



[Home](#) / [Careers](#) / [Benefits](#)

## Aviva Benefits Plan\*

The Aviva Benefits Program offers something for everyone. Innovative in design and easy to use, Aviva Benefits deliver a wide range of quality choices to provide competitive and flexible benefits - balanced to meet the diverse needs of current and prospective employees of Aviva. [Click here](#) to view the benefits in PDF format.

### Core Benefits

Benefit Name	Description	Effective Date	Cost
<b>Basic Life Insurance</b>	Coverage equals the greater of \$50,000 or 100% of your annual salary.	The first of the month coinciding with or following your hire date.	Company pays entire cost.
<b>Accidental Death &amp; Dismemberment</b>	Same as Basic Life.	The first of the month coinciding with or following your hire date.	Company pays entire cost.
<b>Business Travel Accident Insurance</b>	The plan pays 10 times your salary (maximum \$1,000,000) for an accident sustained while traveling on business.	The first of the month coinciding with or following your hire date.	Company pays entire cost.
<b>Short-Term Disability</b>	You will continue to receive income for a maximum period of 26 weeks of sustained verifiable illness.	Six months after hire date. There is a waiting period of 7 consecutive days before benefits are paid.	Company pays entire cost.

<b>Long-Term Disability</b>	After 26 weeks of continuous disability, this benefit pays 60% of your salary (maximum of \$15,000 per month).	After standard benefits are exhausted and approval is granted from the vendor.	Company pays entire cost.
-----------------------------	--	--	---------------------------

<b>Paid Time Off (PTO)</b>	<table border="0"> <tr> <td style="vertical-align: top;"><b>Employment Classification</b></td> <td style="vertical-align: top;"><b>Years of Service</b></td> <td style="vertical-align: top;"><b>PTO Days</b></td> </tr> <tr> <td rowspan="5">Non-Exempt</td> <td>&lt; 2</td> <td>17</td> </tr> <tr> <td>2 - 4</td> <td>22</td> </tr> <tr> <td>5 - 9</td> <td>23</td> </tr> <tr> <td>10 - 14</td> <td>26</td> </tr> <tr> <td>15 - 19</td> <td>29</td> </tr> <tr> <td rowspan="4">Manager &amp; Professional (Exempt)</td> <td>20 +</td> <td>32</td> </tr> <tr> <td>&lt; 1 - 4</td> <td>22</td> </tr> <tr> <td>5 - 9</td> <td>23</td> </tr> <tr> <td>10 - 14</td> <td>26</td> </tr> <tr> <td rowspan="3">Director and Above</td> <td>15 - 19</td> <td>29</td> </tr> <tr> <td>20 +</td> <td>32</td> </tr> </table>	<b>Employment Classification</b>	<b>Years of Service</b>	<b>PTO Days</b>	Non-Exempt	< 2	17	2 - 4	22	5 - 9	23	10 - 14	26	15 - 19	29	Manager & Professional (Exempt)	20 +	32	< 1 - 4	22	5 - 9	23	10 - 14	26	Director and Above	15 - 19	29	20 +	32	The first of the month coinciding with or following your hire date.	Company pays entire cost.
<b>Employment Classification</b>	<b>Years of Service</b>	<b>PTO Days</b>																													
Non-Exempt	< 2	17																													
	2 - 4	22																													
	5 - 9	23																													
	10 - 14	26																													
	15 - 19	29																													
Manager & Professional (Exempt)	20 +	32																													
	< 1 - 4	22																													
	5 - 9	23																													
	10 - 14	26																													
Director and Above	15 - 19	29																													
	20 +	32																													

**\* The number of PTO hours granted during the first year is pro-rated and PTO hours vary if you are not employed full-time (40 hrs/wk).**

<b>Company-Paid Holidays</b>	9 paid holidays are provided each calendar year.	On date of hire.	Company pays entire cost.
<b>Employee Assistance Program (EAP)</b>	The EAP is a company sponsored benefit provided to you and your family members to help prevent or solve personal problems that might occur in your lives.	On date of hire.	Company pays entire cost of three face-to-face sessions per occurrence.

