

FORMS & HANDOUTS

___ **W-4 Withholding Allowance Certificate**

___ **I-9 Employment Eligibility Verification** (need copy of driver's license & social security card)

___ **Employee Handbook**

___ **Employee Safety Manual**

___ **Direct Deposit Authorization Agreement Form**

___ **COBRA Initial General Notice**

___ **Offered Model Notice – Affordable Coverage**

RETIREMENT

___ **Retirement Plan Booklet**

Retirement Employee contribution:
4.5% of Gross Salary
5.5% if Law Enforcement

Retirement Employer contribution:
6.75% of Gross salary
7.75% if Law Enforcement

___ **Public Employees Retirement Systems Application for Vesting Credit**
New employees that have participated in a NE Governmental Retirement Plan must complete for vesting credit.

___ **Retirement Beneficiary Designation**

BENEFITS

All regular full-time employees and regular part-time employees working at least 30 hours a week are eligible for **health insurance benefits under a group plan starting on the first day of the calendar month following the completion of a 60-day waiting period from the hire date of employment.**

\$1,500 Medica Health Insurance

Employee (county pays)	\$ 723.11 per month
Spouse	\$ 759.28 per month
Child(ren)	\$ 542.34 per month
Full Family Coverage	\$ 1,373.92 per month

(rates effective 07-01-21)

\$2,500 Medica Health Savings Account

Employee (county pays)	\$ 691.41 per month
Spouse	\$ 725.98 per month
Child(ren)	\$ 518.56 per month
Full Family Coverage	\$ 1,313.67 per month

(rates effective 07-01-21)

County contribution to account would be \$880.32
Add'l amount employee can contribute
\$2,669.68/annual (\$111.23/pay period)
For a maximum contribution of \$3,550.00

\$3,500 Medica Health Savings Account

Employee (county pays)	\$ 629.12 per month
Spouse	\$ 660.57 per month
Child(ren)	\$ 471.84 per month
Full Family Coverage	\$ 1,195.32 per month

(rates effective 07-01-21)

County contribution to account would be \$1,627.80
Add'l amount employee can contribute
\$1,922.20/annual (\$80.09/pay period)
For a maximum contribution of \$3,550.00

The Richardson County Clerk's Office is the office that maintains employee and payroll information for all County employees. We are not licensed insurance agents and cannot advise on insurance matters.

All new employee information is forwarded to the following agency and they will contact you to enroll you in the health insurance and offer and explain to you the other products that are made available through a payroll deduction with Richardson County.

Richardson County's agency representative for the County provided Aetna health insurance plan, a \$15,000 Term Life and Accidental Death & Dismemberment insurance policy and a Long-Term Disability insurance policy with Lincoln Financial is:

Gallagher Benefit Services, Inc.
1611 10th Street, Aurora, Nebraska 68818
402/694-3324 or 402/694-3033 phone
402-694-3012 FAX
Agent: Michelle Kingsley

SECTION 125 – CAFETERIA PLAN

Insurance Plans/Payroll Deductions eligible for Cafeteria Plan Section 125.

Note: Payroll deductions are not required to be included in the Section 125 plan. Section 125 plan allows for the deduction of medical insurance premiums from the employee's paycheck before the calculation on payroll taxes, i.e., federal and state income tax and FICA.

___ **Section 125 Salary Redirection Agreement**

___ **Section 125 Reimbursement Form for un-reimbursed Medical Flexible Benefit Plan with First Concord**

*Continued on next page

Note: The Section 125 Un-reimbursed Medical Account contains \$500.00 which is deposited annually by the County at First Concord Benefits, who is the administrator of the plan. These funds are available for each county employee to utilize to compensate for part of the deductible of the County's Health Insurance plan. It is an option for county employees to allocate more funds to be deposited into this account. The Section 125 Cafeteria Plan enables you to redirect a portion of your salary up to \$114.58 bi-weekly or \$2,750.00/annually into an un-reimbursed medical expense account. Prior to the beginning of each plan year, (January 1 to December 31), you must elect a specific dollar amount to be redirected from your salary into this account. To be eligible for reimbursement, medical expenses must be incurred by you or a legally recognized eligible dependent during the plan year or prior to March 15th of the following year, not reimbursable or paid through a group or individual health plan/policy or from any other source. Expenses must constitute a deductible medical expense as described in IRS publication 502 and be submitted along with an explanation of benefits or a receipt from the medical service provider by April 30th. Redirecting part of your salary into a flexible spending account means that your taxable income will be calculated after the elected amount is deducted from your salary. You will not have to pay federal and state income tax and FICA on that amount.

All regular full-time employees and regular part-time employees working at least 30 hours a week are eligible for this benefit starting on the first day of the calendar month following the completion of a 60-day waiting period from the hire date of employment. **Employees who enroll in plans under Section 125 cannot change or revoke the salary deduction until the anniversary date of January 1st of the next plan year unless a qualifying event occurs.**

OPTIONAL INSURANCE

Other payroll deduction insurance products that are available with the agency, Gallagher Benefit Services, Inc. are: **dental insurance and/or term life insurance** through Principal Life Insurance Company; **vision insurance** is through Vision Care Direct; **cancer, accident, short term disability and other plans** that are made available through Allstate and Lincoln Financial Group.

A Deferred Compensation plan is also available through a payroll deduction with Richardson County.

Waddell & Reed Deferred Compensation
 Contact: Paul J. Downey
 (308) 233-3263



Richardson County Clerk

1700 Stone Street
 Falls City, NE 68355
 Phone (402) 245-2911
 Fax (402) 245-2941

EMPLOYEE BOOKLET

PERMANENT
 FULL-TIME OR PART-TIME
 EMPLOYEES ELIGIBLE FOR
 BENEFITS

Richardson County



Name: _____

Date: _____

Employee #: _____ Password: _____

Date Coverage will start: _____

Phone: _____

Email: _____

Signature: _____