

# SCHOOL COMMITTEE: Compensation/Benefits

**Berkley**

Compensated? Yes

**Compensation Amount:**

FY11: \$924      FY12: \$924  
 FY13: \$924      FY14: \$924

**Chair Amt:**

FY11: \$25      FY12: \$25  
 FY13: \$10      FY14: \$10

**Does the committee receive benefits?**

No  
 Health: No  
 % of Health Ins

**Other Benefits:** No

% Other insurance paid by district:

**Does the district pay any portion of the cost?** No

Dental: No

% of Dental Ins:

Other, specified:

If compensated, who pays?

Optical: No

% of Optical:

**Beverly**

Compensated? Yes

**Compensation Amount:**

FY11: \$3,600      FY12: \$3,600  
 FY13: \$3,600      FY14: \$3,600

**Chair Amt:**

FY11: \$300      FY12: \$300  
 FY13: \$300      FY14: \$300

**Does the committee receive benefits?**

Yes  
 Health: Yes  
 % of Health Ins 20%

**Other Benefits:** No

% Other insurance paid by district:

**Does the district pay any portion of the cost?** No

Dental: Yes

% of Dental Ins:

Other, specified:

If compensated, who pays?

Optical: No

% of Optical:

**Carver**

Compensated? Yes

**Compensation Amount:**

FY11: \$1,200      FY12: \$600  
 FY13: \$600      FY14: \$600

**Chair Amt:**

FY11: \$300      FY12: \$150  
 FY13: \$150      FY14: \$150

**Does the committee receive benefits?**

No  
 Health: No  
 % of Health Ins

**Other Benefits:** No

% Other insurance paid by district:

**Does the district pay any portion of the cost?** No

Dental: No

% of Dental Ins:

Other, specified:

If compensated, who pays?

Optical: No

% of Optical:

Chicopee		Compensated? Yes	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b> Yes
FY11: \$6,000	FY12: \$6,000	Yes	
FY13: \$6,000	FY14: \$6,000	Health: Yes	Dental: Yes
		% of Health Ins 50%	Optical: No
<b>Chair Amt:</b>			% of Optical:
FY11: \$500	FY12: \$500	Other Benefits: No	% of Dental Ins:
FY13: \$500	FY14: \$500	% Other insurance paid by district:	Other, specified:
			If compensated, who pays?

East Bridgewater		Compensated? Yes	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b> No
FY11:	FY12:	No	
FY13:	FY14:	Health: No	Dental: No
		% of Health Ins	Optical: No
<b>Chair Amt:</b>			% of Optical:
FY11:	FY12:	Other Benefits: No	% of Dental Ins:
FY13:	FY14:	% Other insurance paid by district:	Other, specified:
			If compensated, who pays?

East Longmeadow		Compensated? Yes	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b> No
FY11: \$3,200	FY12: \$3,200	Yes	
FY13: \$3,200	FY14: \$3,200	Health: Yes	Dental: No
		% of Health Ins 70%	Optical: No
<b>Chair Amt:</b>			% of Optical:
FY11: \$1,000	FY12: \$1,000	Other Benefits: No	% of Dental Ins:
FY13: \$1,000	FY14: \$1,000	% Other insurance paid by district:	Other, specified:
			If compensated, who pays?

<b>Leicester</b>		<b>Compensated? Yes</b>	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$394	FY12: \$491	No	No
FY13: \$394	FY14:	<b>Health:</b> No	<b>Dental:</b> No
<b>Chair Amt:</b>		<b>% of Health Ins</b>	<b>Optical:</b> No
FY11:	FY12:	<b>Other Benefits:</b> No	<b>% of Optical:</b>
FY13:	FY14:	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
			<b>If compensated, who pays?</b>

<b>Marlborough</b>		<b>Compensated? Yes</b>	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$3,000	FY12: \$3,000	No	No
FY13: \$3,000	FY14: \$3,000	<b>Health:</b> No	<b>Dental:</b> No
<b>Chair Amt:</b>		<b>% of Health Ins</b>	<b>Optical:</b> No
FY11:	FY12:	<b>Other Benefits:</b> No	<b>% of Optical:</b>
FY13:	FY14:	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
			<b>If compensated, who pays?</b>

<b>Methuen</b>		<b>Compensated? Yes</b>	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$2,500	FY12: \$2,500	Yes	Yes
FY13: \$2,500	FY14: \$2,500	<b>Health:</b> Yes	<b>Dental:</b> Yes
<b>Chair Amt:</b>		<b>% of Health Ins</b> 62%	<b>Optical:</b> Yes
FY11:	FY12:	<b>Other Benefits:</b> No	<b>% of Optical:</b>
FY13:	FY14:	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
			<b>If compensated, who pays?</b>

<b>Millbury</b>		<b>Compensated? Yes</b>	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$1,947	FY12: \$1,947	No	No
FY13: \$1,947	FY14: \$1,947	<b>Health:</b> No	<b>Dental:</b> No
		<b>% of Health Ins</b>	<b>Optical:</b> No
<b>Chair Amt:</b>			<b>% of Optical:</b>
FY11: \$487	FY12: \$487	<b>Other Benefits:</b> No	<b>% of Dental Ins:</b>
FY13: \$487	FY14: \$487	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
			<b>If compensated, who pays?</b>

