

TOWN COUNCIL – AGENDA REQUEST FORM

THIS FORM WILL BECOME PART OF THE BACKGROUND INFORMATION USED BY THE COUNCIL AND PUBLIC

Please submit Agenda Request Form, **including back up information**, <u>8 days prior</u> to the requested meeting date. Public Hearing requests must be submitted <u>20 days prior</u> to requested meeting date to meet publication deadlines (exceptions may be authorized by the Town Manager, Chairman/Vice Chair).

Meeting Information					
Date Submitted: September 28, 2018 Submitted by: Town Manager Eileen Cabanel Department:			Date of Meeting: October 11, 2018		
			Time Required: 15 minutes		
Speakers: Eileen Cabanel				Background Info. Supplied: Yes: No: No:	
CATEGORY OF BUSINESS (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)					
Appointment:			Recognition/Resignation/ Retirement:		
Public Hearing:			Old Business:		
New Business:		\boxtimes	Consent Agenda:		
Nonpublic:			Other:		
TITLE OF ITEM					
Health Insurance - Combine with School District					
DESCRIPTION OF ITEM					
Town Council to review letter requesting Healthtrust combine claims information for the Town of Merrimack and Merrimack School District for the purpose of looking into whether combining entities would be beneficial to our overall rating for health insurance.					
REFERENCE (IF KNOWN)					
RSA:			Warrant Article:		
Charter Article:			Town Meeting:		
Other:			N/A		
EQUIPMENT REQUIRED (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)					
Projector:			Grant Re	Grant Requirements:	
Easel:			Joint Me	Joint Meeting:	
Special Seating:			Other:	Other:	
Laptop:			None:		
CONTACT INFORMATION					
Name:	Eileen Cabanel		Address	6 Baboo	osic Lake Road
Phone Number	424-2331		Email Ac	ddress ecabane	l@merrimacknh.gov
Approval					
Town Manager:	Yes _⊠_	No:	Chair/Vio	ce Chair:	Yes _ No:

Sharon Marunicz

From:

Debie Clayton <dclayton@healthtrustnh.org>

Sent:

Friday, September 21, 2018 3:49 PM

To:

Sharon Marunicz

Subject:

Combination of Entities

Hi Sharon-

The letters can be quite simple, if the groups so choose.

You are requesting a combination of entities proposal with the School District thereby authorizing us to pull your medical and prescription drug claims and combine them with the School District for rating purposes. As I said on the phone, you would both maintain your independence when offering plans.

Please let me know if there are any questions.

Have a great weekend!!

Debie

Debra A. Clayton Benefits Coordinator HealthTrust PO Box 617 Concord, NH 03302

Phone: 603.230.3333 - Direct

800.527.5001 Ext. 3333

Fax: 603.224.6093

Email: dclayton@healthtrustnh.org

HealthTrust website: www.healthtrustnh.org

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TOWN OF MERRIMACK, NH

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September 25, 2018

HealthTrust Attn: Debie Clayton PO Box 617 25 Triangle Park Drive

Concord, NH 03302-0617

RE: Request for Combination of Entities Proposal

Dear Debie:

As you know, the Town Council and School Board have asked their respective administrators to look into whether combining entities would be beneficial to our overall rating for health insurance. I am officially requesting that you provide us with a combination of entities proposal with the Merrimack School District. I authorize HealthTrust to pull your medical and prescription drug claims and combine them with the Merrimack School District for rating purposes.

It is my understanding that the School will be making the same request of you.

I can be reached at (603) 424-2331 or ecabanel@merrimacknh.gov if you need to contact me to discuss this request.

Sincerely,

Eileen Cabanel Town Manager

Assessing P: 603-424-5136 F: 603-424-0461 Community Development P: 603-424-3531

F: 603-424-1408

Finance P: 603-424-7075

F: 603-424-0516

Human Resources P: 603-424-2331

F: 603-424-0461

Media Services P: 603-423-8561 F: 603-424-0461

Town Council

Town Manager P: 603-424-2331

Public Assistance P: 603-423-8535 F: 603-424-0516 Public Works Administration P: 603-424-5137 F: 603-424-1408

P: 603-424-2331 F: 603-424-0461

F: 603-424-0461