

2025 FT

Full Time New Hire Checklist (20+ hours/week)

Name: _____

School: _____

Given

Signed/ Turned in - Entered

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> MOU | <input type="checkbox"/> | |
| <input type="checkbox"/> Application/ Resume | <input type="checkbox"/> | |
| <input type="checkbox"/> Job Description | <input type="checkbox"/> | |
| <input type="checkbox"/> New Hire Packet | | |
| <input type="checkbox"/> Employee Information Sheet | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Voided Check OR Letter from bank ¹ | <input type="checkbox"/> | |
| <input type="checkbox"/> I-9 Form | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copy of Driver's License and Social Security Card ² | <input type="checkbox"/> | |
| <input type="checkbox"/> W-4 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> K-4 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Benefit Information | | |
| <input type="checkbox"/> Retirement Forms | | |
| <input type="checkbox"/> 403B (Accept or Deny) | <input type="checkbox"/> | |
| <input type="checkbox"/> Christian Brother Beneficiary | <input type="checkbox"/> | |
| <input type="checkbox"/> ERP Notice of Change/New Enrollment | <input type="checkbox"/> | |
| <input type="checkbox"/> Register at www.netbenefits.com | | |
| <input type="checkbox"/> Uniform Policy | <input type="checkbox"/> | |
| <input type="checkbox"/> Free & Reduced confidentiality disclosure | <input type="checkbox"/> | |
| <input type="checkbox"/> Food Service Employee Policy Handbook ³ | <input type="checkbox"/> | |
| <input type="checkbox"/> Safe Environment Packet ⁴ | | |
| <input type="checkbox"/> CMG Connect – "Safe Environment Training, Background Check & Policy Acknowledgement – Owensboro" | | |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> | |
| <input type="checkbox"/> KOG – Kentucky Online Gateway "CAN Payment and Verification", "Central Registry Check DPP-156" ⁵ | | |
| <input type="checkbox"/> Results | <input type="checkbox"/> | |
| <input type="checkbox"/> Access code for paystubs online | | |
| <input type="checkbox"/> KY ONE Online Training | <input type="checkbox"/> | |

¹ We must have a voided check OR a letter from the bank with account information that matches the direct deposit sheet, BOTH need to be turned in, the signed direct deposit sheet AND the voided check or letter from the bank.

² We need a copy of your DL and SS card OR an acceptable document from the forms listed on the I-9 sheet. This is not for your background checks it is for your I-9.

³ Be sure you have also received a copy of the entire handbook prior to signing this form

⁴ There are TWO separate background checks on TWO different websites. CMG will be learning and end with a background check, you will select "Pay by diocese". KOG will just be a state background check, the cost of this background check is \$10

⁵ Be sure to click the box for your results to be sent to your employer

DIocese of OWENSBORO

McRAITH CATHOLIC CENTER
 600 LOCUST STREET
 OWENSBORO, KY 42301
 (270) 683-1545
 WWW.OWENSBORODIOCESE.ORG

Employment Application Form

IMPORTANT NOTICE: If you need assistance in completing this application, please contact the Human Resources Department of the Diocese of Owensboro. Applicants should be extremely careful as they complete this application.

GENERAL INSTRUCTIONS: This application form is to be filled out completely, in order to be considered for possible employment. If an item does not apply, respond by using "NA". For all sections, if more space is needed for your response, please attach additional sheets.

NOTE: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

The Diocese of Owensboro and its hiring entities recruit, hire and promote on the basis of merit, competence and qualifications without discrimination with regard to race, national origin, ancestry, citizenship, color, sex, age, and disability, marital, veteran or other protected status.

Personal Information

| | | |
|--|---|--------------------------|
| Date of Application (MM/DD/YYYY) | Legal Name: (Last, First, MI) | Other Names Used: |
| Current Address: (Street, City, State, Zip Code) | | |
| Primary Phone Number: | Secondary Phone Number: | Email Address: |

Application Information

Select one:

New Applicant

Previously Employed within the Diocese of Owensboro at: _____

Currently Employed within the Diocese of Owensboro at: _____

I have filled out an application before on: _____

| | |
|--|--|
| Position/Location Applying For: | Type: |
| Have you been convicted of a crime in the last 7 years? Yes <input type="radio"/> No <input type="radio"/> | If yes, was it a: Felony <input type="radio"/> Misdemeanor <input type="radio"/> |
| Please list any convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you from employment. | |
| Is there any reason you cannot perform any or all job-related tasks? No <input type="checkbox"/> Yes (please explain): _____ | Are you willing to be a sub? Yes <input type="radio"/> No <input type="radio"/> |
| Date Available: | Desired Salary: |
| Do you have any relatives employed by the Diocese? Yes <input type="radio"/> No <input type="radio"/> | |

Work Experience

List all jobs, beginning with the most recent position.

May we contact your PRESENT employer? Yes No

| | |
|--|---|
| Employer Name: | Date Employed: From _____ to _____. |
| Address: (Street, City, State, Zip Code) | Hourly Rate or Annual Salary: Starting: _____ Final: _____ |
| Job Title: _____ | Phone Number: _____ |
| Supervisor: _____ | Reason for Leaving: |
| Job Duties: | |
| Employer Name: | Date Employed: From _____ to _____. |
| Address: (Street, City, State, Zip Code) | Hourly Rate or Annual Salary: Starting: _____ Final: _____ |
| Job Title: _____ | Phone Number: _____ |
| Supervisor: _____ | Reason for Leaving: |
| Job Duties: | |

| | |
|--|---|
| Employer Name: | Date Employed: From _____ to _____. |
| Address: (Street, City, State, Zip Code) | Hourly Rate or Annual Salary: Starting: _____ Final: _____ |
| Job Title: _____ | Phone Number: _____ |
| Supervisor: _____ | Reason for Leaving: |
| Job Duties: | |
| Employer Name: | Date Employed: From _____ to _____. |
| Address: (Street, City, State, Zip Code) | Hourly Rate or Annual Salary: Starting: _____ Final: _____ |
| Job Title: _____ | Phone Number: _____ |
| Supervisor: _____ | Reason for Leaving: |
| Job Duties: | |
| Employer Name: | Date Employed: From _____ to _____. |
| Address: (Street, City, State, Zip Code) | Hourly Rate or Annual Salary: Starting: _____ Final: _____ |
| Job Title: _____ | Phone Number: _____ |
| Supervisor: _____ | Reason for Leaving: |
| Job Duties: | |
| Employer Name: | Date Employed: From _____ to _____. |
| Address: (Street, City, State, Zip Code) | Hourly Rate or Annual Salary: Starting: _____ Final: _____ |
| Job Title: _____ | Phone Number: _____ |
| Supervisor: _____ | Reason for Leaving: |
| Job Duties: | |

Certification and Waiver by Applicant

I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, without prior notice for any reason. This “employment at will” policy cannot be changed unless the change is specifically authorized in writing. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that certain positions may require the knowledge of or the practice of the Catholic Faith. If this is a requirement, I will be told prior to employment.

I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including termination.

I understand (and authorize) that the employer may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interview. I authorize all individuals, schools, licensure boards, agencies, and companies named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I understand that any employment or offer of employment is dependent on the results of a background check.

I understand that filling out this form does not indicate there is a position open and does not obligate the Diocese of Owensboro to hire me.

