

Insurance Information:

Town/Village: _____ Supervisor/Mayor _____

Are you interested in investigating options with other municipalities?

Yes ___ No ___

1. Who is your insurer now?

2. How much do you budget for that coverage?

3. What is the employee contribution for that coverage?

4. What is the municipality's liability or exposure on that coverage?

5. Please provide information about the current number of active and retired employees your municipality currently covers by filling out the table below.

	# of people	Annual Rate	Emp. Co-Pay/Yr.	Emp. Co-Pay Per Prescription
Individual Active				
Family Active				
Individual Retired not Medicare Eligible				
Family Retired not Medicare Eligible				
Individual Retired Medicare Eligible				
Other situations (please specify)				

6. Please use the back of this sheet to provide any additional information you would like to include.