

MUNICIPALITY OF THE DISTRICT OF ARGYLE POLICY AND ADMINISTRATION MANUAL	REFERENCE NUMBER _____
SECTION EMPLOYEE BENEFITS	SUBJECT INSURANCE & MEDICAL

1. APPLICATION

1.1. This policy applies to all full time, salaried, non-hourly paid, permanent employees of the Municipality.

2. POLICY STATEMENT

2.1. All Employees who qualify shall be required to participate in the group insurance medical plan.

2.2. The cost sharing of this plan shall be divided equally between the Municipality and the Employees.

2.3. The Employee's contribution shall be collected on a regular basis by way of payroll deduction.

2.4. Employees will pay 100% of the cost of long term disability group insurance premiums. (Effective April 24, 1993)

<u>Chief Administrative Officer's Annotation for Official Policy Book</u>	
Date of Notice to Council Members Of Intent to Consider [7 days minimum]: _____	
Date of Passage of Current Policy: <u>February 24, 1993</u>	
I certify that this Policy was adopted by Council as indicated above.	
_____	_____
Warden	Date
_____	_____
Chief Administrative Officer	Date

VERSION LOG

Version Number	Amendment Description	Amendment/Policy Owner	Approved By	Approval Date
1.0	Approved Policy of Council	CAO	Council	January 1988
2.0	Changes to include 100% payment of long term disability by employee	CAO	Council	February 24, 1993