

# **Employee Benefits Guide**

Employees Who are Members of Seattle Fire Fighters Union Local 27\*



Updated July 1, 2024

\* Fire Fighters Local 27

### For assistance understanding the information in this document

- Need to speak with someone in a language other than English? Call the Benefits Unit at 206-615-1340 and we will help you access Language Line Services. You will have access to an interpreter and a Benefits Unit staff member to answer your questions.
- Hearing impaired? If you use a TDD, the City provides interpretation services. Call 7-1-1 or 1-800-833-6384 on your TDD. You will reach the Washington Relay Service. Give them the number of the party you want to call. They will call the person for you, then interpret information from your TDD to the person you are calling.
- Visually impaired? This Employee Benefits Guide document is available in a larger font. To request an electronic copy, contact the Benefits Unit at 206-615-1340.
- Would you rather hear the information than read it? If your understanding improves by having someone read or paraphrase information for you, you can attend a benefits orientation. Orientations cover all City benefits and provide ample time for questions. You can meet with the presenter after the session if you have additional questions or questions you would like to ask confidentially. Orientations are every other week enroll in Employee Self-Service, Training section.

If you need additional help or prefer to speak to someone confidentially, please email the Benefits Unit at <u>Benefits.Unit@seattle.gov</u> or call 206-615-1340.

Please note: We have made every attempt to ensure the accuracy of this information. If there is any discrepancy between this booklet and the insurance contracts, other legal documents, or the terms of an authorized collective bargaining agreement, the contracts, legal documents, and applicable collective bargaining agreements will always govern.

The City of Seattle intends to continue these plans indefinitely. Still, it reserves the right to amend or terminate them at any time in whole or part, for any reason, according to the amendment and termination procedures described in the legal documents. This booklet does not create a contract of employment with the City of Seattle.

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### **Employee Responsibilities**

Employees are responsible for making benefit elections or changes by their deadlines, including Open Enrollment. They must notify their department's benefits representative of any family or employment status changes that impact benefits such as marriage, legal separation, divorce, new or terminated domestic partnership, birth or adoption, a leave of absence, or a death in the family. If you add a dependent to City benefits, you will receive a letter from Alight Solutions, the City's business partner. The letter will have information on verifying eligibility by submitting the required documents.

New employee? You are responsible for making your benefits elections within 30 days of your hire date.

**Are you adding a new family member** to your optional insurance and Flexible Spending Account? Contact your department's <u>benefits representative</u> within 30 days of marriage or new domestic partnership. You must make any optional insurance or FSA changes within 30 days of the life event.

**Are you dropping a family member** from your optional insurance or Flexible Spending Account? Contact your department's <u>benefits representative</u> within 30 days of divorce, legal separation, or domestic partnership termination.

Are you planning a leave of absence? Contact your <u>benefits representative</u> about how it could affect your City benefits.

#### Are you designating or changing your beneficiary?

- · Life or Accidental Death & Dismemberment insurance Employee Self-Service
- · Retirement contact the Department of Retirement Systems
- · Sick leave see your <u>benefits representative</u>.
- Deferred Compensation contact <u>Nationwide</u> or call (206) 447-1924

Are you moving? Update your address in Employee Self-Service.

Access benefits information from home at seattle.gov/human-resources/benefits.

### **Eligibility and Coverage Information**

The City of Seattle provides employees and their families with a range of benefit options to support individual financial planning.

#### Medical, Dental, and Vision

Health Care coverage is available through the Seattle Fire Fighters Healthcare Trust.

#### Life Insurance

The City offers and shares the cost of Basic Group Term Life insurance, which can be supplemented by the employee

### Accidental Death & Dismemberment (AD&D)

The City offers an employee-paid group AD&D insurance plan.

### Flexible Spending Accounts (FSAs)

Employees can pay for employment-related daycare costs and eligible health care expenses with up to \$3,050 for the health care account or \$5,000 for the daycare account per year in pre-tax dollars.

#### **Deferred Compensation Plan**

The City offers a "457 (b)"\* tax-advantaged savings plan, which allows employees to invest current, pre-, and after-tax (Roth) earnings to generate additional retirement income.

#### **Employee Assistance Program (EAP)**

The City provides an independent professional, confidential counseling service to assist employees with personal or work-related problems.

\*A type of retirement savings plan available to state and local government employers.

	Eligibility and C	overage Informa	ition
Eligibility for Regular Employees	If you are a regularly appointed employee in a full- or part-time position (scheduled to work at least 80 hours per month), you are eligible to participate in the life, AD&D, LTD, FSA, deferred compensation, and EAP plans.		
Eligible Family Members	<ul> <li>The following family members are eligible to participate in the supplemental life insurance, accident coverage, and EAP programs:</li> <li>Your spouse or domestic partner;</li> <li>Your birth or adopted children, or children placed for adoption;</li> <li>Children of your domestic partner;</li> <li>Stepchildren; or</li> <li>Any child for whom you are the legal guardian</li> <li>Any child for whom coverage is required by a Qualified Medical Child Support Order (healthcare plans only).</li> </ul>		
Child Eligibility	Please check the child eligibil	· ·	1
	Plan Flexible Spending Account	Age Up to age 26 (through age 25)	OtherDo not have to be: -single -living with you -dependent on you for supportMay have access to other coverage.
	Supplemental GTL	Up to age 26 (through age 25)	Do not have to be: -single -living with you -dependent on you for support
	AD&D	Up to age 26 (through age 25)	Do not have to be: -single -living with you -dependent on you for support

	Eligibility and Coverage Information
New Employee Enrollment	<ul> <li>If you are a new employee, you must enroll in or apply for life or AD&amp;D coverage within 30 days of your hire date. You have two enrollment options:</li> <li>1) through Employee Self-Service, which is preferred</li> <li>2) if you have no access to a computer, submit a <i>Benefit Election Form</i> to your Department's <u>Human Resources Representative</u>. If you choose paper forms, make sure you complete, sign, and date them.</li> </ul>
	If you miss the deadline, you will be ineligible for benefits. You must wait for the next Open Enrollment period to make changes.
	If you do not enroll in life insurance when first eligible, you will be required to complete a <i>Medical History Statement</i> or <i>proof of good health</i> for the insurance carrier. You will not be guaranteed coverage as you are when first eligible.
When Coverage Begins	<ul> <li>You must enroll within 30 days of hire. Coverage begins for you and your eligible family members on your first day of employment if that date is:</li> <li>the first calendar day of the month designated as a City business day, or</li> <li>the first calendar day of the month designated or recognized as the first working day for the shift you are assigned, whichever is later.</li> </ul>
	If your employment begins after this date, your coverage will start on the first day of the following month.
	What if I miss the enrollment deadline?
	You also will need to meet additional requirements to enroll in Life Insurance later. You may be required to submit a Medical History Statement and have it approved by the insurance company to be eligible for Life Insurance coverage.

	Eligibility and Coverage Information
How do I enroll my family members?	<ul> <li>There are two opportunities to enroll family members:</li> <li>Open Enrollment</li> <li>Life Event or Family Status Change, for example:         <ul> <li>Within 30 days of marriage, the establishment of a domestic partnership, legal guardianship, or a dependent losing coverage on another plan</li> <li>Within 30 days of your child's birth or adoption event for life and AD&amp;D insurance</li> <li>You can find other examples of Life Events or Family Status changes on Pages 6 and 7.</li> </ul> </li> </ul>
	If you add a family member outside of Open Enrollment, you must complete a <u>Benefits Change Form</u> and send it to your department's Benefits Representative. If you miss the enrollment deadline, you can enroll your family member(s) at the next open enrollment period, generally in the fall. Visit <u>https://www.seattle.gov/human-resources/benefits</u> for more information. Call your department's <u>human resources or benefits representative</u> or the City's Benefits Unit at 206-615-1340 if you have questions.