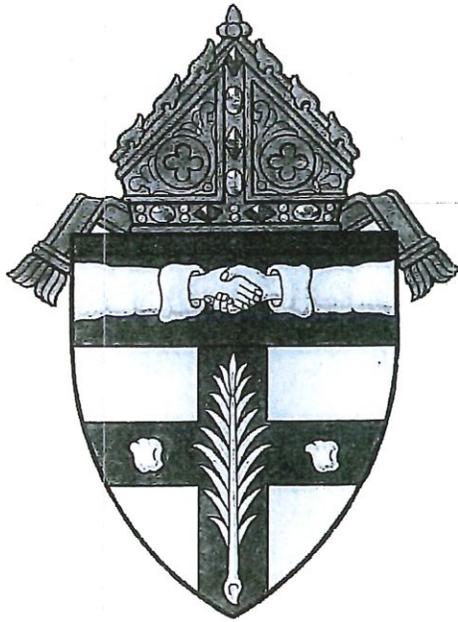
I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant Signature

Date

Diocese of Owensboro

New Hire Packet



2023/2024

Roman Catholic Diocese of Owensboro
Position Description

Job Title: Food Service Cook / Worker (more than 20 Hrs./Wk.)
Full-Time Position: Compensation Commensurate with Experience
Reports To: Food Service Manager

Job Objective/Goal:

To ensure the safe and efficient operation of the school cafeteria for the ultimate health, comfort and benefit of the students. Maintain compliance with all National School Lunch Program (NLSP) and National School Breakfast Program (NSBP) requirements, Local, State and Federal Food Service Laws and Guidelines. Perform day-to-day food service duties under the direction of the Cafeteria Manager.

Minimum Qualifications:

- High school diploma, G.E.D. certificate, or satisfactory progress towards a G.E.D. desired.
- At least two years experience in food service operations desired
- Meet the requirements of the Criminal Record Check
- Successfully complete Safe Environment course
- Competence in food preparation
- Competence in cafeteria clean-up and food storage
- Competence in use and care of institutional equipment and utensils
- Completion of all Civil Rights and HACCP training within 60 days of employment and annually thereafter
- Must meet all minimum health / disease-free requirements for Food Service employees
- Good communication, time management and organizational skills
- Strong work ethic

USDA Professional Standards:

- Annual Continuing Education/Training:
 - School Year 2019/2020: 6 Hours

Knowledge of:

- Meal production desired
- Applicable District, Local, State and Federal laws, rules and regulations related to food service
- Food preparation and clean-up
- Nutrition, sanitation, health/safety and operation regulations and requirements desired

Ability to:

- Receive, understand and execute orders and direction from the cafeteria manager and to efficiently carry out the day-to-day food service duties assigned by the cafeteria manager
- Meet schedules and timelines as defined and directed by the cafeteria manager
- Adhere to work schedules and duties assigned by the cafeteria manager
- Communicate effectively, professionally and with kindness with others, including but not limited to: students, parents, volunteers, teachers, administrators and other cafeteria staff
- Demonstrate professional behavior at all times – both in the workplace and outside of the workplace
- Attend and participate in staff meetings, continuing education and seminars as required

- Maintain a clean, well-organized kitchen / cafeteria and workplace
- Insure proper operation of all cafeteria equipment

Physical Demands:

The characteristics described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand, walk, sit, operate a computer, including use of a keyboard, reach with hands and arms; talk and hear and occasionally required to climb stairs, balance, stoop, or kneel. The employee must frequently lift and or move up to 50 pounds.

Evaluation:

Performance evaluation will be based on the Manager's achievement of the duties and responsibilities outlined in this job description and assigned goals as well as the Manager's overall attitude, leadership and contribution to the development of their respective staff and the overall success of their respective cafeteria operation.

I have read and understand the terms set forth in this job description.

Employee Name: _____
(please print)

Employee Signature: _____

Date Signed: _____

Witness Signature: _____

**Diocese of
Owensboro
Payroll –
Required Forms
to Complete**



Diocese of Owensboro Employee Information Sheet

Personal Information

Name: _____ Hire Date _____

Address:

Cell Phone: _____ Email address: _____

Social Security #: _____ Date of Birth: _____

Emergency Contact Name and Phone # _____

Job Information

Position: _____

Salaried Exempt Salaried Non-Exempt Hourly Non-Exempt

Full Time/Part Time/Temporary: _____

Starting rate of pay: _____

Paid Monthly Paid Semi-Monthly Paid Bi-Weekly

Other Information:

Benefits Accepted: Y/N - Health Insurance, Y/N Voluntary Vision, Y/N
Voluntary Life, Y/N - 403(b)

Termination Information

Date of Termination: _____

Reason for Termination:

12/18/2020

**Diocese of Owensboro
Emergency Contact Sheet
Confidential**

Please Print

Name: _____
Address: _____
Phone Number: _____
Social Security Number: _____
Date of Birth: _____ Date of Employment: _____

In Case of Emergency Notify:

1) _____
Relationship: _____
Phone Number: _____
2) _____
Relationship: _____
Phone Number: _____

Does anyone have Durable Power of Attorney to make health care decisions on your behalf? Yes No

If so, whom? _____
Phone Number: _____

Personal Physician: _____
Phone Number: _____

Do you have any special medical or physical conditions, dietary restrictions, and/or allergies (including drug allergies)?



DIRECT DEPOSIT WORKSHEET

Client Name: _____

Client #: _____

Employee Name: _____

New Employee

Existing Employee

ACCOUNT ONE

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Savings <input type="checkbox"/> Checking \$ _____ or % _____ For full net, Indicate 100% | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | |
| Name on Account | | | | | | | | | | | | |
| Routing & Transit Number (9 Digits) | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | |

Attach Voided Check Here
(Deposit Slip if Savings)

Write 1 on Check

ACCOUNT TWO

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Savings <input type="checkbox"/> Checking \$ _____ or % _____ For full net, Indicate 100% | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | |
| Name on Account | | | | | | | | | | | | |
| Routing & Transit Number (9 Digits) | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | |

Attach Voided Check Here
(Deposit Slip if Savings)

Write 2 on Check

ACCOUNT THREE

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Savings <input type="checkbox"/> Checking \$ _____ or % _____ For full net, Indicate 100% | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | |
| Name on Account | | | | | | | | | | | | |
| Routing & Transit Number (9 Digits) | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | |

Attach Voided Check Here
(Deposit Slip if Savings)

Write 3 on Check

I authorize Paycor, Inc., acting on behalf of my employer, to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until Paycor, Inc., has received written notification from me of its termination in such time and in such a manner as to afford Paycor, Inc. and the bank a reasonable opportunity to act upon the termination request.

| | |
|---------------------------|-------------|
| Employee Signature: _____ | Date: _____ |
|---------------------------|-------------|

To be retained by Employer. Keep in your employee files. This form may be photocopied.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

| | | | | | | |
|----------------------------------|--|-----------------------------|----------------------|--------------------------|--------------------------------|-----------------------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State |
| Date of Birth (mm/dd/yyyy) | | U.S. Social Security Number | | Employee's Email Address | | Employee's Telephone Number |

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. An alien authorized to work until (exp. date, if any) _____