### Lifestyle Benefits

Benefit	Description	Effective Date	Cost
<b>Tuition Assistance</b>	100% reimbursement of approved courses (maximum of \$5,000 per year for full-time employees).	After 6 months of full-time service.	Company reimburses allowances.
<b>Parking/Bus Subsidy</b>	Parking is provided at designated facilities near your work location or a bus pass is	On date of hire.	Company pays entire cost.

<b>Wellness Reimbursement</b>	issued, if preferred. 50% reimbursement up to \$500 per calendar year maximum for smoking cessation classes, weight-loss programs, and health club memberships. (Single or family)	On date of hire.	Company reimburses allowances.
<b>Adoption Assistance</b>	80% reimbursement up to \$5,000 for adoptions.	On date of hire.	Company reimburses allowances.
<b>APPLY Program**</b>	The Aviva Prefers People Like You Program provides a referral bonus to employees who successfully recommend an individual who is hired on as a new employee.	On date of hire.	APPLY payment amounts for the hiring of a referred candidate are as follows: <b>Part-time</b> \$250  <b>Full-time, Non-exempt</b> \$1,000  <b>Full-time, Exempt</b> \$2,000  The referral payment is paid to employee within 30 days of the new employee's hire date.
<b>Gift Matching</b>	The Company will provide a 100% match of gifts, up to \$1,000 a year, donated to a qualifying educational institution.	On date of hire.	Company pays entire cost.

**Optional Benefits**

<b>Benefit</b>	<b>Description</b>	<b>Effective Date</b>	<b>Cost</b>
<b>Medical Insurance</b>	The company offers three health plans for your election: <ul style="list-style-type: none"> <li>• \$500 Deductible</li> </ul>	The first of the month coinciding with or	Company provides a subsidy to offset the cost.

	<ul style="list-style-type: none"> <li>• \$1,000 Deductible</li> <li>• \$2,000 Deductible</li> </ul>	following your hire date.	
<b>Dental Insurance</b>	<p>Domestic Partner coverage is available based on proper documentation and approval. The company offers two dental plans for your election:</p> <ul style="list-style-type: none"> <li>• Dental Plus - preventive, basic, major and orthodontia</li> <li>• Dental Basic - preventative and basic</li> </ul>	The first of the month coinciding with or following your hire date.	Company provides a subsidy to offset employee cost.
<b>Vision Insurance</b>	<p>Domestic Partner coverage is available based on proper documentation and approval. Vision insurance covers the cost of frames and lenses (per schedule). Domestic Partner coverage is available based on proper documentation and approval.</p>	The first of the month coinciding with or following your hire date.	You pay the cost before-tax.
<b>Flexible Spending Accounts</b>	You may contribute a portion of your salary on a before-tax basis to pay for unreimbursed health care expenses or dependent care expenses.	The first of the month coinciding with or following your hire date.	You may defer taxes on annual contributions; up to \$5,000 on dependent care expenses, and up to \$3,000 on medical care expenses.
<b>Health Savings Account</b>	You may contribute a portion of your salary on a before-tax basis to pay qualified medical expenses. You must be enrolled in the \$2,000 Deductible Plan (High Deductible Health Plan) and not be covered by another health plan in order to qualify.	The first of the month coinciding with or following your hire date.	You may defer taxes on annual contributions; up to \$2,900 for single coverage, or \$5,800 for family coverage (catch-up contributions permitted for enrolled employees age