	Eligibility and Coverage Information
How do I disenroll my family members?	If you need to remove a family member from coverage outside of Open Enrollment, submit a completed Benefit Election Form to your department's <u>benefits representative.</u>
	If you end your spouse or domestic partner's coverage due to a legal separation, divorce, or termination of the domestic partnership, submit a completed Statement of Termination of Marriage/ Domestic Partnership form or a Notice of Termination of State Registered Domestic Partnership within 30 days of the legal separation, divorce or domestic partnership termination.
Changing Your Benefits	<ul> <li>There are two opportunities to change your benefit choices:</li> <li>Open Enrollment</li> <li>Within 30 days of a qualifying change in family or job status</li> </ul>
	<ul> <li>Open Enrollment</li> <li>Open Enrollment is held once each year in the fall. You can change your benefits plans, add, and drop family members, and add or drop coverages during this time. If you make changes during Open Enrollment, your new coverage is effective on January 1 of the new (next) plan year. Increases in your Life insurance coverage are subject to the approval of your <i>Medical History Statement</i> by the life insurance carrier.</li> <li>Open Enrollment is also the time to enroll in the Flexible Spending Account program (Health Care and Day Care). You must re-enroll every year, even if you had an account the previous year.</li> <li>Life Events/Family Status Changes that May Affect Your Benefits</li> <li>You must enroll a new spouse or domestic partner and any dependents within 30 days of your marriage or the establishment of a domestic partnership. You have 60 days to add a child acquired through birth, adoption or placement for adoption (This 60-day deadline does not apply to FSA changes.) <i>You can only add family members during the annual fall Open Enrollment period if you miss the deadline</i>.</li> <li>If you have a change in family status, you may be able to make a related change to your benefits. Several examples are on the next page. Contact your department's Human Resources representative if any of the following occur:</li> </ul>

	Eligibility and Coverage Information	
	<ul> <li>You adopt a child - you may add coverage for that child (you may add coverage for your other dependents at that time).</li> <li>You get married or form a domestic partnership - you may enroll your new spouse or domestic partner and his/her eligible children.</li> <li>Your spouse or domestic partner loses coverage due to termination of employment, change in employment status, or beginning an unpaid leave of absence – you may add your spouse or partner to the plan.</li> <li>Your spouse or domestic partner gains coverage due to start of employment, change in employment status, or ending an unpaid leave of absence – you may drop your spouse or partner from the plan.</li> <li>You get divorced, legally separate, or dissolve a domestic partnership – you must drop the spouse or domestic partner from the plan.</li> </ul>	
When Coverage Ends	<ul> <li>Your Basic and Supplemental Life and AD&amp;D coverages end on the last day of the calendar month in which you: <ul> <li>Are no longer eligible</li> <li>Resign, retire, or are terminated</li> <li>Stop making any required payment.</li> </ul> </li> <li>Flexible Spending Account coverage ends on the last day of employment. The Life plans have conversion options.</li> </ul>	
Continuing Coverage Under COBRA	If you have questions about COBRA coverage continuation for a terminated Health Care Flexible Spending Account benefit plan, please contact the Benefits Unit.	
Coverage through a City Retiree Plan	<ul> <li>Questions about retiree medical plans?</li> <li>LEOFF 1 members: Contact Steve Brown, Executive Director, StevenW.Brown@seattle.gov or (206) 625-4355.</li> <li>LEOFF 1 dependents: Contact the Benefits Unit, Seattle Department of Human Resources, <u>Benefits.Unit@seattle.gov</u> or (206) 615-1340.</li> <li>LEOFF 2 members and dependents: Contact the Benefits Unit, Seattle Department of Human Resources, <u>Benefits.Unit@seattle.gov</u> or (206) 615-1340.</li> <li>To participate in a retiree medical plan sponsored by the City of Seattle, be aware that you must choose a plan at least 30 days <i>before</i> retiring. In some cases, you can delay your enrollment in a City retiree medical plan if you are covered under another employer's plan. Questions? Contact the Benefits Unit at Benefits.Unit@seattle.gov.</li> </ul>	

### **Paying for Benefits**

#### Life Insurance

Your basic and supplemental life insurance after-tax premium deductions are taken from your second paycheck of the month for the next month's coverage.



#### **Accidental Death and Dismemberment**

Your AD&D after-tax premium deduction is taken from your first paycheck of the month for that month's coverage.

#### Flexible Spending Accounts (Health Care & Day Care)

Your FSA pre-tax deduction is taken in equal amounts from your first and second paychecks each month.

### **Benefits and Financial Planning**

Because everyone's medical and financial situations are different, the City offers a variety of plans to help protect employees and their families from the financial hardship the healthcare expenses and loss can bring.

Since healthcare costs may be unanticipated, it makes sense to plan and save for your out-of-pocket costs. If you can accurately anticipate some medical, dental, and vision expenses for the following year – such as prescriptions, glasses, orthodontia, office visit copays, and deductibles. The Health Care FSA is a tool to support your financial planning and maximize the value you get for dollars spent on health care. You can elect the Health Care FSA during Open Enrollment to set aside pre-tax dollars to pay for eligible out-of-pocket medical expenses for you and your family. Here are additional ways to cut costs and save money.

- Quit smoking and encourage your family to quit. Enroll in the City's free tobacco cessation program by calling Quit for Life at 1-866-QUIT-4-LIFE (1-866-784-8454). Your adult family members with City medical coverage may enroll.
- Be more active and eat nutrient-dense food. Many diseases and conditions are preventable, and healthy behavior reduces your future health care costs and enhances your life now.
- Go to check-ups and screenings. Have regularly scheduled physical examinations by your doctor, dentist, eye doctor, and so on. Take advantage of free medical screenings, and flu shots and go to the City's benefits fairs

Medical, Dental, and Vision Plans		
	Healthcare coverage is available through the Seattle Fire Fighters Healthcare Trust.	

	Optional Insurance Plans
Optional Insurance Choices	Optional Insurance Plans The following is a list of your optional insurance choices. The City offers life insurance and shares the cost of Basic Life Insurance with you. Accidental Death & Dismemberment premiums are paid in full by the employee. You can purchase additional insurance coverage within 30 days of your hire date, during Open Enrollment, or within 30 days of a qualifying change in family status.  If insurance for yourself and family members Accidental Death and Dismemberment (AD&D) insurance for yourself and family members Note: The Seattle Fire Fighters' Union Local 27 provides long-term disability. Enrollment is mandatory. Call (206) 285-1271 for details.