If you check **Item Number 4.**, enter one of these:

| | | | | |
|----------------|----|----------------------------|----|---|
| USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance |
|----------------|----|----------------------------|----|---|

Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| Document Title 1 | List A | OR | List B | AND | List C |
|---------------------------|-------------------------------|----|--------|-----|--------|
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | Additional Information | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy): _____

| | | | |
|--|--|--|---------------------------|
| Last Name, First Name and Title of Employer or Authorized Representative | | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name | | Employer's Business or Organization Address, City or Town, State, ZIP Code | |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|----|---|-----|--|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | OR | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | AND | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p> |
| <p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p> | | | | |
| <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. | AND | <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document. |

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2025

| | | | |
|---|---|-----------|---|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

| | | | |
|--|--|-------------|----|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | \$ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ |

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

| | | | |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b) - Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$0 | \$700 | \$850 | \$910 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 |
| \$10,000 - 19,999 | 0 | 700 | 1,700 | 1,910 | 2,110 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 3,220 |
| \$20,000 - 29,999 | 700 | 1,700 | 2,760 | 3,110 | 3,310 | 3,420 | 3,420 | 3,420 | 3,420 | 3,420 | 4,420 | 5,420 |
| \$30,000 - 39,999 | 850 | 1,910 | 3,110 | 3,460 | 3,660 | 3,770 | 3,770 | 3,770 | 3,770 | 4,770 | 5,770 | 6,770 |
| \$40,000 - 49,999 | 910 | 2,110 | 3,310 | 3,660 | 3,860 | 3,970 | 3,970 | 3,970 | 4,970 | 5,970 | 6,970 | 7,970 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 | 11,080 |
| \$80,000 - 99,999 | 1,020 | 2,220 | 3,420 | 4,620 | 5,820 | 6,930 | 7,930 | 8,930 | 9,930 | 10,930 | 11,930 | 12,930 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,620 | 8,820 | 9,930 | 10,930 | 11,930 | 12,930 | 14,010 | 15,210 | 16,410 |
| \$150,000 - 239,999 | 1,870 | 4,240 | 6,640 | 8,190 | 9,590 | 10,890 | 12,090 | 13,290 | 14,490 | 15,690 | 16,890 | 18,090 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,170 | 19,170 |
| \$320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,470 | 14,470 | 16,470 | 18,470 | 20,470 | 22,470 |
| \$365,000 - 524,999 | 2,790 | 6,290 | 9,790 | 12,440 | 14,940 | 17,350 | 19,650 | 21,950 | 24,250 | 26,550 | 28,850 | 31,150 |
| \$525,000 and over | 3,140 | 6,840 | 10,540 | 13,390 | 16,090 | 18,700 | 21,200 | 23,700 | 26,200 | 28,700 | 31,200 | 33,700 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$200 | \$850 | \$1,020 | \$1,020 | \$1,020 | \$1,370 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,040 |
| \$10,000 - 19,999 | 850 | 1,700 | 1,870 | 1,870 | 2,220 | 3,220 | 3,720 | 3,720 | 3,720 | 3,720 | 3,890 | 4,090 |
| \$20,000 - 29,999 | 1,020 | 1,870 | 2,040 | 2,390 | 3,390 | 4,390 | 4,890 | 4,890 | 4,890 | 5,060 | 5,260 | 5,460 |
| \$30,000 - 39,999 | 1,020 | 1,870 | 2,390 | 3,390 | 4,390 | 5,390 | 5,890 | 5,890 | 6,060 | 6,260 | 6,460 | 6,660 |
| \$40,000 - 59,999 | 1,220 | 3,070 | 4,240 | 5,240 | 6,240 | 7,240 | 7,880 | 8,080 | 8,280 | 8,480 | 8,680 | 8,880 |
| \$60,000 - 79,999 | 1,870 | 3,720 | 4,890 | 5,890 | 7,030 | 8,230 | 8,930 | 9,130 | 9,330 | 9,530 | 9,730 | 9,930 |
| \$80,000 - 99,999 | 1,870 | 3,720 | 5,030 | 6,230 | 7,430 | 8,630 | 9,330 | 9,530 | 9,730 | 9,930 | 10,130 | 10,580 |
| \$100,000 - 124,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,760 | 9,960 | 10,160 | 10,950 | 11,950 | 12,950 |
| \$125,000 - 149,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,950 | 10,950 | 11,950 | 12,950 | 13,950 | 14,950 |
| \$150,000 - 174,999 | 2,040 | 4,090 | 5,460 | 6,660 | 8,450 | 10,450 | 11,950 | 12,950 | 13,950 | 15,080 | 16,380 | 17,680 |
| \$175,000 - 199,999 | 2,040 | 4,290 | 6,450 | 8,450 | 10,450 | 12,450 | 13,950 | 15,230 | 16,530 | 17,830 | 19,130 | 20,430 |
| \$200,000 - 249,999 | 2,720 | 5,570 | 7,900 | 10,200 | 12,500 | 14,800 | 16,600 | 17,900 | 19,200 | 20,500 | 21,800 | 23,100 |
| \$250,000 - 399,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$400,000 - 449,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$450,000 and over | 3,140 | 6,490 | 9,160 | 11,660 | 14,160 | 16,660 | 18,660 | 20,160 | 21,660 | 23,160 | 24,660 | 26,160 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$450 | \$850 | \$1,000 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,870 | \$1,870 | \$1,870 | \$1,890 |
| \$10,000 - 19,999 | 450 | 1,450 | 2,000 | 2,200 | 2,220 | 2,220 | 2,220 | 3,180 | 4,070 | 4,070 | 4,090 | 4,290 |
| \$20,000 - 29,999 | 850 | 2,000 | 2,600 | 2,800 | 2,820 | 2,820 | 3,780 | 4,780 | 5,670 | 5,690 | 5,890 | 6,090 |
| \$30,000 - 39,999 | 1,000 | 2,200 | 2,800 | 3,000 | 3,020 | 3,980 | 4,980 | 5,980 | 6,890 | 7,090 | 7,290 | 7,490 |
| \$40,000 - 59,999 | 1,020 | 2,220 | 2,820 | 3,830 | 4,850 | 5,850 | 6,850 | 8,050 | 9,130 | 9,330 | 9,530 | 9,730 |
| \$60,000 - 79,999 | 1,020 | 3,030 | 4,630 | 5,830 | 6,850 | 8,050 | 9,250 | 10,450 | 11,530 | 11,730 | 11,930 | 12,130 |
| \$80,000 - 99,999 | 1,870 | 4,070 | 5,670 | 7,060 | 8,280 | 9,480 | 10,680 | 11,880 | 12,970 | 13,170 | 13,370 | 13,570 |
| \$100,000 - 124,999 | 1,950 | 4,350 | 6,150 | 7,550 | 8,770 | 9,970 | 11,170 | 12,370 | 13,450 | 13,650 | 14,650 | 15,650 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,060 | 11,260 | 12,860 | 14,740 | 15,740 | 16,740 | 17,740 |
| \$150,000 - 174,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,860 | 12,860 | 14,860 | 16,740 | 17,740 | 18,940 | 20,240 |
| \$175,000 - 199,999 | 2,040 | 4,440 | 6,640 | 8,840 | 10,860 | 12,860 | 14,860 | 16,910 | 19,090 | 20,390 | 21,690 | 22,990 |
| \$200,000 - 249,999 | 2,720 | 5,920 | 8,520 | 10,960 | 13,280 | 15,580 | 17,880 | 20,180 | 22,360 | 23,660 | 24,960 | 26,260 |
| \$250,000 - 449,999 | 2,970 | 6,470 | 9,370 | 11,870 | 14,190 | 16,490 | 18,790 | 21,090 | 23,280 | 24,580 | 25,880 | 27,180 |
| \$450,000 and over | 3,140 | 6,840 | 9,940 | 12,640 | 15,160 | 17,660 | 20,160 | 22,660 | 25,050 | 26,550 | 28,050 | 29,550 |

3. You may be exempt from withholding, if you meet the conditions set for under the Servicemember Civil Relief Act as amended by the Military Spouses Residence Relief Act. You must complete the worksheet below to determine if you are eligible.

