



STATE OF MAINE  
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES  
Bureau of Human Resources  
Office of Employee Health and Wellness  
61 State House Station  
Augusta, ME 04333-0061



Janet T. Mills, Governor  
Kirsten LC Figueroa, Commissioner

Shonna Poulin-Gutierrez, Executive Director

**RE: Grant-Funded Teacher Retiree Health Insurance Program Rate Notice**

This letter is intended to advise you of a **Grant-Funded Teacher Retiree Health Insurance Program Rate change**. **Please review this letter carefully as there are actions items needing follow-up each and every month.**

The contribution percentage for **Fiscal Year 2026** (July 1, 2025 – June 30, 2026) is **2.86%** of applicable earnings. **Please make this change effective July 1, 2025.**

**Payments are due each month for the previous month's contributions.** (e.g. Due August for the July 1-July 31 contribution)

**Please make checks payable to:**

**TREASURER, STATE OF MAINE**  
Employee Health and Wellness  
61 State House Station  
Augusta, Me 04333-0061

A **Contribution Report** providing employee specific detail for the monthly payment must accompany every payment. This report is **required**. **Attached we have provided a list of required information that we will need on the reports.**

**If you have any questions, please contact:**

Office of Employee Health & Wellness  
61 State House Station  
Augusta, ME 04333-0061  
Ph: 207-624-7759



# Contribution Report Checklist

The Contribution Report is **required** to include the following information:

- ☐ **School District or Specific School Name**
- ☐ **Check Number, Check Date, & Check Amount**
- ☐ **Name of Contact Person, Phone Number, & E-Mail Address**
- ☐ The name of the program **MUST** be labeled on the report.
- ☐ **Month** for which payment is being made.
- ☐ **Alphabetical** listing (by last name) of individual covered employees.
- ☐ **An adjoining** column showing the dollar amount of the monthly gross wages subject to grant monies for those individuals, with the **column total at the bottom**.
- ☐ **The Gross Wage Total** at the bottom of the column is to be multiplied by the contribution percentage (2.86%) and this amount **must equal** the amount of the check.
- ☐ **If grant funding runs out or there are no eligible participants** for that month resulting in a month(s) when no contribution check will be sent, **please send notification to that effect via E-Mail or Regular Mail**.

Our Contact Information:

**E-mail:** tina.saseung@maine.gov

**Address:** Office of Employee Health & Wellness  
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Ph: 207-624-7759