	Optional	Insurance – Group Term Lif	e
Group Term Life (GTL) Insurance	Your life insurance is issued by Securian Life Insurance Company, an affiliate of Securian Financial Group, Inc. (Securian Financial). The City provides two levels of optional Term Life Insurance: Basic and Supplemental. The City and you pay for Basic Life Insurance; you pay the full cost for Supplemental Life Insurance. You can sign up for Group Term Life Insurance within 30 days of your hire date, during an Open Enrollment period, or within 30 days of a qualifying change in family status. For more information, please refer to the Certificate of Coverage.		
Basic Life Insurance	This optional coverage provides you with two options of Term Life Insurance benefit amounts. The first option equals one-and-a-half times your annual salary, and the second option is a flat \$50,000. The City contributes 40% of the cost, and you pay the remaining 60% of the cost. Within the coverage amount guidelines shown below, you select the option of basic Life insurance you are interested in applying. A table with information regarding the monthly cost of Basic Term Life Insurance follows.		
		Minimum	Maximum*
	Option A	1.5 times your annual salary, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000	\$2,500,000 when combined with supplemental life insurance
	Option B	\$50,000	\$50,000
	<ul> <li>* IRS rules state that the value of Basic Life Insurance over \$50,000, which is paid for by the City, is taxable. You may limit your Basic Term Life Insurance coverage amount to \$50,000 to avoid the additional taxes. The amount on which you pay taxes will be shown on your second paycheck each month.</li> <li>If you sign up for Basic Term Life Insurance as a new employee, you are guaranteed coverage up to \$1,000,000 when combined with supplemental life insurance. However, if you sign up for it later during an Open Enrollment period, you will be required to complete and submit an online <u>Evidence of Insurability</u> form (medical history statement) within 90 days of the end of the enrollment period. See the online submittal instructions <u>here</u>. Securian Financial must approve it before your life insurance takes effect.</li> <li>If you have a qualified Family Status change during the year, you may newly elect</li> </ul>		
	or increase you	r basic group term life insurance 1.5 times you t Evidence of Insurability. Any amount over \$5	ir annual salary to

	<b>Optional Insurance – Group Te</b>	rm Life	
Coverage Amount Needed	Find the life insurance amount that's right for you and your family. Choosing the right insurance coverage can be overwhelming. Use Securian Financial's online benefits decision tool, Benefit Scout, to help you and your family make your insurance elections confidently. Get started by going to Lifebenefits.com/Seattle.		
How Much Will Coverage Cost?	Your coverage amount equals your annual salary, rounded up to the next \$1,000 increment, multiplied by 1.5. Your monthly premium equals \$0.045 times each \$1,000 of coverage. To calculate your basic Life insurance, use the following table:		
	1. Annual Salary = Line 1	Line 1:	
	<ol> <li>Round Up Line 1 to nearest \$1,000 = Line</li> <li>Multiply Line 2 by 1.5 = Line 3</li> </ol>	Line 2: Coverage Amount Line 3:	
	4. Divide Line 3 by \$1,000 = Line 4	Line 4:	
	5. Multiply Line 4 by the plan rate of 0.045 = Line 5	Monthly Premium Line 5:	
	For example, if your annual salary is \$78,600 per year, round it up to \$79,000. To determine your coverage amount, multiply \$79,000 by 1.5 = \$118,500. \$118,500 is your coverage amount. Divide your coverage amount by \$1,000 (\$118,500 / \$1,000 = 118.50). Multiply 118.50 by the plan rate of 0.045 (118.50 x 0.045 = \$5.33) Your premium is \$5.33 per month.		
Features and Benefits	<b>Travel Assistance</b> This service provides you and your dependents with access to appropriate medical care and other emergency services when you travel 100 miles or more from home. Travel Assistance also offers a range of professional, 24-hour medical, legal, and trip assistance information and coordination services to help your travel go smoothly. For more information, go <u>here</u> . To access, go to <u>LifeBenefits.com/travel</u> .		

## **Optional Insurance – Group Term Life**

Features and Benefits (cont'd)	Legacy Planning Resources Get the support you need to ensure your family's affairs are in order, including end-of-life planning, creation of key directives, and final arrangements for funeral services. Access legacy planning resources by going to Securian.com/legacy.
	<b>Beneficiary Financial Counseling</b> Beneficiaries will have access to professional guidance to help them make sound financial decisions regarding policy proceeds. Securian Financial will invite beneficiaries receiving \$25,000 or more to take advantage of this program when the life insurance claim is paid.
	<b>Conversion</b> This policy includes a conversion privilege which allows you to continue some level of coverage if you leave City employment. Conversion is guaranteed, which means you can continue the policy regardless of any existing medical condition. It is more costly than your active employee coverage because of this provision but could allow you to maintain coverage when you otherwise might not qualify for new life insurance coverage. You must apply within 30 days of leaving City service to be eligible.
	Accelerated Benefit If you become terminally ill with a life expectancy of 24 months or less, you may be eligible to receive up to 100% percent of the face amount to a maximum of \$1 million (Basic and Supplemental Life combined).
	For additional information, see the below links.
Resources	Certificate of Coverage Certificate of Coverage
	Evidence of Insurability Evidence of Insurability
File a Claim	To file a claim, please contact the Benefits Unit at <u>Benefits.Unit@seattle.gov</u> or (206) 615-1340.

	<b>Optional Insu</b>	rance – G	iroup Te	rm Life	
	Basic Gro	up Life Insura	ance Costs*		
Costs for Basic Life Insurance	Employee's Annual Salary	Amount of Insurance	Employee Monthly Premium	City Monthly Premium	Total Monthly Premium
(based on	\$30,000.01 - \$31,000	\$46,500	\$2.09	\$1.40	\$3.49
employee's	\$31,000.01 - \$32,000	\$48,000	\$2.16	\$1.44	\$3.60
annual salary)	\$32,000.01 - \$33,000	\$49,500	\$2.23	\$1.49	\$3.71
	GTL Limited	\$50,000	\$2.25	\$1.50	\$3.75
	\$33,000.01 - \$34,000	\$51,000	\$2.30	\$1.53	\$3.83
	\$34,000.01 - \$35,000	\$52,500	\$2.36	\$1.58	\$3.94
	\$35,000.01 - \$36,000	\$54,000	\$2.43	\$1.62	\$4.05
	\$36,000.01 - \$37,000	\$55,500	\$2.50	\$1.67	\$4.16
	\$37,000.01 - \$38,000	\$57,000	\$2.57	\$1.71	\$4.28
	\$38,000.01 - \$39,000	\$58,500	\$2.63	\$1.76	\$4.39
	\$39,000.01 - \$40,000	\$60,000	\$2.70	\$1.80	\$4.50
	\$40,000.01 - \$41,000	\$61,500	\$2.77	\$1.85	\$4.74
	\$41,000.01 - \$42,000	\$63,000	\$2.84	\$1.89	\$4.73
	\$42,000.01 - \$43,000	\$64,500	\$2.90	\$1.94	\$4.84
	\$43,000.01 - \$44,000	\$66,000	\$2.97	\$1.98	\$4.95
	\$44,000.01 - \$45,000	\$67,500	\$3.04	\$2.03	\$5.06
	\$45,000.01 - \$46,000	\$69,000	\$3.11	\$2.07	\$5.18
	\$46,000.01 - \$47,000	\$70,500	\$3.17	\$2.12	\$5.29
	\$47,000.01 - \$48,000	\$72,000	\$3.24	\$2.16	\$5.40
	\$48,000.01 - \$49,000	\$73,500	\$3.31	\$2.21	\$5.51
	\$49,000.01 - \$50,000	\$75,000	\$3.38	\$2.25	\$5.63
	\$50,000.01 - \$51,000	\$76,500	\$3.44	\$2.30	\$5.74
	\$51,000.01 - \$52,000	\$78,000	\$3.51	\$2.34	\$5.85
	\$52,000.01 - \$53,000	\$79,500	\$3.58	\$2.39	\$5.96
	\$53,000.01 - \$54,000	\$81,000	\$3.65	\$2.43	\$6.08
	\$54,000.01 - \$55,000	\$82,500		-	-
	\$55,000.01 - \$56,000		\$3.71	\$2.48	\$6.19
	\$55,000.01 - \$56,000 \$56,000.01 - \$57,000	\$84,000 \$85,500	\$3.78	\$2.52	\$6.30
			\$3.85	\$2.57	\$6.41
	\$57,000.01 - \$58,000	\$87,000	\$3.92	\$2.61	\$6.53
	\$58,000.01 - \$59,000	\$88,500	\$3.98	\$2.66	\$6.64
	\$59,000.01 - \$60,000	\$90,000	\$4.05	\$2.70	\$6.75
	\$60,000.01 - \$61,000	\$91,500	\$4.12	\$2.75	\$6.86
	\$61,000.01 - \$62,000	\$93,000	\$4.19	\$2.79	\$6.98
	\$62,000.01 - \$63,000	\$94,500	\$4.25	\$2.84	\$7.09
	\$63,000.01 - \$64,000	\$96,000	\$4.32	\$2.88	\$7.20
	\$64,000.01 - \$65,000	\$97,500	\$4.39	\$2.93	\$7.31
	\$65,000.01 - \$66,000	\$99,000	\$4.46	\$2.97	\$7.43
	\$66,000.01 - \$67,000	\$100,500	\$4.52	\$3.02	\$7.54