In order to qualify you must complete this form in full, certify that the you are not subject to Kentucky withholding tax because you met the conditions set forth below, and provide a copy of your spouse's military picture ID issued to the employee by the U.S. Department of Defense.

-
1. My spouse is a military servicemember.....(check one) YES NO
 2. I am NOT a military servicemember.....(check one) YES NO
 3. My military servicemember spouse has a current military order assigning him or her to a military location in Kentucky(check one) YES NO
 4. I and my military servicemember spouse live at the same address(check one) YES NO
 5. My military servicemember's state of domicile is a state other than Kentucky and I am electing to use that state of domicile(check one) YES NO
If yes, enter the 2-letter state code of the servicemember's state of domicile _____
 6. I am present in Kentucky solely to be with my military servicemember spouse.....(check one) YES NO

If you checked "YES" to all the statements above, your earned income is exempt from Kentucky withholding tax.

Check box 3 if you checked "YES" to all the statements listed in the worksheet. You are exempt from Kentucky income tax withholding. This exemption will terminate if any of the answers to the questions changes to "NO". In general, the exemption termination date will be the earlier of:

- The day the military servicemember is no longer in the military;
- The day the employee enlists in the military;
- The day the employee and the military servicemember no longer live at the same address; or
- The day the military servicemember's permanent duty station changes to a location outside of Kentucky.

4. You may be exempt from withholding if you work in Kentucky but reside in one of the following reciprocal states: Illinois, Indiana, Michigan, West Virginia, Wisconsin, Virginia and you commute daily to Ohio and you are not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in a S corporation.

In order to qualify you must complete the worksheet below:

-
- I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:
- Illinois, Indiana, Michigan, West Virginia, Wisconsin
 - Virginia and commute daily to my place of employment in Kentucky. (*Must commute daily to apply.*)
 - Ohio and I am not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in an S corporation.
-

Check box 4 if you certify you work in Kentucky and reside in a reciprocal state.

If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.

Instructions to Employers

Form K-4 is only required to document that an employee has requested an exemption from withholding OR to document that an employee has requested additional withholding in excess of the amounts calculated using the formula or tables. If neither situation applies, then an employer is not required to maintain Form K-4.

Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4's received from employees.

3. You may be exempt from withholding, if you meet the conditions set for under the Servicemember Civil Relief Act as amended by the Military Spouses Residence Relief Act. You must complete the worksheet below to determine if you are eligible.

In order to qualify you must complete this form in full, certify that the you are not subject to Kentucky withholding tax because you met the conditions set forth below, and provide a copy of your spouse's military picture ID issued to the employee by the U.S. Department of Defense.

-
1. My spouse is a military servicemember.....(check one) YES NO
 2. I am NOT a military servicemember.....(check one) YES NO
 3. My military servicemember spouse has a current military order assigning him or her to a military location in Kentucky(check one) YES NO
 4. I and my military servicemember spouse live at the same address(check one) YES NO
 5. My military servicemember's state of domicile is a state other than Kentucky and I am electing to use that state of domicile(check one) YES NO
If yes, enter the 2-letter state code of the servicemember's state of domicile _____
 6. I am present in Kentucky solely to be with my military servicemember spouse.....(check one) YES NO

If you checked "YES" to all the statements above, your earned income is exempt from Kentucky withholding tax.

Check box 3 if you checked "YES" to all the statements listed in the worksheet. You are exempt from Kentucky income tax withholding. This exemption will terminate if any of the answers to the questions changes to "NO". In general, the exemption termination date will be the earlier of:

- The day the military servicemember is no longer in the military;
- The day the employee enlists in the military;
- The day the employee and the military servicemember no longer live at the same address; or
- The day the military servicemember's permanent duty station changes to a location outside of Kentucky.

4. You may be exempt from withholding if you work in Kentucky but reside in one of the following reciprocal states: Illinois, Indiana, Michigan, West Virginia, Wisconsin, Virginia and you commute daily or Ohio and you are not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in a S corporation.

In order to qualify you must complete the worksheet below:

-
- I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:
- Illinois, Indiana, Michigan, West Virginia, Wisconsin
 - Virginia and commute daily to my place of employment in Kentucky. (Must commute daily to apply.)
 - Ohio and I am not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in an S corporation.
-

Check box 4 if you certify you work in Kentucky and reside in a reciprocal state.

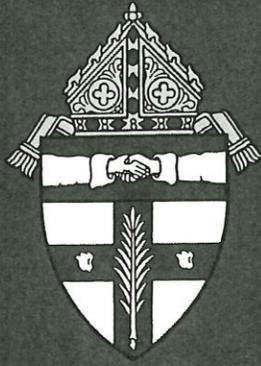
If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.

Instructions to Employers

Form K-4 is only required to document that an employee has requested an exemption from withholding OR to document that an employee has requested additional withholding in excess of the amounts calculated using the formula or tables. If neither situation applies, then an employer is not required to maintain Form K-4.

Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4's received from employees.

Diocese of Owensboro
Benefit Information
2025



Diocese of OWENSBORO

2025 Employee Benefits Guide

 Medical  Dental  Vision  Life  Disability  Supplemental  Retirement

Your guide to Employee Benefits provided to you and your family as a Full-Time Employee at Diocese of Owensboro



Diocese of Owensboro offers a comprehensive benefits package, designed to meet the needs of Employees and their eligible family members. This guide has been created to help you become familiar with the various benefit options available, as well as how to enroll. The following summaries are designed to help you understand your benefit coverages; they are not intended to be a complete reference tool in regards to Plan coverage. If the benefit guide differs from the Summary Plan Description/Plan Documents, the Summary Plan Description/Plan Documents supersede the guide.



Benefit Eligibility

When are Employees eligible to enroll?

All benefits are effective on the first day of the month following the active date of hire. In order to complete timely issuance of insurance cards, Employees will have 31 days to complete Benefit Enrollment once he/she begins employment.

Benefit Eligibility

The Diocese offers full-time employees working 20 hours or more per week the following benefits: Medical / Rx / Dental, Basic Term Life Insurance, Long Term Disability, Accidental Death and Dismemberment (AD&D), Retirement Benefits, Voluntary Life, Voluntary Vision, Voluntary Dental, Short-Term Disability Insurance, Flexible Spending Account (FSA), Cancer, Accident, Critical Care Insurance and a 403(B) Retirement Savings Plan.

