STATE OF NEW HAMPSHIRE
FULL TIME SEA POS MEDICAL DOMESTIC PARTNERS
STATE AND IMPUTED WAGES
BI-WEEKLY RATES WITH $25 EE FEE
01/01/08

MONTHLY WORKING RATES		
	POS	26 PP
1 PERSON	$ 570.67	$ 25.00
2 PERSON	$ 1,127.06	$ 25.00
FAMILY	$ 1,794.75	$ 25.00

		POINT OF SERVICE									EMPLOYEE CONTRIBUTIONS					
		STATE SHARE FRINGE TYPE				IMPUTTED WAGES FRINGE TYPE					PRE TAX			AFTER TAX		
WEEKLY HRS RANGE	TIERS	%	TYPE	PLAN	AMT PER 24 PP	TYPE	PLAN	AMT PER 24 PP	%		TYPE	PLAN	AMT PER 26 PP	TYPE	PLAN	AMT PER 26 PP
FULL TIME	ONE		HLTHS	POS1	$ 258.25	HLTHW	POS1	$ -			HLTHP	POS1	$ 25.00	HLTHX	POS1	$ -
	ONE>TWO		HLTHS	POS2	$ 258.25	HLTHW	POS2	$ 278.19			HLTHP	POS2	$ 25.00	HLTHX	POS2	$ -
	ONE>FAM		HLTHS	POSF	$ 258.25	HLTHW	POSF	$ 612.04			HLTHP	POSF	$ 25.00	HLTHX	POSF	$ -
	TWO		HLTHS	POS2	$ 536.45	HLTHW	POS2	$ -			HLTHP	POS2	$ 25.00	HLTHX	POS2	$ -
	TWO>FAM		HLTHS	POSF	$ 536.45	HLTHW	POSF	$ 333.85			HLTHP	POSF	$ 25.00	HLTHX	POSF	$ -
	FAM		HLTHS	POSF	$ 870.29	HLTHW	POSF	$ -			HLTHP	POSF	$ 25.00	HLTHX	POSF	$ -
	FAM>FAM		HLTHS	POSF	$ 592.11	HLTHW	POSF	$ 278.19			HLTHP	POSF	$ 25.00	HLTHX	POSF	$ -