\*Cost is \$0.075 per \$1,000: Employee cost is 60% or \$0.045/\$1,000; City cost is 40% or \$0.030/\$1,000

Optional Insu	rance – G	iroup Tei	rm Life	
Basic Gr	oup Life Insu	rance Costs <sup>3</sup>	* - Continued	
Employee's Annual Salary	Amount of Insurance	Employee Monthly Premium	City Monthly Premium	Total Monthly Premium
\$67,000.01 - \$68,000	\$102,000	\$4.59	\$3.06	\$7.65
\$68,000.01 - \$69,000	\$103,500	\$4.66	\$3.11	\$7.76
\$69,000.01 - \$70,000	\$105,000	\$4.73	\$3.15	\$7.88
\$70,000.01 - \$71,000	\$106,500	\$4.79	\$3.20	\$7.99
\$71,000.01 - \$72,000	\$108,000	\$4.86	\$3.24	\$8.10
\$72,000.01 - \$73,000	\$109,500	\$4.93	\$3.29	\$8.21
\$73,000.01 - \$74,000	\$111,000	\$5.00	\$3.33	\$8.33
\$74,000.01 - \$75,000	\$112,500	\$5.06	\$3.38	\$8.44
\$75,000.01 - \$76,000	\$114,000	\$5.13	\$3.42	\$8.55
\$76,000.01 - \$77,000	\$115,500	\$5.20	\$3.47	\$8.66
\$77,000.01 - \$78,000	\$117,000	\$5.27	\$3.51	\$8.78
\$78,000.01 - \$79,000	\$118,500	\$5.33	\$3.56	\$8.89
\$79,000.01 - \$80,000	\$120,000	\$5.40	\$3.60	\$9.00
\$80,000.01 - \$81,000	\$121,500	\$5.47	\$3.65	\$9.11
\$81,000.01 - \$82,000	\$123,000	\$5.54	\$3.69	\$9.23
\$82,000.01 - \$83,000	\$124,500	\$5.60	\$3.74	\$9.34
\$83,000.01 - \$84,000	\$126,000	\$5.67	\$3.78	\$9.45
\$84,000.01 - \$85,000	\$127,500	\$5.74	\$3.83	\$9.56
\$85,000.01 - \$86,000	\$129,000	\$5.81	\$3.87	\$9.68
\$86,000.01 - \$87,000	\$130,500	\$5.87	\$3.92	\$9.79
\$87,000.01 - \$88,000	\$132,000	\$5.94	\$3.96	\$9.90
\$88,000.01 - \$89,000	\$133,500	\$6.01	\$4.01	\$10.01
\$89,000.01 - \$90,000	\$135,000	\$6.08	\$4.05	\$10.13
\$90,000.01 - \$91,000	\$136,500	\$6.14	\$4.10	\$10.24
\$91,000.01 - \$92,000	\$138,000	\$6.21	\$4.14	\$10.35
\$92,000.01 - \$93,000	\$139,500	\$6.28	\$4.19	\$10.46
\$93,000.01 - \$94,000	\$141,000	\$6.35	\$4.23	\$10.58
\$94,000.01 - \$95,000	\$142,500	\$6.41	\$4.28	\$10.69
\$95,000.01 - \$96,000	\$144,000	\$6.48	\$4.32	\$10.80
\$96,000.01 - \$97,000	\$145,500	\$6.55	\$4.37	\$10.91
\$97,000.01 - \$98,000	\$147,000	\$6.62	\$4.41	\$11.03

\*Cost is \$0.075 per \$1,000: Employee cost is 60% or \$0.045/\$1,000; City cost is 40% or \$0.030/\$1,000

	<b>Optional</b> I	nsuran	ce – Gro	un Term I	ife
Supplemental Group Term Life Insurance	The City offers a (GTL). If you are	an additional e enrolled in E	life insurance oj Basic GTL, you m	otion—Suppleme ay purchase Supp	ental Group Term Life plemental GTL for yourself DP) and children to age 26.
	Coverage amou	int guidelines	are in the below	v chart:	
		Minimum	Incremental Amount	Guaranteed Issue (GI)*	Maximum
	Employee	\$5,000	\$5,000	The lesser of 4x your annual salary rounded to next lower \$5,000 or \$1 million when combined with basic life insurance.	The lesser of 4x your annual salary, rounded down to the next lower \$5,000, or \$2,500,000 when combined with basic life insurance
	Spouse/DP			\$50,000	\$500,000 - Not to exceed
	Child/ Children (up to age 26)	ç	\$2,000, \$5,000 or \$1	10,000	100% of employee basic and supplemental life combined
Eligibility Requirements	Supplemental Life of Employee: • You mu • You are enrollin later du online <u>I</u> of the e Securia insuran If you h increas election	amount and war ast be a Regul ast elect or be guaranteed ag within 30 d uring an Open <u>Evidence of Ir</u> end of the enr n Financial m ce takes effec ave a Family e your Supple	ar employee e enrolled in Basi coverage (at the ays of first beco Enrollment per surability form follment period. ust approve the ct. Status change d emental life insu as long as the co	ic GTL GI level stated ir ming eligible. Ho iod, you will be re (medical history s See the online su Evidence of Insu uring the year, yo rance by up to \$5	n the above chart) if owever, if you sign up for it equired to complete an statement) within 90 days ubmittal instructions <u>here</u> . rability before your life ou may newly elect or 50,000. You may make the (Basic and Supplemental

(	<b>Optional Insurance – Group Term Life</b>
Eligibility Requirements (cont'd)	<ul> <li>Dependent:</li> <li>Employee must also elect or be enrolled in Basic GTL</li> <li>'Spouse' means a person to whom you are legally married or your domestic partner designated in the Affidavit of Marriage/Domestic Partnership on file in your Benefits folder.</li> <li>Child means your child, your stepchild, domestic partner's child, court-awarded custodial child or legally adopted child (Note: Evidence of Insurability is not required for Child Life.)</li> <li>If you have a Family Status change during the year, you may newly elect or increase your Supplemental Child life insurance coverage.</li> <li>Spouse/DP is guaranteed coverage (at the GI level stated in the above chart) if enrolling within 30 days of first becoming eligible. However, if you sign up for it later during an Open Enrollment period, your spouse/domestic partner will be required to complete an online Evidence of Insurability form (medical history statement) within 90 days of the end of the enrollment period. See the online submittal instructions here. It must be approved by Securian Financial before life insurance takes effect.</li> <li>If you have a Family Status change during the year, you may newly elect or increase your Supplemental spouse/domestic partner life insurance takes effect.</li> </ul>