A full-time employee is eligible for Medical / Rx / Dental coverage, Long Term Disability, Life Insurance, AD&D, Voluntary Life, Short-Term Disability, Voluntary vision benefits, FSA, Cancer, Accident and Critical Care Insurance on the first day of the month following the date of hire. Full-time employees are eligible for all retirement benefits on the first day worked with the Diocese.

New Employee - Open Enrollment

As a new employee working for the Diocese of Owensboro, your open enrollment period is the first 31 days of your employment. Although you have 31 days to submit your paperwork to your parish or employer, it is best to submit your enrollment form prior to the date of coverage to ensure there are no problems with your coverage. During the open enrollment period you may enroll in Medical / Rx / Dental, FSA, Voluntary Life, Voluntary Short-Term Disability, Voluntary Vision, Voluntary Dental, Cancer, Accident and Critical Care. You must enroll during the first 31 days of your employment to receive these benefits. If you chose not to enroll during the first 31 days you must wait until next Diocesan Open Enrollment Period or unless you have a "Qualifying Event" which allows you to enroll as a Special Enrollee.

When can I change my elections/coverage?

Changes to your benefit elections can be made throughout the year if preceded by a Qualifying Event. Contact your HR/Payroll department within 31 days of the event. The following events "qualify" for a change in coverage:

- Marriage
- Divorce or Legal Separation
- Loss of Health Care Coverage
- Birth or Placement for adoption of a child
- Death in the Family
- Ineligibility of a dependent
- Termination/Status change of employment of you or your spouse
- A court order
- Entitlement to Medicare or Medicaid
- Open enrollment on the Insurance Market Exchange



Preventive Care Covered at 100%

Take advantage of your preventive care benefits - routine physical exams, mammograms, prostate screening, annual PAP tests, and immunizations for your children, blood pressure and cholesterol readings are covered at 100% by the plan.



Medical Benefits



Diocese of Owensboro is pleased to offer you and your family two plan options. The medical benefit plan is administered by Anthem Blue Cross Blue Shield. The prescription drug benefit is administered by TrueScripts. Below is a brief benefits summary, for more plan detail, please refer to the Summary Benefit of Coverage. If you are covered under the medical plan then you will automatically be enrolled into the Anthem Dental Plan at no extra cost out of your paycheck.

| Benefits | Low Deductible Option | | High Deductible Option | |
|---|--|--|--|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | \$1,000 - Single \$3,000 - Family | \$2,000 - Single \$4,000 - Family | \$3,500 - Single \$7,000 - Family | \$7,000 - Single \$14,000 - Family |
| Out-of-Pocket Maximum | \$3,250 - Single \$9,750 - Family | \$6,600 - Single \$19,500 - Family | \$6,500 - Single \$13,000 - Family | \$13,000 - Single \$26,000 - Family |
| Coinsurance | 80% - Plan 20% - Member | 60% - Plan 40% - Member | 70% - Plan 30% - Member | 50% - Plan 50% - Member |
| Emergency Room | 20% Coinsurance | 20% Coinsurance | 30% Coinsurance After Deductible | 30% Coinsurance After Deductible |
| Urgent Care & Retail Health Clinics | \$20 Copay | 40% Coinsurance After Deductible | 30% Coinsurance After Deductible | 50% Coinsurance After Deductible |
| Imaging (CT, PET, MRI) | 20% Coinsurance After Deductible | 40% Coinsurance After Deductible | 30% Coinsurance After Deductible | 50% Coinsurance After Deductible |
| Office Visit (PCP / Specialist) | \$20 / \$20 Copay | 40% Coinsurance After Deductible | 30% Coinsurance After Deductible | 50% Coinsurance After Deductible |
| Preventive Services | Covered at 100% | 40% Coinsurance After Deductible | Covered at 100% | 50% Coinsurance After Deductible |
|  TrueScripts | Your Pharmacy Benefit Manager (PBM), TrueScripts, offers various programs to assist Employees and their eligible dependents when it comes to their prescription medication needs. Below is a summary of the various programs TrueScripts offers. For details regarding available programs please contact TrueScripts or a member of HR. | | | |
| Retail 30-Day Co-Pays: | | | | |
| Tier 1 Generic | \$15 Copay | | \$15 Copay | |
| Tier 2 Preferred | \$25 Copay | | \$30 Copay | |
| Tier 3 Non-Preferred | \$45 Copay | | \$55 Copay | |
| Retail 90-Day Co-Pays: | | | | |
| Tier 1 Generic | \$30 Copay | | \$30 Copay | |
| Tier 2 Preferred | \$50 Copay | | \$60 Copay | |
| Tier 3 Non-Preferred | \$90 Copay | | \$110 Copay | |
| Rx Manage International Rx Program | Rx Manage offers an individual, voluntary, international prescription drug program that allows participants to receive eligible brand-name medications for \$0 Co-pay. Visit www.rxmanage.com for details and enrollment. | | | |
| Monthly Premium Contributions | Low Deductible Option | | High Deductible Option | |
| Employee | \$360.00 | | \$112.00 | |
| Family | \$975.00 | | \$615.00 | |



Flexible Spending Account (FSA) Anthem

Flexible Spending Account (FSA) - An account that allows you to save tax-free dollars for qualified medical expenses that are not reimbursed. FSA dollars can be used to pay for out-of-pocket medical expenses incurred during the plan year. Medical expenses covered under this account include insurance co-pays and deductibles, prescription drugs, diabetic supplies, eyeglasses, podiatry services, dental services, and more. You determine how much you want to contribute to the FSA at the beginning of the plan year. The plan year runs from January through December.

The maximum contribution allowed is \$250 per Month or \$3,000 annually with \$610 max rollover. Any amount above the max rollover limit will be forfeited. Employees who leave employment with the Diocese, may submit FSA claims 90 days after termination for eligible expenses occurring prior to termination.



Dental Benefits Anthem PARAMOUNT DENTAL

Owensboro Diocese offers two dental plans: Anthem Dental and Paramount Dental. If you are covered under the medical plan then you will automatically be enrolled into the Anthem Dental Plan at no extra cost out of your paycheck. If you are not covered on the medical plan and would like to enroll in a dental plan you have the option of choosing Paramount Dental on a voluntary basis. You can still enroll in Paramount Dental even if you are covered under the Anthem Dental plan as well. Below is a summary of both dental plan options.



