John A. Wilk  
PRINT TITLE: President/B.A.  
DATE: July 29, 2005

SIGNATURE:   
PRINT NAME: Ralph Humphreys  
PRINT TITLE: Town Supervisor  
DATE: 7-28-05

Approved for the Board of Trustees by   
Executive Administrator

Date: 8/11/05 *dy*