Premium Cost				oup Term Life	
		r family members		mental Term Life Insurance age, you must first enroll y	-
	Costs for Supplemental Term Life Insurance for you and your spouse/domestic partner are based on <b>your</b> age (employee's age). Costs for covering eligible children are fixed and the monthly premium is the same regardless of how many children you cover.				
	The foll	owing tables show	w the cost of su	ipplemental GTL insurance	e:
		Em	• •	ntal GTL for Ise/Domestic Partner	
		Your		Monthly cost per	
			-	\$1,000 of coverage	
		18-2 30-3		\$.024 \$.035	
		35-3		\$.035	
		40-4		\$.066	
		45-4		\$.112	
		50-5	54	\$.171	
		55-5		\$.266	
		60-6		\$.407	
		65-		\$.708	
		<b>Supplemental GTL for Children</b> (one coverage amount and monthly cost covers all eligible children)			
		Amount of		Monthly cost	narchy
		\$2,00	-	\$0.36	
Example: How to		\$5,0		\$0.90	
Calculate Cost of		\$10,0	000	\$1.80	
Supplemental GTL		Employee's Supple	emental GTL	Spouse/DP's Supplem	ental GTL
	Amou	unt Elected	1. \$100,000	Amount Elected	1. \$40,000
	Line 1	divided by \$1,000	2. 100	Line 1 divided by \$1,000	2. 40
	Select above	t your rate from e	3. \$.066	Select your rate from above	3. \$.066
	Line 2	2 multiplied by Line 3	4. \$6.60	Line 2 multiplied by Line 3	4. \$2.64
		Monthly Premium:	\$6.60	Monthly Premium:	\$2.64

	<b>Optional Insurance – AD&amp;D</b>
AD&D	To supplement your Basic and Supplemental Life Insurance, you may purchase Accidental Death and Dismemberment (AD&D) Insurance for yourself, your spouse or domestic partner, and your children. AD&D Insurance pays a death benefit (principal sum or full insurance amount) if the insured person dies due to a covered accident. It also pays a percentage of the death benefit if the covered person loses a limb(s), sight, speech, hearing or becomes paralyzed. For example, a person who is covered by AD&D Insurance would receive 50% of the principal sum (full insurance amount) if he/she lost a limb from an injury relating to a covered accident.
How to Decide if	You can cover yourself in \$25,000 increments up to \$500,000. Your family members' coverage is a percentage of your coverage amount. For example, John Smith has "Employee and Family" coverage for himself and his two children (no spouse). If one of his children dies, he receives a payout of 20% of the principal sum. If John had a spouse, he would receive 15% of the principal sum if his child died. Charts showing costs and payout percentages can are on the next page.
You Need AD&D	something should happen to you, you may consider purchasing AD&D coverage. New Employees: Remember - You have 30 days from your hire date to enroll in the medical, dental, vision, and optional insurance plans.

### **Optional Insurance – AD&D**

### **Accidental Death & Dismemberment Costs**

Cost of AD&D for "Employee Only" and "Employee and Family" Coverage

Principal Sum:	Employee Only:	Employee and Family
\$25,000	\$.75	\$1.00
\$50,000	\$1.50	\$2.00
\$75,000	\$2.25	\$3.00
\$100,000	\$3.00	\$4.00
\$125,000	\$3.75	\$5.00
\$150,000	\$4.50	\$6.00
\$175,000	\$5.25	\$7.00
\$200,000	\$6.00	\$8.00
\$225,000	\$6.75	\$9.00
\$250,000	\$7.50	\$10.00
\$275,000	\$8.25	\$11.00
\$300,000	\$9.00	\$12.00
\$325,000	\$9.75	\$13.00
\$350,000	\$10.50	\$14.00
\$375,000	\$11.25	\$15.00
\$400,000	\$12.00	\$16.00
\$425,000	\$12.75	\$17.00
\$450,000	\$13.50	\$18.00
\$475,000	\$14.25	\$19.00
\$500,000	\$15.00	\$20.00

#### Payout Amounts if "Employee and Family" Coverage is Selected

Family includes employee and:	Percentage of principal sum you receive if your spouse/partner dies	Percentage of principal sum you receive if a child dies
Spouse/DP Only (no children)	60%	0%
Spouse/DP & Children	50%	15%
Children Only (no spouse/DP)	0%	20%

Optio	onal Insurance - Flexible Spending Accounts
Flexible Spending Accounts	Navia Benefit Solutions administers the City's Flexible Spending Account (FSA) Plans. The FSAs allow you to set aside pre-tax dollars from your paycheck for Health Care FSA (\$120 annual minimum, \$3,050 annual maximum) to pay for eligible expenses not covered through other benefit programs and eligible work-related expenses for Day Care FSA plan (up to \$5,000 per household). When you put money into an FSA, you do not pay federal or Social Security taxes on it. As a result, your taxable income is reduced, and your taxes are lower. You can enroll in FSAs either: (1) within 30 days of your hire date through Employee Self-Service, (2) during an Open Enrollment period, or (3) within 30 days of a qualifying change in family status. <b>To continue participating, you must re-enroll each year during open enrollment</b> .
Health Care FSA Account	There are two types of FSA Plans: <b>Health Care FSA</b> – allows you to set aside money (\$3,050 annual maximum per employee) to pay for eligible expenses not covered by your health plans (e.g., deductibles, copays, or costs for orthodontia that exceed the plan maximum). Health care premiums are not eligible expenses because they are already deducted from your paycheck on a pre-tax basis. You must submit receipts for reimbursement by March 31 of the following year. Find eligible expenses at <u>www.naviabenefits.com</u> .
	Navia Benefit Solutions will carry over up to \$610 of remaining unused 2024 Health Care FSA account balances to 2025. Any remaining unused balances <b>over</b> the carryover limit will be forfeited. If you don't elect a 2025 Health Care FSA, 2024 account balances under \$120 will also be forfeited.
Daycare FSA Account	Daycare FSA – allows you to set aside money on a pre-tax basis to pay for eligible daycare expenses for your child, disabled spouse, or tax dependent parent (or anyone who qualifies as a dependent on your IRS tax form) while you and your spouse/domestic partner work or seek employment, or if your spouse who does not work becomes a full-time student (\$5,000 annual maximum per household). Unused Daycare FSA funds will not carry over to the following plan year. For detailed information about the FSAs, see the <u>FSA Plan Guide</u> .

