

**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 Parks (Bargaining Unit)
and Teamsters Local Union 182**

<i>Rates of Contribution</i>	<i>Daily or Hourly</i>	<i>Weekly</i>	<i>Contract Type</i>
Effective	01/01/2008	See Attached	[] UPS
Effective	01/01/2009	See Attached	[] FREIGHT-National
Effective	01/01/2010	See Attached	[] FREIGHT-Area
Effective			[] CONSTRUCTION
Effective			[xx] MUNICIPAL
			[] <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:** [xx] **Bargaining** [] Non-Bargaining
- (ii) **Rates:** [xx] **Component Rate with Addendum/Selection Form** [] Composite Rate (see above)
- (iii) **Benefits:** [xx] **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 (non-occupational)**. 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 (**occupational**).

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 federal district court actions, all such actions shall be commenced and heard in Syracuse, 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 [January 1, 2008], and **expire on** [December 31, 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: [January 1, 2008]. **Expiration Date of Collective Bargaining Agreement:** [December 31, 2010].

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

EMPLOYER Town of New Hartford (Parks)
48 Genesee St.
New Hartford, NY 13413

SIGNATURE: 

SIGNATURE: 

PRINT NAME: Kelli Grimaldi Vance

PRINT NAME: Earle C. Reed

PRINT TITLE: Business Agent

PRINT TITLE: Town Supervisor

DATE: Jan. 11, 2008

DATE: Jan. 22, 2008

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: 
EXECUTIVE ADMINISTRATOR

DATE: 1/31/08

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

EMPLOYER: TOWN OF NEW HARTFORD (PARKS)

ADDENDUM

Section 1 (C) continued:

(Complete the following for Component Rates Only)

EFFECTIVE DATE	SINGLE		2 PERSON		FAMILY	
	DAILY	WEEKLY	DAILY	WEEKLY	DAILY	WEEKLY
01/01/2008	\$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 1st 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 1st of each year during the term of the collective bargaining agreement.

For period beginning: January 1, 2008

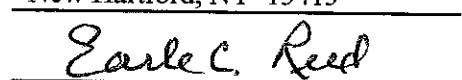
BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	Supreme	\$93.20	\$186.30	\$256.10
DENTAL - OPTIONAL	Option 1	\$9.80	\$19.70	\$27.10
VISION - OPTIONAL	Yes	\$2.00	\$3.90	\$5.40
DISABILITY - OPTIONAL	Option 1	\$5.10	\$5.10	\$5.10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

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

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

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

SIGNATURE: 

SIGNATURE: 

PRINT NAME: Kelli Grimaldi Vance
PRINT TITLE: Business Agent
DATE: Jan 11, 2008

PRINT NAME: Earle C. Reed
PRINT TITLE: Town Supervisor
DATE: Jan 22, 2008

Approved for the Board of Trustees by _____

Executive Administrator

Date: 1/31/08

**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 1st of each year during the term of the collective bargaining agreement.


For period beginning: January 1, 2009

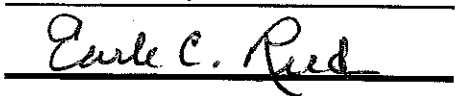
BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	Supreme	\$107.20	\$214.20	\$294.50
DENTAL - OPTIONAL	Option 1	\$10.50	\$21.10	\$29.00
VISION - OPTIONAL	Yes	\$2.10	\$4.10	\$5.70
DISABILITY - OPTIONAL	Option 1	\$5.30	\$5.30	\$5.30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

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

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

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

SIGNATURE: 
PRINT NAME: Kelli Grimaldi Vance
PRINT TITLE: Business Agent
DATE: Jan 11, 2008

SIGNATURE: 
PRINT NAME: Earle C. Reed
PRINT TITLE: Town Supervisor
DATE: Jan. 22, 2008

Approved for the Board of Trustees by _____
Executive Administrator

Date: 1/31/08

**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 1st of each year during the term of the collective bargaining agreement.