Provided with Medical Coverage

| Benefits | Coverage |
|--|---------------------------------|
| Deductible | \$50 - Single \$150 - Family |
| Annual Benefit | \$1,500 per member |
| Preventive Services <i>(Includes 2 cleanings per year)</i> | 100% paid by plan |
| Basic Services | 80% plan / 20% member |
| Major Services | 50% plan / 50% member |
| Orthodontics | 50% plan / 50% member |
| Orthodontic Lifetime Benefit | \$2,000 |



Additional Voluntary Coverage

| Benefits | Coverage |
|--|-----------------------|
| Deductible | No Deductible |
| Annual Benefit | \$1,000 per member |
| Preventive Services <i>(Includes 2 cleanings per year)</i> | 100% paid by plan |
| Basic Services | 80% plan / 20% member |
| Major Services | 50% plan / 50% member |
| Orthodontics | 50% plan / 50% member |
| Orthodontic Lifetime Benefit | \$2,000 |

| Tiers of Coverage | Monthly Premium Contributions |
|------------------------------|-------------------------------|
| Employee Only | \$28.24 |
| Employee + Spouse | \$59.31 |
| Employee + Child(ren) | \$74.07 |
| Family | \$104.23 |



Vision Benefits



Vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. For more plan detail refer to the benefit summary.

| Benefits | In-Network Coverage |
|---|--|
| Annual Exam <i>(12 months)</i> | \$10 Copay |
| Contact Lenses <i>(12 months)</i> | \$150 Allowance 15% off amount over allowance |
| Contact Lens Fitting and Exam | \$40 Co-Pay |
| Lenses <i>(12 months)</i> | \$25 Co-Pay |
| Frames <i>(24 months)</i> | \$150 Allowance 20% off amount over allowance |

| Tiers of Coverage | Premium Contributions |
|------------------------------|-----------------------|
| Employee Only | \$6.49 |
| Employee + Spouse | \$12.97 |
| Employee + Child(ren) | \$13.61 |
| Family | \$18.93 |

* Dependent Age Limit: To the end of the year which the child turns 26



Life Insurance



Group Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Diocese of Owensboro provides all Full-Time Employees with 150% of an Employees annual salary at no cost. For example \$10,000 annual salary, the life insurance benefit would be \$15,000. The principal sum is reduced by 35% at age 65 and reduced by 50% at age 70.

Voluntary Life Insurance

In addition to the life insurance provided through Diocese of Owensboro, some Employees may want to purchase additional coverage. The schedule below outlines the voluntary coverage amounts available:

| Voluntary Life | Employee | Spouse | Children |
|-------------------------------|--|--|--|
| Coverage Amount | Up to 5 times salary not to exceed \$500,000 | Up to 100% of Employee's coverage amount not to exceed \$500,000 | Increments of \$2,000 not to exceed \$10,000 |
| Guarantee-Issue Amount | Up to \$180,000 | Up to \$25,000 | Up to \$10,000 |
| Coverage Increments | \$10,000 | \$5,000 | \$2,000 |



Disability Insurance



The financial consequences of not being able to work due to a disabling accident or sickness can be devastating. The Diocese of Owensboro certainly recognizes the risk and provides a voluntary short term disability for Employees. Long term disability is provided at no cost to all eligible Employees. *For more plan detail refer to the benefit summary.*

Voluntary Short Term Disability

| Benefits | Coverage |
|---------------------------|--|
| Eligibility | Active Employee working a minimum of 20 hours per week |
| Elimination Period | 14 Days |
| Benefit Percentage | 60% (\$1,000 Weekly Maximum) |
| Benefit Duration | Up to 11 Weeks |

Employer Paid Long Term Disability

| Benefits | Coverage |
|---------------------------|--|
| Eligibility | Active Employee working a minimum of 20 hours per week |
| Elimination Period | 90 Days |
| Benefit Percentage | Up to 60% (\$5,000 Maximum) |
| Benefit Duration | Less than age 62: SSNRA Age 62: 60 Months |



Retirement



Defined Benefit Retirement Plan

Employer Contribution - The Employer contributes 8.39% of an employee's gross pay to the Christian Brothers Retirement. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese.

Vesting - The vesting period is 4 years and 9 months.

Statements - Annually in the Fall, employees will receive a copy of their statement of retirement benefits.

403(b) Pre-Tax Savings Plan

Employee Contribution - The Employee can save up to the IRS imposed 403 (B) limits. The limit for 2025 is \$24,000. Anyone over the age of 50 can make a catch-up contribution of \$8,000 in 2025.

Employees are eligible on the first day hired and can enroll in the plan on 01/01, 04/01, 07/01 and 10/01. Money is invested with Fidelity and employees direct their investments.



Employee Assistance Program (EAP) Mutual of Omaha

Full-Time Employees that work 20 hours or more per week have access to an Employee Assistance Program (EAP) thru Mutual of Omaha. The program provides three calls per year (per household) with our in-house Master's level EAP professional, who will provide community resources. Services are available to both employees and eligible dependents. 24/7/365 access @ 800-316-2796.



Supplemental Insurance



Owensboro Diocese offers voluntary worksite benefits through Colonial. These benefits provide you with supplemental income due to unforeseen circumstances related to an out of pocket medical expense whether expected or unexpected. **Meet with Colonial Benefits Counselor for rates and additional benefit information.**



Cancer

Cancer insurance pays benefits to help pay for some of the direct medical and indirect non-medical costs related to cancer diagnosis and treatment. Most plans offer options to help you protect your spouse or children, as well.



Critical Illness

Critical illness insurance offers you a lump-sum benefit when you are initially diagnosed with a serious condition. Most plans offer family options to help protect your spouse or children, as well.



Accident

When an unexpected injury happens, accident insurance can help offset costs that are not covered by your medical plan.

Helpful Contact Information

| | |
|---|---|
|  Houchens Insurance Group | Houchens Insurance Group Customer Service Leslie Dukate, Account Manager 270-793-0367 ldukate@higusa.com |
|  | Anthem BCBS Customer Service (Medical / Dental) Medical - 833-578-4443; Dental - 844-729-1565 www.anthem.com |
|  | Anthem BCBS Customer Service (FSA) www.anthem.com |
|  | TrueScripts Customer Service (Pharmacy Coverage) 844-257-1955; www.truescripts.com |
|  | Rx Manage International Pharmacy Customer Service (International Pharmacy) 800-883-8841; www.rxmanage.com |
|  | Paramount Dental Customer Service (Dental) 800-727-1444; www.insuringsmiles.com |
|  | Paramount Vision Customer Service (Vision) 800-727-1444; www.eyemed.com |
|  | Mutual of Omaha Customer Service (Life & Disability) 800-228-7104; www.mutualofomaha.com EAP - 800-316-2796; www.mutualofomaha.com/EAP |
|  | Colonial Life Customer Service (Supplemental) 866-215-2413; www.coloniallife.com |

Roman Catholic Diocese of Owensboro

Offers

COLONIAL LIFE & ACCIDENT VOLUNTARY BENEFITS

Page 1 of 2

Rates illustrated for Monthly pay periods

Full Time Assistance with Claims! Call 866-215-2413 and speak to a real person!!!

Grp ACCIDENT PLAN 4000 Preferred: Guarantee Issue – no health questions!

Provides benefits to help with your out of pocket expenses when faced with medical bills related to covered accidents on and off the job such as cuts, broken bones, dislocations and burns. It is great for kids in sports or adults with active lifestyles. A \$50 annual screening benefit is also paid for tests such as mammograms, pap smears, cholesterol and blood sugar. See brochure for details! brochure 101862-KY -- wellness brochure 101865-KY

| | | | |
|-----------------|--------------------------|----------------------------|---------------|
| Employee | Employee + Spouse | Employee + Children | Family |
| \$ 14.83 | \$ 24.08 | \$25.89 | \$ 35.14 |

CANCER ASSIST: Offers protection for your financial security and quality of life if you experience the battle of cancer. This plan provides benefits for expenses not covered by most major medical plans. Experimental treatments, stem cell transplant, transportation expenses, hotel expenses and family care expenses are a few of those not covered by most major medical plans. The plan also provides a \$100 wellness benefit for each covered family member to have one screening per year. The screenings can be either pap smear, psa, mammogram etc. Refer to the brochure for details on eligible screenings.