Optio	onal Insurance - Flexible Spending Accounts
Examples of Qualifying Life Events (not all- inclusive)	If you experience a qualifying life event as described below, contact the Benefits Unit at <u>Benefits.Unit@seattle.gov</u> within 30 days of the event to see if you're eligible to make a change to your Health or Daycare FSA.
Contact the Benefits Unit if you have any questions	<ul> <li>Return to work from a Leave of Absence (Note: returning from Leave is the qualifying event for birth or adoption and marks the 30-day window to elect Dependent Care FSA)</li> <li>Change in legal marital status, which changes the number of your eligible dependents (marriage, divorce, etc.)</li> <li>Birth of a child, adoption of an eligible child or placement for adoption, or death of a dependent</li> <li>Change in employment status for you or your spouse/domestic partner which affects your daycare needs</li> <li>Daycare needs change. Examples include child reaching a maximum age of 13, change in daycare cost or coverage, or change of care provider</li> </ul>
	As you incur eligible expenses, you submit bills and receipts and receive reimbursement up to the amount you elect to have withheld from your paychecks throughout the year. There are restrictions on the amount you can contribute and the types of expenses that can be reimbursed. Find eligible daycare expenses at <u>www.naviabenefits.com</u> .
Set up Your Online Account	Create your online account using your personal email address and the <b>Company</b> <b>Code: CS1</b> , shop the FSA store, submit a claim for reimbursement, manage your Navia Benefits Card, and more at <u>www.naviabenefits.com</u> . For claim issues or appeals, please call (206) 425-452-3500 or 1-800-669-3539. Find eligible expenses at <u>www.naviabenefits.com</u> .
Kinside	<ul> <li>All City of Seattle employees have access to Kinside's nationwide childcare network. Browse up-to-date openings at preschools, after-school programs, summer camps, and more. Pay providers online and take advantage of up to 20% on childcare discounts. Pay your provider online using your Daycare FSA dollars. No FSA? You may also pay online via ACH. No more clunky claims process.</li> <li>1. Create an Account: If you already have a Flexible Spending Account, log-in through your online account at <u>naviabenefits.com</u>. For employees not enrolled in an FSA, visit join.kinside.com/city-of-seattle to create an account using your City of Seattle employee email address.</li> </ul>

Optic	onal Insurance - Flexible Spending Accounts
	<ol> <li>Start Your Search: Enter your home address to view the daycares, after-school care, summer camps, and preschools closest to you, browse profiles, discounts, and more. Chat with a concierge for help with the heavy lifting to find the right care options for your family.</li> <li>Do you have a location in mind? Enjoy one-click touring and save on enrollment at partner providers. Let a concierge assist you with booking and enrollment.</li> </ol>
Benefit Card	The Navia Benefits Card is a debit card that allows you to access your Health Care FSA funds directly instead of paying out-of-pocket and waiting for reimbursement. Navia will send you a Benefits Card automatically through U.S. Mail.

Workers' Compensation
If you are injured at work, you will be covered by the City's self-insured Workers' Compensation program. You are covered as soon as you start work. For more information on this program, contact your department's Human Resources Representative.

	Well-Being Programs
Employee Assistance Program (EAP)	Effective July 1, 2024, the City of Seattle is partnering with a new Employee Assistance Program (EAP) services provider, ComPsych. The EAP provides confidential counseling and mental health support for such issues as eating disorders, stress, family relationship concerns, work-related problems, financial issues, and alcohol and drug problems. Help is available for you and your household members 24/7 through ComPsych. Services also include childcare referral, eldercare information, financial and legal consultation and well-being coaching.
	Employees and household members can receive eight visits per issue per year either in person or online. Employees may use six <b>paid</b> , non-leave hours per year for EAP visits. (Contact your supervisor to schedule time if you want to use paid time and verify how to code your time sheet.) To reach ComPsych, call <b>1-888-272-7252</b> ; TRS: Dial 711. Online at
WW (formerly Weight Watchers)	www.guidanceresources.com; Registration Web ID: SeattleEAP. The City of Seattle provides special savings on selected weight-loss solutions. Save 50% on WW programs; an additional \$30 reimbursement each year for attending meetings at the recommendation of your physician. Regular City employees and their adult dependents with City medical coverage may enroll.
	Enroll at <u>ww.com/us/cityofseattle</u> with Employer ID: 62344, Employer Passcode: WW62344. Include the Employee Number, the last four numbers of the participant's Social Security number, and credit card information. The address for all City of Seattle WW members is 700 Fifth Avenue, Seattle, WA 98104. For pricing and the reimbursement form, go to <u>https://www.seattle.gov/human-</u> <u>resources/benefits/employees-and-covered-family-members/well-being-programs</u>
Quit for Life	The City of Seattle is committed to helping employees become free of tobacco, so the City fully subsidizes the cost of the Quit For Life program. Employees (and their eligible adult family members) pay nothing for the program. Even the cost of nicotine patches/gum is covered. To enroll, call Quit for Life at 1-866-QUIT-4-LIFE (1- 866-784-8454).

	Work Life Programs					
Seattle Shares	Seattle Shares is the City of Seattle's employee giving and volunteer program. Employees are encouraged to give via our partner, United Way of King County (UWKC) during our annual campaign. Employees are also encouraged to give directly to the charity of their choice. Employees can go to charitynavigator.org to research charities and/or make donations via the charity navigator portal. Please see inweb/seattleshares for more information.					
Career Quest	Career Quest is a career management program that provides customized career development opportunities for employees looking to broaden their skills and/or seeking assistance with their long-term career goals. The program offers <b>Career Development Workshops</b> , <b>Competitive Scholarships</b> and <b>Citywide Flash Mentorships</b> . To be eligible, you must be a regular City employee and be committed to developing new skills and competencies. Employees can learn more about the Career Quest program, and access these services, by going to the <u>Career Development Hub</u> or by contacting <u>CareerQuest@seattle.gov</u> .					
Office of the Employee Ombud	The Office of the Ombud is a confidential, informal, and independent resource that serves all current City of Seattle employees. The mission of the Office of the					
MyTrips	<ul> <li>Employee Ombud is to ensure that employees have access to a resource for informally addressing workplace concerns in a fair and equitable manner.</li> <li>To submit an anonymous report, please use the secure site at</li> <li>EthicsPoint (https://oeointake.seattle.gov). Once we receive your report, Ombud</li> <li>Office staff can contact you via the EthicsPoint portal or by phone or email, If you do not wish to use EthicsPoint, you can also call our intake line at 206-233-7850 or email the office at ombud@seattle.gov.</li> <li>The City of Seattle encourages employees to use alternatives to driving alone to work. Fire Fighters, while not eligible for a City subsidized ORCA card, in some cases, may ride transit for free when showing their badge. Fire Fighters who do ride transit are eligible to use the other elements of their employee commute options program.</li> <li>Visit your employee transit benefit website: mytrips.seattle.gov to find out more about your program. See this table for transit agency sworn officer free-ride policy.</li> </ul>					

Leave Policies							
Vacation	i r y y	You earn vacation ba bay period. Vacation beriod. (See the vaca regular pay status eq rate is 12 days per ye ncreases to 20 days year of service after t You can accumulate to f vacation you have may also view this int	hours are a tion accrual ual one year ar for your f per year afte that to a ma two times ye earned and	ccumula chart be r of full- first four er 20 yea ximum o ximum o pur annu not use	ited on a r elow.) App time emp r years of ars of serv of 30 days ual vacation d is shown	maximum of 8 proximately 2, loyment. Your service. The a vice, with an a on without per n on your biwe	0 hours per pay 088 hours of vacation accrual ccrual rate gradual dditional day per nalty. The amount
Represented Employees - see your collective	F	Follow your departm Your unused vacatior unless your union has vacation leave into D	ent's protoc n balance wi s elected to	ol for re Il be cas particip	equesting hed out w ate in VEE	and taking a v /hen you leave A or you are e	e City employment eligible to defer you
bargaining agreements for provisions regarding leave policies. If any of this information differs		Hours of Regular Pay Status	Years of Service	Days per Year	Hours per Year	Maximum Balance	
		Less than 08321	0 to 4	12	96	192	
		08321 to 18720	5 to 9	15	120	240	
		18721 to 29120	10 to 14	16	128	256	
from the union bargaining		29121 to 39520	15 to 19	18	144	288	
agreement, the		39521 to 41600	20	20	160	320	
bargaining		41601 to 43680	21	21	168	336	
agreement prevails.		43681 to 45760	22	22	176	352	
		45761 to 47840	23	23	184	368	
		47841 to 49920	24	24	192	384	
		49921 to 52000	25	25	200	400	
			26	26	200	14.0	
		52001 to 54080	26	26	208	416	
		52001 to 54080 54081 to 56160	26	26	208	416	
		54081 to 56160	27	27	216	432	