<b>North Andover</b>		<b>Compensated? Yes</b>	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$5,000	FY12: \$5,000	No	No
FY13: \$5,000	FY14: \$5,000	<b>Health:</b> No	<b>Dental:</b> No
		<b>% of Health Ins</b>	<b>Optical:</b> No
<b>Chair Amt:</b>			<b>% of Optical:</b>
FY11: \$500	FY12: \$500	<b>Other Benefits:</b> No	<b>% of Dental Ins:</b>
FY13: \$500	FY14: \$500	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
			<b>If compensated, who pays?</b>

<b>North Attleborough</b>		<b>Compensated? Yes</b>	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$1,000	FY12: \$1,000	No	No
FY13: \$1,000	FY14: \$1,000	<b>Health:</b> No	<b>Dental:</b> No
		<b>% of Health Ins</b>	<b>Optical:</b> No
<b>Chair Amt:</b>			<b>% of Optical:</b>
FY11: \$200	FY12: \$200	<b>Other Benefits:</b> No	<b>% of Dental Ins:</b>
FY13:	FY14:	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
			<b>If compensated, who pays?</b>

<b>Palmer</b>		<b>Compensated? Yes</b>	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$1,200	FY12: \$1,200	No	No
FY13: \$1,200	FY14: \$1,200	<b>Health:</b> No	<b>Dental:</b> No
		<b>% of Health Ins</b>	<b>Optical:</b> No
<b>Chair Amt:</b>		<b>Other Benefits:</b> No	<b>% of Dental Ins:</b>
FY11:	FY12:	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
FY13:	FY14:		<b>If compensated, who pays?</b>

<b>Peabody</b>		<b>Compensated? Yes</b>	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$4,000	FY12: \$4,000	Yes	Yes
FY13: \$4,000	FY14: \$5,100	<b>Health:</b> Yes	<b>Dental:</b> No
		<b>% of Health Ins</b> 85%	<b>Optical:</b> No
<b>Chair Amt:</b>		<b>Other Benefits:</b> No	<b>% of Dental Ins:</b>
FY11:	FY12:	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
FY13:	FY14:		<b>If compensated, who pays?</b>

<b>Rockport</b>		<b>Compensated? No</b>	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11:	FY12:	Yes	No
FY13:	FY14:	<b>Health:</b> Yes	<b>Dental:</b> No
		<b>% of Health Ins</b>	<b>Optical:</b> No
<b>Chair Amt:</b>		<b>Other Benefits:</b> No	<b>% of Dental Ins:</b>
FY11:	FY12:	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
FY13:	FY14:		<b>If compensated, who pays?</b>

Seekonk		Compensated? Yes	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$1,000	FY12: \$1,000	No	No
FY13: \$1,000	FY14: \$1,000	<b>Health:</b> No	<b>Dental:</b> No
		<b>% of Health Ins</b>	<b>Optical:</b> No
<b>Chair Amt:</b>		<b>Other Benefits:</b> No	<b>% of Optical:</b>
FY11: \$400	FY12: \$400	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
FY13: \$400	FY14: \$400		<b>If compensated, who pays?</b>

Somerset		Compensated? Yes	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$3,450	FY12: \$3,450	No	No
FY13: \$3,450	FY14: \$3,450	<b>Health:</b> No	<b>Dental:</b> No
		<b>% of Health Ins</b>	<b>Optical:</b> No
<b>Chair Amt:</b>		<b>Other Benefits:</b> No	<b>% of Optical:</b>
FY11:	FY12:	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
FY13:	FY14:		<b>If compensated, who pays?</b>

Taunton		Compensated? Yes	
<b>Compensation Amount:</b>		<b>Does the committee receive benefits?</b>	<b>Does the district pay any portion of the cost?</b>
FY11: \$6,000	FY12: \$6,000	Yes	Yes
FY13: \$6,000	FY14: \$6,000	<b>Health:</b> Yes	<b>Dental:</b> Yes
		<b>% of Health Ins</b> 77%	<b>Optical:</b> No
<b>Chair Amt:</b>		<b>Other Benefits:</b> No	<b>% of Optical:</b>
FY11:	FY12:	<b>% Other insurance paid by district:</b>	<b>Other, specified:</b>
FY13:	FY14:		<b>If compensated, who pays?</b>

**Tewksbury**

**Compensated? Yes**

**Compensation Amount:**

FY11: \$2,250      FY12: \$2,250

FY13: \$2,250      FY14: \$2,250

**Chair Amt:**

FY11: \$450      FY12: \$450

FY13:              FY14: \$450

**Does the committee receive benefits?**

Yes

**Health:** No

**% of Health Ins**

**Other Benefits:** No

**% Other insurance paid by district:**

**Does the district pay any portion of the cost? Yes**

**Dental:** No

**% of Dental Ins:**

**Other, specified:**

**If compensated, who pays?**

**Optical:** No

**% of Optical:**

*# of School Committees Compensated 19*