

Reduced Employment/Retirement Options for Staff

	Reduction of Hours		Retirement	
	Regular/ Benefits Eligible	Part-Time/ Non-Benefits Eligible	Phased Retirement (Associate Status)	Regular Retirement
Committed Work Hours Per Year	1,000–2080 <i>(.5–1.0 FTE Midd .48 to 1.0 FTE MIIS)</i>	<1,000 <i>(<.5 FTE Midd <.48 FTE MIIS)</i>	1,040–1,248 <i>(.48/.5–.6 FTE)</i>	0
Age	n/a	n/a	59.5 to 70.5	55+
Approval Required	Yes	Yes	Yes	No
Other Requirements	n/a	n/a	Must meet definition of retiree and sign agreement to immediately reduce FTE and set specific termination date within 36 months	Must have worked 10+ years of service, past the age of 45, at Midd
Salary Change	Prorated based on new hours/FTE	Prorated based on new hours/FTE	Prorated based on new hours/FTE	Salary ceases
Access to Retirement Plan Assets	Core-Only if over 70.5 Voluntary-Only if over 59.5	Core-Only if over 70.5 Voluntary-Only if over 59.5	Yes	Yes <i>(However, if over 70.5 must terminate ALL jobs—including on-call—in order to access Core Retirement Plan assets)</i>
Medical	Premiums based on reduced salary level	No longer eligible for active employee coverage ¹	Premiums based on reduced salary level	No longer eligible for active coverage ¹
Dental	Continued eligibility; no premium change	No longer eligible for active employee coverage ¹	Continued eligibility; no premium change	No longer eligible for active coverage ¹
Core Life/ADD	Coverage: 1.5X reduced salary	No longer eligible ²	Coverage remains at 1.5X full salary (prereduction)	No longer eligible for active coverage ²
STD	Coverage: 60% of reduced salary	No longer eligible	Coverage remains at 60% full salary (prereduction)	No longer eligible
LTD	Coverage: 60% of reduced salary	No longer eligible	Coverage remains at 60% full salary (prereduction)	No longer eligible ²

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Dependent FSA	Continued eligibility ⁴	No longer eligible	No change ⁴	No longer eligible
Health FSA	Continued eligibility	No longer eligible ³	Continued eligibility	No longer eligible for active coverage ³
EFAP	Continued eligibility	Continued eligibility	Continued eligibility	No longer eligible
College ID	Continued eligibility	Continued eligibility	Continued eligibility	Eligible for retiree ID card with same benefits
Discounted Golf/Ski Pass	Continued eligibility	No longer eligible	Continued eligibility	Continued eligibility
Core Retirement Plan Employer Contribution	Employer contribution based on reduced salary	Employer contribution based on reduced salary	Employer contribution based on reduced salary	n/a
Dependent Tuition Benefit	Continued eligibility	If waiting period already satisfied, no change; otherwise <i>continued service ceases to "count" toward eligibility</i>	Continued eligibility	If waiting period already satisfied, no change
Revocation (ability to return to previous status)	Only if additional hours approved by WMC and with manager approval	Only if additional hours approved by WMC and with manager approval	n/a	Only if additional hours approved by SRC

Notes:

¹If currently enrolled, will be offered COBRA (pay full premium—no employer subsidy). If part of two-employee couple, may be added to spouse/partner's coverage as a dependent.

² May be eligible to port or convert coverage.

³ May be eligible for COBRA during year of termination.

⁴ Reduction of hours may trigger option to change election midyear.

Application for Reduced Employment Status

SECTION I: EMPLOYEE

Name: _____ Department: _____
Job Title: _____ Current Authorized Hours/FTE: _____
Manager Name: _____ Date of Hire: _____

(Check One)

Reduction of Hours OR Associate Status (Phased Employment)

Proposed Authorized Hours/FTE: _____ Proposed Effective Date: _____

Comments/Additional Information: _____

I hereby request a reduction in my work schedule. I understand that a reduction will have pay implications and may have benefit implications. Further I understand that if my application is approved, it may not be possible for me to return to my previous schedule.

Employee Signature *Date*

SECTION II: HR Assessment

Describe the effect this change would have on the department and outline options for accommodating this change:

HR Reviewer *Date*

SECTION IV: VP

Approved Denied (If denied, reason): _____

VP Signature *Date*