	Leave Policies					
Sick Leave	Sick leave is a program that pays your wages if you must be absent from work because of your own medical appointments, personal illness, injury or disability, which makes you temporarily unable to perform your job or when you are absent because of medical appointments, illness, injury or disability of your spouse or domestic partner, parent, grandparent, sibling, grandchild or dependent child. You may also request sick leave for the non-medical care of a newborn or child recently placed for adoption, foster care or legal guardianship, closure of your worksite or your child's school or place of care by a public health official, and for reasons related to domestic violence, sexual assault or stalking. You are eligible to use available sick leave hours after 30 days of employment.					
	Full-time employees accumulate 12 days or 96 hours of sick leave per calendar year, at the rate of .046 hours per hour on regular pay status. If you are absent more than four consecutive workdays, you must submit medical documentation to verify your absence. You may also need to provide return to work certification. When you retire through the City of Seattle Retirement System you are eligible to receive a cash equivalent of 25 percent of unused sick leave hours, unless your union has elected to participate in VEBA or you are eligible to defer your sick leave into Deferred Compensation. Check with your HR representative.					
Sick Leave Transfer	The City has a sick leave transfer program. You may request to receive up to 560 hours of donated sick leave for any single qualifying incident from other employees if you meet all the following conditions:					
For more information on sick leave transfer, see Personnel Rule 7.7.5 and your department's policies.	<ul> <li>You have exhausted, or will exhaust in the current pay period, your paid leave balances due to a personal illness, injury, impairment, or physical or mental condition which is likely to cause you to go on leave without pay, or to leave City employment.</li> <li>You provide a medical certification from your health care provider verifying the nature and expected duration of your condition and the need to be off work.</li> <li>You have used your sick leave balance judiciously.</li> <li>You are not eligible for benefits under SMC Chapter 4.44 or under the State Industrial Insurance and Medical Aid Acts.</li> </ul>					
	employee, provided the donation will not cause your sick leave balance to fall below 240 hours.					

Leave Policies						
Holidays	Most City employees are eligible for 12 official paid holidays and two personal paid holidays per year. To qualify for a paid holiday, you must be on regular pay status either the day before or the day after the observed holiday. However, if you returned the day after a holiday, but had been on unpaid leave for more than four days immediately preceding the holiday, you would not be eligible for holiday pay. For more information regarding holiday leave policies, consult Personnel Rule 7.6 at <u>seattle.gov/human-resources/rules-and- resources/personnel-rules</u> and any applicable union contract. Below is the 2024 holiday schedule*.					
		New Year's Day	Monday, 1/1/2024			
		Martin Luther King Jr. Day	Monday, 1/15/2024			
		President's Day	Monday, 2/19/2024			
	Memorial Day Monday, 5/27/2024					
	Juneteenth Wednesday, 6/19/2024					
	Independence Day (observed) Thursday, 7/4/2024					
	Labor DayMonday, 9/2/2024					
	Indigenous People's Day Monday, 10/14/2024					
	Veterans' Day Monday, 11/11/2024					
	Thanksgiving Day   Thursday, 11/28/2024					
	Day following Thanksgiving Friday, 11/29/2024					
	Christmas Day (observed) Wednesday, 12/25/2024					
	The 2025 New Year's Day holiday will be January 1, 2025.					
	You must use your personal (floating) holidays during the calendar year or you will forfeit them.					
Emergency Day	Some union agreements provide for an emergency day. This is a day to take care of an urgent personal situation. Check your collective bargaining agreement for more information.					

	Leave Policies
Floating Holidays	You will be credited with two floating (personal) holidays on January 1 of each year. Individuals with ten or more years of service credit receive four personal floating holidays. You may take them in full-day increments at any time with supervisory approval. Personal holidays cannot be carried over from year to year nor can they be cashed out at the end of the year. Use them or lose them! Employees who work a 4/10 or 9/80 schedule receive eight hours pay per holiday. They must cover the difference with vacation or compensatory time, take it without pay or work flex hours. For more information, see the <u>Personnel</u>
	<u>Rules</u> 7.6 at <u>seattle.gov/human-resources/rules-and-resources/personnel-rules</u> . Represented employees should also see their collective bargaining agreements for provisions covering personal holidays.
Bereavement Leave	All employees, including temporary employees, are entitled to five days of paid time off for bereavement purposes due to the passing of a close relative. With supervisory approval, you make take vacation or discretionary time off not to exceed 5 days to mourn the death of a "relative other than a close relative" such as an aunt, friend, co-worker or other individual who is not a close relative.
Family and Medical Leave	The City provides up to 90 calendar days of unpaid Family and Medical Leave per rolling 12-month calendar year. Hours are pro-rated for part-time employees. Employees are eligible to use the leave after six months of employment. Eligible employees can elect to utilize their accrued paid leave such as vacation, sick leave, floating holiday, etc. during an approved City FML leave period. City FML leave is a protected leave, allowing for job restoration, continued health insurance benefits and protection against retaliation.
	When you use Family and Medical Leave for the non-medical care of your newborn child or for a child who has been placed with you for foster care or adoption, you must provide 30 days' advance notification, when possible. Any use of intermittent Family and Medical Leave for the non-medical care of your new child must be by mutual agreement between you and your supervisor. You must submit a record of birth or placement attesting to the date of the child's birth or placement with you.
	When you use Family and Medical Leave for your own serious health condition or to care for the serious health condition of an eligible family member, you must provide as much notification as possible. You must also submit your health care provider's certification of a serious health condition.

Leave Policies						
	Additionally, if you are taking Family and Medical Leave for your own serious health condition, you will need your health care provider's release to return to work. To apply for this leave, please contact your <u>department's leave &amp; ADA</u> <u>coordinator</u> .					
Jury Duty	If you serve on jury duty during normal work hours, you will be paid your regular straight-time pay upon surrendering to the City any compensation yo receive from the Court, less transportation allowance.					
	The City offers the following paid and unpaid leave programs for employees needing to time off work due to military events:					
Military Leave	<ul> <li>Paid Military Leave: The City provides up to 21 working days, exclusive of normal days off, of paid leave per fiscal year (October – September) without loss of service credit for employees who are members of the US armed forces, National Guard, or reserves, and need leave to report for required military duty, training or drills. This leave provides employees with their City pay and benefits at the same pay rate and under the same conditions as if they were at work.</li> </ul>					
	<ul> <li>Military Leave of Absence (LOA): Unpaid Military Leave of Absence provides employees an unpaid leave of absence to enter active duty for the United States Military. It also guarantees a return to their position upon release from active duty, provided they meet the set criteria.</li> </ul>					
	<ul> <li>Military Spouse Leave of Absence (Spouse LOA): Refers to a 15-day unpaid leave provided to employees whose spouse is a member of the Armed Forces, National Guard, or Reserves and who has been notified of an impending call or order to active duty and before deployment, or whose military spouse is on leave from deployment.</li> </ul>					
	• Family Medical Leave (FML) Military Exigency: Eligible employees are granted up to 90 days (13 weeks) of unpaid, job-protected Family and Medical Leave in a 12-month rolling period for a "qualifying exigency" arising out of a foreign deployment of the employee's spouse, parent, son or daughter.					
	• Family Medical Leave (FML) Military Caregiver Leave: Employees are granted up to 26 weeks of unpaid, job-protected Family and Medical Leave in a 12-month rolling period to care for their spouse, parent, child, or next of kin of a covered military service member with a serious injury or illness. Covered military members may be either a current servicemembers or a veteran of the armed forces.					

