1968

Fringe Benefits for Faculty

University of Rhode Island Faculty Senate

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University of Rhode Island Faculty Senate, "Fringe Benefits for Faculty" (1968). Faculty Senate Bills. Paper 20.
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UNIVERSITY OF RHODE ISLAND

FACULTY SENATE

BILL

Adopted by the Faculty Senate

TO: President Francis H. Horn

FROM: Chairman of the Faculty Senate

1. The Attached BILL, titled Fringe Benefits for Faculty

is forwarded for your consideration.

2. The original and two copies for your use are included.

3. This BILL was adopted by vote of the Faculty Senate on April 18, 1968.

4. After considering this bill, will you please indicate your approval or disapproval. Return the original or forward it to the Board of Trustees, completing the appropriate endorsement below.

5. In accordance with Section 3, paragraph 2 of the Senate's By-Laws, this bill will become effective on May 9, 1968, unless: (1) specific dates for implementation are written into the bill; (2) you return it disapproved; (3) you forward it to the Board of Trustees for their approval; or (4) the University Faculty petitions for a referendum. If the bill is forwarded to the Board of Trustees, it will not become effective until approved by the Board.

April 24, 1968

(date)

Chairman of the Faculty Senate

ENDORSEMENT 1.

TO: Chairman of the Faculty Senate

FROM: President of the University

1. Returned.

2. Approved _______. Disapproved _______.

3. (If approved) in my opinion, transmittal to the Board of Trustees is not necessary.

(date)

President

Form approved 11/65
ALTERNATE ENDORSEMENT 1.

TO: Chairman of the Board of Trustees.
FROM: The University President
1. Forwarded.
2. Approved.

(date) /s/ President

ENDORSEMENT 2.

TO: Chairman of the Faculty Senate
FROM: Chairman of the Board of Trustees, via the University President.
1. Forwarded.

(date) /s/ (Office)

ENDORSEMENT 3.

TO: Chairman of the Faculty Senate
FROM: The University President
1. Forwarded from the Chairman of the Board of Trustees.

(date) /s/ President

Original received and forwarded to the Secretary of the Senate and Registrar for filing in the Archives of the University.

(date) /s/ Chairman of the Faculty Senate
BILL #208

That the Senate reaffirm its actions of March 18, 1965, October 19, 1967, and November 16, 1967 requesting the Board of Trustees to pay the cost of major medical insurance for the faculty, to make tax-sheltered annuities available to the faculty, and to provide disability insurance for the faculty, respectively.
To: All Faculty and Administrative Staff Members
From: Business Manager

SUBJECT: TOTAL DISABILITY BENEFITS INSURANCE

Long-term disability insurance protects against the financially hopeless situation faced when a disabling illness or injury lasts for an extended period of time. Through group insurance, coverage for this worrisome risk is available at a very low cost.

TIAA had developed a group insurance plan having two forms of benefits, both beginning after six months of total disability. One benefit pays the disabled a monthly income, and the other—the waiver of premium benefit—continues his and his college's contributions to his TIAA-CREF annuity. These benefits continue during total disability until age 65, when his annuity takes over.

The monthly income benefit is 60% of the employee's basic monthly salary of up to $1,000, plus 40% of any basic salary in excess of $1,000 per month, but not to exceed the following amounts:

<table>
<thead>
<tr>
<th>Number of Eligible Employees</th>
<th>Maximum Amount of Monthly Income Benefit is</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-99</td>
<td>$1,000</td>
</tr>
<tr>
<td>100-199</td>
<td>1,250</td>
</tr>
<tr>
<td>200 or More</td>
<td>1,500</td>
</tr>
</tbody>
</table>

Explorations will be started, in the near future, to determine the cost factors involved to make this protection available. The first step is to determine how many of our eligible employees would be interested in a self-contributory group total disability protection plan.

It is requested that the attached questionnaire be completed and returned to the Business Office before November 18, 1968.

Your cooperation is earnestly requested.

If you have any questions, please call 2720

Martin R. Nelson
Business Manager
TO: BUSINESS MANAGER

I (am) (am not) interested in a self-contributory group total
strike one
disability protection plan.

I understand that this indication of interest in no way commits me
to participate in a plan which may be offered in the future.

NAME ____________________________

TITLE ____________________________

DATE OF EMPLOYMENT ________________  ________________  YEARS OF SERVICE ________________

Month  Year

ELIGIBLE FOR TIAA  Yes  No

MEMBER OF TIAA  Yes  No

MEMBER OF STATE EMPLOYMENT  Yes  No
 RETIREMENT PLAN

______________________________

______________________________

______________________________  __________________

Name  Department