Base Plan Prices Shown:

| | Single | Employee + Spouse | Employee + Children | Family |
|-------------------------|---------------|--------------------------|----------------------------|---------------|
| Level 1 Brochure 101482 | \$18.10/month | \$28.60/month | \$18.25/month | \$28.75/month |
| Level 2 Brochure 101483 | \$21.65/month | \$33.85/month | \$21.95/month | \$34.15/month |
| Level 3 Brochure 101484 | \$26.65/month | \$44.40/month | \$27.10/month | \$44.85/month |
| Level 4 Brochure 101485 | \$35.60/month | \$59.40/month | \$36.20/month | \$60.00/month |

Optional Riders not included; ask your representative for details. Wellness brochure 101486 - Specified Disease brochure 101547 - \$1,000 Initial Diagnosis brochure 78443 - Progressive Payment brochure 78453

Diocese of Owensboro

Offers

COLONIAL LIFE & ACCIDENT VOLUNTARY BENEFITS

Page 2 of 2

Group CRITICAL Care 6000 Plan 1 with Progressive Diseases benefit! Guarantee Issue for initial enrollment up to \$35,000— health questions waived!

This plan provides a lump sum, tax-free benefit of **up to \$75,000** for financial peace of mind if you or a covered dependent have a diagnosis of heart attack, stroke, major organ failure, coma, blindness, occupational infectious HIV/Hepatitis B, C, or D, permanent paralysis due to covered accident or end stage renal failure. A **\$50** annual screening benefit is also paid for tests such as mammograms, pap smears, cholesterol and blood sugar along with additional benefits for progressive diseases! See brochure for details! brochure 385403EX, wellness brochure 387307, Progressive Disease option brochure 387594

Note: Spouse and child coverage is 50% of employee coverage.

| Non-Tob | \$10,000 | Employee | Emp+Spse | Emp+Chldn | Fam | Tobacco | \$10,000 | Employee | Emp+Spse | Emp+Chldn | Fam |
|---------|----------|----------|----------|-----------|----------|---------|----------|----------|----------|-----------|----------|
| Issue | 17-24 | \$4.22 | \$6.40 | \$4.22 | \$6.40 | Issue | 17-24 | \$5.42 | \$8.10 | \$5.42 | \$8.10 |
| Age | 25-29 | \$4.92 | \$7.40 | \$4.92 | \$7.40 | Age | 25-29 | \$6.72 | \$10.00 | \$6.72 | \$10.00 |
| | 30-34 | \$6.12 | \$9.20 | \$6.12 | \$9.20 | | 30-34 | \$8.92 | \$13.20 | \$8.92 | \$13.20 |
| | 35-39 | \$8.22 | \$12.20 | \$8.22 | \$12.20 | | 35-39 | \$12.52 | \$18.70 | \$12.52 | \$18.70 |
| | 40-44 | \$10.42 | \$15.60 | \$10.42 | \$15.60 | | 40-44 | \$16.52 | \$24.70 | \$16.52 | \$24.70 |
| | 45-49 | \$13.52 | \$20.70 | \$13.52 | \$20.70 | | 45-49 | \$22.22 | \$33.90 | \$22.22 | \$33.90 |
| | 50-54 | \$17.12 | \$26.50 | \$17.12 | \$26.50 | | 50-54 | \$28.62 | \$44.30 | \$28.62 | \$44.30 |
| | 55-59 | \$20.82 | \$32.10 | \$20.82 | \$32.10 | | 55-59 | \$35.22 | \$54.50 | \$35.22 | \$54.50 |
| | 60-64 | \$26.12 | \$40.40 | \$26.12 | \$40.40 | | 60-64 | \$44.92 | \$69.30 | \$44.92 | \$69.30 |
| | 65-69 | \$28.32 | \$43.70 | \$28.32 | \$43.70 | | 65-69 | \$48.72 | \$75.20 | \$48.72 | \$75.20 |
| | 70-74 | \$33.72 | \$52.10 | \$33.72 | \$52.10 | | 70-74 | \$58.52 | \$90.40 | \$58.52 | \$90.40 |
| | | | | | | | | | | | |
| Non-Tob | \$20,000 | Employee | Emp+Spse | Emp+Chldn | Fam | Tobacco | \$20,000 | Employee | Emp+Spse | Emp+Chldn | Fam |
| | 17-24 | \$6.12 | \$9.20 | \$6.12 | \$9.20 | | 17-24 | \$8.52 | \$12.60 | \$8.52 | \$12.60 |
| | 25-29 | \$7.52 | \$11.20 | \$7.52 | \$11.20 | | 25-29 | \$11.12 | \$16.40 | \$11.12 | \$16.40 |
| | 30-34 | \$9.92 | \$14.80 | \$9.92 | \$14.80 | | 30-34 | \$15.52 | \$22.80 | \$15.52 | \$22.80 |
| | 35-39 | \$14.12 | \$20.80 | \$14.12 | \$20.80 | | 35-39 | \$22.72 | \$33.80 | \$22.72 | \$33.80 |
| | 40-44 | \$18.52 | \$27.60 | \$18.52 | \$27.60 | | 40-44 | \$30.72 | \$45.80 | \$30.72 | \$45.80 |
| | 45-49 | \$24.72 | \$37.80 | \$24.72 | \$37.80 | | 45-49 | \$42.12 | \$64.20 | \$42.12 | \$64.20 |
| | 50-54 | \$31.92 | \$49.40 | \$31.92 | \$49.40 | | 50-54 | \$54.92 | \$85.00 | \$54.92 | \$85.00 |
| | 55-59 | \$39.32 | \$60.60 | \$39.32 | \$60.60 | | 55-59 | \$68.12 | \$105.40 | \$68.12 | \$105.40 |
| | 60-64 | \$49.92 | \$77.20 | \$49.92 | \$77.20 | | 60-64 | \$87.52 | \$135.00 | \$87.52 | \$135.00 |
| | 65-69 | \$54.32 | \$83.80 | \$54.32 | \$83.80 | | 65-69 | \$95.12 | \$146.80 | \$95.12 | \$146.80 |
| | 70-74 | \$65.12 | \$100.60 | \$65.12 | \$100.60 | | 70-74 | \$114.72 | \$177.20 | \$114.72 | \$177.20 |

Diocese of Owensboro
Retirement Forms and
Information

Christian Brothers
Pension Plan and 403b
Plan

Christian Brothers Employee Retirement Plan Beneficiary Designation Form

Please print or type all information and return to:
*(If emailing to us, please use our secure message center on our website at cbservices.org under the Contact tab.)

Christian Brothers Employee Retirement Plan
1205 Windham Parkway, Romeoville, IL 60446-1697
Fax: 630-378-2507 *E-mail: rpscustomerservice@cbservices.org

SECTION A - EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Phone Number: _____

Street Address: if new _____ City/State: _____ Zip Code: _____

Soc. Sec. No.: _____ Date of Birth: _____ Employer: _____

Marital Status: Married (Read and Complete Section B; complete Section D if applicable.)
 Not Married (Read and complete Section C; complete Section D if applicable. Witness must sign in your presence)

SECTION B - MARRIED

I am married and I understand that my spouse may be entitled to a retirement benefit in the event of my death. If I want to name a contingent beneficiary I should complete Section D below.