For period beginning: January 1, 2010


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
TOTAL WEEKLY RATE		\$148.70	\$285.20	\$387.70

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

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

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

SIGNATURE: 
PRINT NAME: Kelli Grimaldi Vance
PRINT TITLE: Business Agent
DATE: Jan 11, 2008

SIGNATURE: 
PRINT NAME: Earle C. Reed
PRINT TITLE: Town Supervisor
DATE: Jan. 22, 2008

Approved for the Board of Trustees by _____
Executive Administrator

Date: 1/31/08

THE NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND

MUNICIPAL EMPLOYER 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 and/or non bargaining unit work as described below, 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:

Covered Group of Employees (Define) Town of New Hartford Parks Dept. / Bargaining Unit
& Teamster Local Union 182

	Date	Rate
Effective	1/1/2004	See Attached
Effective	1/1/2005	See Attached
Effective	1/1/2006	See Attached
Effective	1/1/2007	See Attached

Contribution rates are effective each January subsequent to the initial date of the agreement

Select one in each category below:

- (i) Covered Employees: Bargaining Non-Bargaining
(ii) Rates: Component Rates - w/ Addendum/Selection Form Composite Rate (see above)
(iii) Benefits: Highest Option - All benefits Alternate Benefit Plans - Per attached selection form

(d) All such payments to be made to the Fund are to be received by the Fund office on or before the tenth (10) day of the month following the month in which benefits are to be provided, except when otherwise agreed by the Fund.

Benefits shall be effective the first day of the month for which contributions are required to be made for employees covered under this Participation Agreement. Benefits shall terminate on the last day of the month in which contributions are required and paid.

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 any 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. The Employer agrees to furnish such information as may be necessary to enable the Fund to carry out its duties.
8. When an employee who is absent because of a non-occupational or occupational illness, injury or disease, or leave of absence, has notified the Employer of such absence, the Employer shall continue to make the required contributions for a period of **(4 weeks non-occupational and 52 weeks occupational)**.
9. 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, the Local 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.

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10. This Participation Agreement shall become effective as of the date of execution hereof and the payments above provided shall be payable from and after 01/01/2004 and expire on 12/31/2007. This Participation Agreement shall continue in full force and effect for the same term as the Collective Bargaining Agreement. Upon expiration, unless a new Participation Agreement is signed and submitted to the Fund, the terms and conditions of this Participation Agreement shall continue in effect. In that event, the employer shall pay the contribution rate in effect on January 1st of each calendar year. If the employer fails to comply with the above requirements, the Fund may terminate the employer's participation and take legal action against the employer for all amounts due the Fund.

Effective Date of Collective Bargaining Agreement: 01/01/2004 . Expiration Date of Collective Bargaining Agreement: 12/31/2007

11. 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. Note: If any additional terms and conditions have been mutually agreed upon which affect this Participation Agreement, use the Addendum page on the reverse side.

Bargaining Unit

LOCAL UNION# 182

EMPLOYER: Town of New Hartford – Parks Dept

ADDRESS: 5 Rutger Park

ADDRESS: 48 Genesee St.

Utica, NY 13501

New Hartford, NY 13413

SIGNATURE: Bruce Hairston

SIGNATURE: Ralph Humphreys

PRINT NAME: Bruce Hairston

PRINT NAME: Ralph Humphreys

PRINT TITLE: Business Agent

PRINT TITLE: Supervisor

DATE: 12/22/04

DATE: 12/27/04

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

SIGNATURE: [Signature]
EXECUTIVE ADMINISTRATOR

DATE: 1/04/2005

[Signature]

LOCAL UNION#:182

EMPLOYER: TOWN OF NEW HARTFORD

ADDENDUM

Section 1(c) continued:
(Complete the following for Component Rates)

EFFECTIVE DATE	SINGLE		2 PERSON		FAMILY	
	DAILY	WEEKLY	DAILY	WEEKLY	DAILY	WEEKLY
1/1/2004	17.34	69.35	33.49	133.95	47.61	190.45
1/1/2005	19.50	78.00	37.90	151.60	53.32	213.30
1/1/2006	22.45	89.80	43.50	174.00	57.58	230.30
1/1/2007	25.71	102.85	48.58	194.35	65.71	262.85

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 1st 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.

Town of New Hartford Parks Department / Bargaining Unit

The following additional terms and conditions have been mutually agreed upon by the parties in accordance with acceptable Fund policy:

NOTE:

**PART TIME / NON-BARGAINING
EMPLOYEES WILL BE INCLUDED IN THE
LEGAL BENEFIT ONLY.**

**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 1st of each year during the term of the collective bargaining agreement.

