

MAYERS MEMORIAL HOSPITAL DISTRICT**POLICY AND PROCEDURE****SUSTAINED HOURS TO MAINTAIN BENEFITS POLICY AND PROCEDURE**

ORIGINATING DATE: 10.16.2009
EFFECTIVE DATE: TBD
REVIEW DATE:
REVISION DATE:
MANUAL(S): Mayers Employee Manual

POLICY:

Mayers Memorial Hospital District provides benefits as set forth in the employee manual, to all non-exempt employees with a minimum number of hours worked. Employees hired before May 1, 2008, must work a minimum number of twenty-four (24) hours per week to obtain and maintain benefits. Employees hired on or after May 1, 2008, must work a minimum of thirty six (36) hours per week to obtain and maintain benefits. As of the adoption and approval of this policy, employees shall maintain an average of their specific number of hours for benefits required over any ninety (90) day period.

PROCEDURE:

Employees who fail to maintain an average of their specific number of hours for benefits over any 90 day period will be notified by Personnel thirty (30) days prior to cancellation of benefits. Upon receiving the notice, the employee has the 30 days to increase their payroll hours to the minimal requirement or lose the benefits. All paid time off (PTO) categories are included in the average of minimum hours (such as jury, holiday, and vacation). Employees on Family Medical Leave Act (FMLA) or Workers' Compensation leaves of absences will have benefit rights effective as determined by the statues and laws concerning FMLA or Workers' Compensation.

If an employee loses their benefits from failure to maintain the average minimum number of hours in a 90 day period, the employee will be restricted from benefit qualification for six (6) months. The restriction will include all family members on the employee's policy. An employee will be eligible for COBRA benefits during the restriction period in accordance with all COBRA policies and regulations.

After the 6 month restriction period, the employee can elect to be eligible for benefits provided the employee has maintained an average of 36 hours per week over the past 6 months.

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REFERENCES (Required):

Family Medical Leave Act
Workers' Compensation
COBRA

COMMITTEE REVIEW:

Board Quality Committee: 11/02/09
Board Finance Committee: 10/28/09

Author: vnb
File/Path Name:
Distribution Date:

Implementation
Date:

Initial: _____

The department manager or designee to initial and date here when this policy is placed in the appropriate policy and procedure manual, and staff are in-serviced.