<b>Voluntary Accidental Death &amp; Dismemberment</b>	You may purchase additional AD&D coverage for yourself and your family in increments of \$25,000 with a maximum of \$250,000.	The first of the month coinciding with or following your hire date.	55 or older). You pay the cost with after-tax premiums.
<b>Supplemental Life Insurance</b>	Additional life insurance can be purchased in 50% increments from 50% to 400% of your base salary up to \$300,000 without evidence of insurability (maximum \$1,200,000 combined basic plus supplemental).	The first of the month coinciding with or following your hire date.	You pay the cost with after-tax premiums.
<b>Spouse Life Insurance</b>	Spouse life insurance can be purchased in \$5,000 increments from \$10,000 to \$50,000.	The first of the month coinciding with or following your hire date.	You pay the cost with after-tax premiums.
<b>Child Life Insurance</b>	You may purchase either \$5,000 or \$10,000 in life insurance for your dependent children.	The first of the month coinciding with or following your hire date.	You pay the cost with after-tax premiums.
<b>Long-Term Care Insurance</b>	You may purchase long-term care insurance for yourself and/or family members. This coverage is designed to offer financial assistance to members who need help with the activities of daily living due to advanced age, illness or accident.	The first of the month coinciding with or following your hire date.	Employees pay the cost with after-tax premiums.
<b>Aviva Savings &amp; Retirement Plan</b>	You may contribute up to 80% of your salary on a before-tax basis (not to exceed the annual IRS salary deferral maximum). The Company will match your pre-tax contributions at 125% of the first 4% contributed. You are vested in the Company	On date of hire.	Contributed dually between you and the Company.

match after one year of employment. In addition, the company will contribute an amount equal to 4% of your compensation if you are actively working on 12/31 and have worked 1000 hours or more each year. You are *fully* vested in these contributions after five years of employment.

### 2008 Medical Plan Costs per Pay Period (Bi-Weekly)

	<b>\$500 Deductible Plan</b>	<b>\$1,000 Deductible Plan</b>	<b>\$2,000 Deductible Plan</b>
<b>\$60,000 and Under</b>	Employee Rate	Employee Rate	Employee Rate
Employee Only	34.05	10.00	7.05
Employee/Spouse	114.15	42.75	30.15
Employee/Children	92.10	32.85	22.95
Employee/Family	216.80	82.50	58.85
<b>\$60,001 to \$120,000</b>			
Employee Only	68.10	20.00	14.15
Employee/Spouse	192.20	64.10	45.20
Employee/Children	128.95	49.25	34.40
Employee/Family	247.80	110.00	78.50
<b>\$120,001 to \$180,000</b>			
Employee Only	79.45	30.00	21.20
Employee/Spouse	216.20	85.50	60.30
Employee/Children	147.40	65.70	45.90
Employee/Family	278.75	137.50	98.10
<b>\$180,001 and Over</b>			
Employee Only	113.50	40.00	28.30
Employee/Spouse	240.25	106.85	76.35
Employee/Children	184.25	82.10	57.35
Employee/Family	309.75	165.00	117.75

### 2008 Dental Plan Costs per Pay Period

	<b>Basic Plan</b>	<b>Plus Plan</b>
	Employee Rate	Employee Rate
Employee Only	5.50	9.50
Employee/Spouse	10.75	18.50

### 2008 Vision Plan Costs per Pay Period

Employee Rate

Employee/Children	12.00	21.25	Employee Only	5.00
Employee/Family	16.00	30.25	Employee/Spouse	10.00
			Employee/Children	8.50
			Employee/Family	12.50

\* This summary compares the current plans available. It does not constitute an agreement by the Company to maintain the plans or any provisions of the plans described or referred to herein. The Company has the right to terminate or change the plans or any provision of the plans at any time. As a participant in the plan, your rights and benefits are determined by the provisions of the plan documents.

\*\*Certain restrictions apply.

[Top of page](#)

© AVIVA plc 2008   Legal   Privacy   An Aviva Group Company

© Aviva Life and Annuity Company 2008

Aviva Life and Annuity Company is licensed and offers its products in the District of Columbia and all States except New York. Our subsidiary company, Aviva Life and Annuity Company of New York, is licensed and offers products in New York. This web site contains products offered by Aviva Life and Annuity Company only. If you are a New York resident and would like further information on Aviva Life and Annuity Company of New York, please contact us at 800 252 4467.