	Leave Policies
Paid Family Care Leave	The City provides eligible employees up to four weeks (160 hours) of paid leave to care for a qualifying family member with a serious health condition under an approved Family and Medical Leave.,. Hours are pro-rated for part-time employees. Employees are eligible to use the leave completing consecutive six months of employment in a benefitted position or temporary assignment and if they have not exhausted their FML entitlement hours. The use of Paid Family Care Leave counts against the Family and Medical Leave entitlement hours. To apply for this leave, please contact your <u>department's leave &amp; ADA</u> <u>coordinator</u> .
Paid Parental Leave	<ul> <li>The City of Seattle's Paid Parental Leave program provides eligible employees up to 12 weeks paid leave to bond with their new child. These hours are prorated for part time employees. Employees become eligible for this leave after completing 6 months of employment in a benefit eligible position and if they experience one of the following qualifying events:</li> <li>Birth of a child; placement of a child for adoption; placement of a child for foster care; placement of a child for legal guardianship</li> <li>The employee, in addition to the leave application, must also submit a record of birth or placement to the City. The employee must use the leave by the first</li> </ul>
Sabbatical Leave	<ul> <li>anniversary of the child's birth or placement. To apply for this leave, please contact your <u>department's leave &amp; ADA coordinator</u>.</li> <li>You may be eligible to request an unpaid sabbatical leave of absence of up to 12 months after completing the equivalent of seven years of continuous full-time regular City employment. A sabbatical leave differs from a personal leave of absence in that returning to your job is guaranteed. (This guarantee is no greater than if you were not on leave.) In addition, you will receive health care benefits at the rate of one month of coverage for every year of completed employment, to a maximum of 12 months. You may also cash out any unused sick leave over 240 hours at 25% of its current value.</li> <li>For additional information, go to the <b>Personnel Rules</b> at</li> </ul>
	seattle.gov/human-resources/rules-and-resources/personnel-rules. To apply for any of these leave programs, please contact your <u>department's</u> <u>leave &amp; ADA coordinator</u> .

### Washington State Paid Family and Medical Leave

Washington's Paid Family and Medical Leave is an insurance program funded through premiums paid by the City of Seattle and employees. It offers partially paid leave for qualifying medical, family and certain military connected events. The program covers between 12 and 18 weeks of paid leave for a qualifying event, depending on the circumstances. For more information, please visit the Washington State Employment Security Department's website at <a href="https://www.paidleave.wa.gov/">https://www.paidleave.wa.gov/</a>.

To apply for this State benefit with the Washington State <u>Employment Security Department</u> (ESD), you can contact ESD directly at 1 (833) 717-2273 or submit your online application at <u>www.paidleave.wa.gov.</u>

-	Employee Rights and Responsibilities
Your Work Environment	As a City employee, you have several rights and responsibilities. You have the right to a work environment that is free from discrimination and harassment based on race, gender, age, national origin, color, creed, gender identity, religion, ancestry, or presence of any sensory, mental or physical disabilities. You should report any incident of illegal harassment or discrimination you experience or witness to the proper authority. You will find the procedure for reporting and investigating allegations of workplace harassment at http://sdhrweb/safety/workplaceviolence.asp.
Employment	Your position (job) may be represented under the terms of a collective bargaining agreement between the City and an authorized union. If so, you are eligible for all the rights and conditions of employment described therein. The provisions of your collective bargaining agreement will supersede any Personnel Rules, policies, or procedures with which they conflict. You have the right to compete openly for City jobs for which you are qualified. You may use City time and equipment (e.g., computers, and copiers) within reason, to participate in City job application, interview, and testing processes.
	<b>Please note:</b> We have made every attempt to ensure the accuracy of this information. If there is any discrepancy between this booklet, the insurance contracts, other legal documents or the terms of an authorized collective bargaining agreement, the contracts, legal documents, and applicable collective bargaining agreements will always govern. The City of Seattle intends to continue these plans indefinitely but reserves the right to amend or terminate them at any time in whole or part, for any reason, according to the amendment and termination procedures described in the legal documents. This booklet does not create a contract of employment with the City of Seattle.

Retirement						
Deferred Compensation Savings Plan	Plan adminis The plan allo retirement i payroll dedu you make. Y savings. For more inf Education C 206-447-192 during norm Customer Se Time, Mond access your You n (conti- calling You n your a www You d withd You c accou You a servic Hards the Pl You c your y annua	ticipate i stered by ows you t ncome. C ictions ar ou may c formation 24. Educa al busine ervice Rep ay throug account 2 nay start, ributions g 855-550 nay contr annual ta cityofsea o not pay rawn. an apply int balance re eligible e, regard ship witho an Trust an contri vacation al deferra nay conso	In the City of Seattle Volume Nationwide. You may end to save a portion of your p Contributions are made the ad you are immediately 10 shoose among several inve the seattle Municipal tion Consultants are avail to Consultants are available gh Friday and Saturday 6:0 24/7 on the <u>Plan website</u> . stop or change the amou at any time at <u>www.cityc</u> 0-1757. ibute as little as \$10 per p xable income up to the are attledeferredcomp.com y federal income tax on your for a loan, not to exceed to ce. to withdraw your money less of age. drawals are available, sub Committee. bute a portion of your sick payout to your account w al limit for the year in whice	Tower (Floor 16, Suite 1635) able Monday through Friday ct Nationwide at 855-550-17 e from 5:00 am to 8:00 pm P 20 am to 3:00 pm. You can al ant of your deferrals <u>ofseattledeferredcomp.com</u> of bay period and as much as 50 nnual limit published on our pre-tax money until it is the lesser of \$50,000 or half y only when you leave City ject to IRS rules and approva k leave balance (if eligible) ar hen you retire up to your unic ch you retire. lans (457, 403(b), 401(k), 401	year. oth) ons your at 257. acific so or by 0% of your l by nd all used	
	Year Regular Contributions Additional Contribution					
			Limit	Limit for Employees Age 50 Plus		
	2	024	\$23,000	\$7,500		

Washington State Department of Retirement SystemsMembership in the Washington State Department of Retirement System andatory if you are a member of LEOFF 1 or LEOFF 2. For information your plan, please contact the Washington State Department of Retire Systems at (360) 664-7000 or (800) 857-6657, visit their website at www.drs.wa.gov/member/systems/leoff/, or email the Department of Department of 	Retirement				
Retirement Systems at recep@drs.wa.gov.	on about ement				

### Who to Contact if You Have Questions

If you have questions, contact the following organizations by phone or obtain information through their web sites. The Seattle Department of Human Resources Benefits Unit can be reached at 206-615-1340.

Nationwide Retirement Local Representative	855-550-1757 206-447-1924	www.cityofseattledeferredcomp.com
Employee Assistance Program - ComPsych	1-888-272-7252 TRS: Dial 711	www.guidanceresources.com Registration Web ID: SeattleEAP
Life, AD&D		Your department's Benefits Representative
Health Care/Daycare Flexible Spending Accounts	800-669-3539	<u>naviabenefits.com</u>
City's Benefits Unit	206-615-1340	seattle.gov/human-resources/benefits
Employee Self-Service		seattle.gov/ess/