

**Wellesley College Health Insurance Premium Subsidy Program  
2008 Pilot Program for Administrative Staff and Faculty\***

To: All Benefits-Eligible Faculty and Administrative Staff

From: Eloise See McGaw, Assistant Vice President and Director of  
Human Resources and Equal Employment Opportunity

DATE: November 19, 2007

President Bottomly has announced a new Health Insurance Subsidy Program for employees with low family/household income. As stated in her announcement, “This new program, effective January 1, 2008, lowers the amount an eligible employee pays to obtain coverage on the lowest cost medical plan offered by the College. For those who qualify, the College will contribute a dollar amount equal to 80% of the lowest cost medical plan, instead of the normal 75% College contribution.”

The details for eligibility and the procedure for applying are available on the Human Resources website or through the Human Resource Office. This is a pilot program. The College reserves the right to amend, modify, or terminate the program at any time.

*\*Union employees are subject to collective bargaining agreements*

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A College-provided subsidy is available to help offset the cost of the employee health insurance premium share for those employees who meet all of the criteria detailed below. For those who qualify, the College will contribute a dollar amount equal to 80% of the lowest cost medical plan, instead of the normal 75% College contribution.

- The employee participates in a Wellesley College group health insurance plan.
- The employee has a family income of less than \$60,000 and is enrolled in family coverage.
- The employee has a family income of less than \$35,000 and is enrolled in an individual health insurance plan.

The following conditions apply:

- Family income is the gross income as listed on the IRS tax form.
- Income must be verified by a copy of a signed federal income tax return (form 1040EZ or 1040 or 1040A). If you are married and file separately, you must submit copies of your spouse's tax return in addition to your return, even if you do not currently cover your spouse on a Wellesley College benefit plan.
- Copies of all W2s must be provided.
- The plan year for the subsidy runs from January 1 to December 31.
- The subsidy is not based on financial obligations or family size.
- The subsidy is based on current Wellesley College *annualized* salary or prior year family income, whichever is higher. Subsidy applications will be accepted during Open Enrollment each year and become effective January 1. For new employees, subsidy applications must be submitted within 30 days of the date of hire.
- For employees with same-sex spouses, the subsidy is based on both incomes and is verified by signed federal income tax returns. The subsidy will be treated as taxable income as required by IRS regulations.
- Applications must be submitted each year to re-qualify for the subsidy.

This subsidy program is funded in full by Wellesley College. The College reserves the right to amend, modify or terminate the program at any time. The Subsidy Application is attached to this description.

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**Wellesley College Health Insurance Premium Subsidy Program Application  
2008 Pilot Program for Administrative Staff and Faculty**

**Part 1. Instructions**

- Complete all of the information below.
- Sign and date the form and make a copy for your records.
- Attach a copy of your most recent tax return(s).
- Submit the application and tax return via mail, campus mail or drop off no later than December 12, 2008 in order to be effective 1/1/09. (U.S. Mail must be postmarked no later than December 10th.) Thereafter, application materials must be received by the 15<sup>th</sup> of the month in order to be effective for the first of the following month.

Wellesley College  
Human Resources Office - Benefits  
106 Central Street  
Wellesley, MA 02481-8203

**Part 2. Your information** (please print)

Employee Name:

\_\_\_\_\_ Banner ID or SSN \_\_\_\_\_  
(last, first, middle initial)

Home Street Address

\_\_\_\_\_

City, State, Zip Code

Home Phone #

\_\_\_\_\_

Date of Hire

E-mail address

Campus Extension

\_\_\_\_\_

Department

Job Title

**Part 3: Read and Sign**

By signing below, I certify that I have included all required information and that all statements and documents relating to this application are true and correct. I understand that I may be subject to disciplinary action up to and including termination for providing any false statements or information in connection with this application. I understand that incomplete or inaccurate information may delay review of or result in denial of my application.

\_\_\_\_\_

Employee Signature

Date

For HR Office Use Only:

Date received/postmarked \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_

- Qualifies
- Does not qualify

Date/Banner code data entered: \_\_\_\_\_