



75 Plus Rule

Employee Name: _____

Phone: _____

Department: _____

What is the Benefit?

Employees with a combined total of years of service and their age that is equal to 75 may be able to reduce their working hours below full time and still maintain health insurance and ski pass privileges. An employee must work at least 30 hours per pay period during the defined season or during the year if they are a year round employee.

Who is eligible?

Employees who have fifteen years of employment with the Aspen Skiing Company and have worked a minimum of five (5) years full-time employment immediately preceding a request for participation in the 75+ Rule program.

Under the plan Ski School required hours under the plan would be:

- Buttermilk/Aspen Highlands 150 Teaching Hours
- Aspen Mountain/Snowmass 180 Teaching Hours

Note: Not every department and/or position will be able to accommodate the employee's request for reduced hours due to business levels. All 75+ Rule positions will be (re)evaluated on an annual basis to determine appropriateness based on business needs.

How to apply:

Employees interested in taking advantage of the 75+ Rule must complete this form and submit it to their immediate supervisor/manager for review. The request will then be submitted to the Benefit department for verification and processing.

Status of Employee: Employees that are actively participating in the 75 Plus Rule will have part time status and will not be eligible for all other full time benefits; such as personal days, sick/wellness, vacation pay, volunteer pay, short and long term disability, etc.

Your supervisor must sign this form indicating that the department business levels can allow the reduction in hours. The department supervisor will submit notification to the Human Resources Department to verify dates of employment. Once approved a letter will be sent confirming your eligibility.

Keep in mind that business level needs may change and will be evaluated accordingly.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

(HR use only)

Employee number: _____ HR initials: _____ Date received: _____