For period beginning January 1, 2004

BENEFIT TYPE	BENEFIT DESCRIPTION OR OPTION SELECTED	WEEKLY RATE		
		SINGLE	2-PERSON	FAMILY
MEDICAL AND RX PLAN - REQUIRED	SUPREME	\$51.30	\$107.90	\$157.40
DENTAL - OPTIONAL	OPTION 1	\$5.90	\$12.30	\$17.90
VISION - OPTIONAL	YES	\$1.50	\$3.10	\$4.50
DISABILITY - OPTIONAL	OPTION 1	\$4.30	\$4.30	\$4.30
DEATH/AD&D - OPTIONAL	OPTION 1	\$3.00	\$3.00	\$3.00
LEGAL - OPTIONAL	YES	\$3.35	\$3.35	\$3.35
TOTAL WEEKLY RATE		\$69.35	\$133.95	\$190.45

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

LOCAL UNION # 182	Town of New Hartford / Parks (Bargaining) Employees	EMPLOYER Town of New Hartford
ADDRESS: 5 Rutger Park, Utica, NY 13501	EMPLOYER NAME	Parks Department 48 Genesee Street New Hartford, NY 13413
SIGNATURE: <i>Bruce Hairston</i>	SIGNATURE: <i>Ralph Humphreys</i>	
PRINT NAME: Bruce Hairston	PRINT NAME: Ralph Humphreys	
PRINT TITLE: Business Agent	PRINT TITLE: Supervisor	
DATE: 12/22/04	DATE: 12/27/04	

Approved for the Board of Trustees by *David S. Marty*
Executive Administrator
Date: 1/7/05

**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 1st of each year during the term of the collective bargaining agreement.

For period beginning January 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	\$6.90	\$14.40	\$20.70
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
TOTAL WEEKLY RATE		\$78.00	\$151.60	\$213.30

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

Town of New Hartford / Parks (Bargaining) Employees

LOCAL UNION # 182

EMPLOYER
NAME

Town of New Hartford

ADDRESS:

5 Rutger Park,
Utica, NY 13501

Parks Department

48 Genesee Street

New Hartford, NY 13413

SIGNATURE:

Bruce Hairston

SIGNATURE:

Ralph Humphreys

PRINT NAME:

Bruce Hairston

PRINT NAME:

Ralph Humphreys

PRINT TITLE:

Business Agent

PRINT TITLE:

Supervisor

DATE:

12/22/04

DATE:

12/27/04

Approved for the Board of Trustees by

David Semerits

Executive Administrator

Date:

1/7/05

**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 1st 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	\$7.90	\$16.30	\$22.00
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
TOTAL WEEKLY RATE		\$89.80	\$174.00	\$230.30

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

Town of New Hartford / Parks (Bargaining) Employees

LOCAL UNION # 182

EMPLOYER
NAME

Town of New Hartford

ADDRESS: 5 Rutger Park,
Utica, NY 13501

Parks Department
48 Genesee Street
New Hartford, NY 13413

SIGNATURE: *Bruce Hairston*

SIGNATURE: *Ralph Humphreys*

PRINT NAME: Bruce Hairston

PRINT NAME: Ralph Humphreys

PRINT TITLE: Business Agent

PRINT TITLE: Supervisor

DATE: 12/22/04

DATE: 12/27/04

Approved for the Board of Trustees by

David J. Mealy
Executive Administrator

Date: 1/7/05

**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 1st 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	\$8.60	\$17.20	\$23.60
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
<i>TOTAL WEEKLY RATE</i>		\$102.85	\$194.35	\$262.85

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

Town of New Hartford / Parks (Bargaining) Employees

LOCAL UNION # 182

EMPLOYER
NAME

Town of New Hartford

ADDRESS: 5 Rutger Park,
Utica, NY 13501

Parks Department
48 Genesee Street
New Hartford, NY 13413

SIGNATURE: Bruce Hairston

SIGNATURE: Ralph Humphreys

PRINT NAME: Bruce Hairston

PRINT NAME: Ralph Humphreys

PRINT TITLE: Business Agent

PRINT TITLE: Supervisor

DATE: 12/22/04

DATE: 12/27/04

Approved for the Board of Trustees by

David S. Mertes
Executive Administrator

Date: 1/7/05