Spouse's Name: _____ Spouse's Birth date: _____ Date of Marriage: _____

Spouse's Address: _____ Spouse's SSN: _____

SECTION C - NOT MARRIED (WITNESS SIGNATURE REQUIRED – SEE BOTTOM OF PAGE)

I am not married and hereby designate the following person(s) as primary beneficiary(ies) to receive, in the event of my death, any other benefits to which I may be entitled, less any benefits which I and/or any joint pensioner duly designated by me under said Plan may have received, according to the terms and conditions provided in the Plan at the time of death.

Primary Beneficiary(ies): I designate the following as my beneficiaries (revoking any prior designation) to receive benefits payable under the Plan in the event of my death:

| | | | | |
|-----------------|--------------|-----|---------------|------------|
| Name | Relationship | DOB | Soc. Sec. No. | |
| | | | | % |
| Mailing Address | | | | Allocation |

| | | | | |
|-----------------|--------------|-----|---------------|------------|
| Name | Relationship | DOB | Soc. Sec. No. | |
| | | | | % |
| Mailing Address | | | | Allocation |

SECTION D - CONTINGENT BENEFICIARY DESIGNATION (IF APPLICABLE) (WITNESS SIGNATURE REQUIRED)

Contingent Beneficiary: If living, designate to the above; if not living designate to:

| | | | | |
|-----------------|--------------|-----|---------------|------------|
| Name | Relationship | DOB | Soc. Sec. No. | |
| | | | | % |
| Mailing Address | | | | Allocation |

| | | | | |
|-----------------|--------------|-----|---------------|------------|
| Name | Relationship | DOB | Soc. Sec. No. | |
| | | | | % |
| Mailing Address | | | | Allocation |

The above "Beneficiary(ies) Designation" is subject to my right to change it at any time by filing a new written beneficiary designation form with the Christian Brothers Employee Retirement Plan on a form furnished to me upon request.

IMPORTANT – BENEFICIARY FORM MUST BE SIGNED BY A WITNESS IF SECTION C OR D ARE COMPLETED. WITNESS CANNOT BE THE PRIMARY BENEFICIARY.

Employee Signature: _____ Date Signed: _____

Signed In the Presence Of (witness): _____

WITNESS CANNOT BE THE PRIMARY BENEFICIARY

ERP NOTICE OF CHANGE/NEW PARTICIPANT ENROLLMENT
(To Be Completed By Employer)

| | | |
|---|----------------------|-----------------|
| Return this form to: Christian Brothers Retirement Services 1205 Windham Parkway Romeoville, IL 60446-1679 Fax: 630-378-2507 E-mail: rpscustomerservice@cbservices.org | Location No. _____ | |
| | Employer Name: _____ | |
| | City/State: _____ | Zip Code: _____ |

Section 1 - Employee Data

| | | |
|--|---|--|
| Employee Last Name: _____ | First Name: _____ | Middle: _____ |
| Street Address: <input type="checkbox"/> (check if new) _____ | | |
| City/State: _____ | | Zip Code: _____ |
| Soc. Sec. No.: _____ | Date of Birth: _____ | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| Marital Status: (Check One) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | Spouse's Name : _____ Spouse's DOB: _____ Spouse's SS#: _____ | |

Section 2 - New Employee Eligibility

| | | |
|--|---|------------------------------------|
| Date of Hire: _____ | Part-Time <input type="checkbox"/> (Check one) | Full-Time <input type="checkbox"/> |
| Probationary Period: <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes # of months: 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 1 yr <input type="checkbox"/> | (check one) |
| Date Eligible to Participate (___ hours or more): ____/____/____ (Mo) (day) (year) | | |

Section 3 - Change of Status After Enrollment

| | | |
|---|---|---|
| Enter Code No. (select from descriptions below): | Effective Date: (last date worked) ____/____/____ (day) (mo) (year) | Last Pension Report to appear on: (MM/YY) |
| <u>Code No:</u> | <u>Code Description:</u> | |
| 1 | Termination From Plan | |
| 2 | ____Address ____ Name Change (check applicable item) | |
| 3 | Death | |
| 4 | Retirement | |
| 5 | Leave of Absence (Without Pay) | |
| 6 | Return from Leave of Absence | |
| 7 | Disability | |
| 8 | Transfer | |
| 9 | Rehire | |
| 10 | Other (please specify): _____ | |

Employer Signature: _____ **Date Signed:** _____
Title: _____ **Phone #:** _____

FORM MUST BE SIGNED BY EMPLOYER



**CHRISTIAN
BROTHERS**
SERVICES

July 1, 2023

Defined Benefit Plan for the Employees of the Diocese of Owensboro

I. CHRISTIAN BROTHERS EMPLOYEE RETIREMENT PLAN

Trust: Established 1964. Current Participation: 40,000 Employees/700 Employers.

Funds are held a trustee bank in an irrevocable trust. Employers have no access to the funds. The approximate value of the trust fund is currently \$1,500,000,000.

Funding: Contributions and Benefits – Your employer has chosen the following option as it relates to future service contributions and benefits.

Prior to July 1, 2014-2.64% of gross wages

After June 30,2014-2.04% of gross wages

Example: Employee had 5 years of service as of July 1, 2014. Average yearly earnings over this period were \$40,000. Employee worked for 15 years after June 30, 2014 at an average salary of \$49,000.

| | | |
|---------------------------------------|---|----------|
| 2.64% x \$40,000 x 5yrs. | = | \$5,280 |
| 2.04% x \$49,000 x 15yrs. | = | \$14,994 |
| Total Annual Benefit after 20 Years = | | \$20,274 |

Eligibility: An employee must work a minimum of 20 hours per week. There is no probationary period.

Vesting: 4 years and 9 months gives right to a pension.

Death Benefits for Active Employees: If a married and vested active employee dies before retirement, the surviving spouse will receive an actually reduced 50% pension for life beginning no earlier than the date the participant would have been age 55.

If a non-married, vested active employee dies before retirement, the designated beneficiary will receive a lump-sum payment of up to \$10,000.

Retirement Age: Age 55-early retirement at reduced benefits
Social Security normal retirement age.

Golden Rule of 90: After 7/1/97, if an eligible employee's age plus years of service is at least 90 (e.g. age 60 with 30 years of service), then he/she is eligible for early retirement with an unreduced benefit. The employee must have been a participant in the Plan prior to July 1, 2012.

Normal Form of Payment:

Single Employee: **Life only** (monthly benefit for life)

Married Employee: **Join and 50%** to Survivor annuity.

Optional Forms of Payment (Election must be made prior to commencement of benefits):

Single Employee: **50%** of reduced benefits to surviving joint pensioner.

100% of reduced benefits to joint pensioner (if age difference is no more than 10 years).

Married Employee: **Life only** (monthly benefit for life)

100% of reduced benefit to surviving spouse

All Employees: **10 Year Certain & Life.** A reduced benefit is guaranteed payable for no less than 120 months.

Lump-Sum: Based on Funded Status of Plan at time of payment. Paid in lieu of monthly pension payments.

Website for Participants: Register online at www.cbserVICES.org The participant website features include the ability to:

- Review your annual benefit statements for up to 5 previous years (starting with 7/1/2017)
- Calculate your estimated retirement benefits.
- Review your demographics for accuracy (name, address, date of hire, date of participation and beneficiary information)
- Add or change a beneficiary.
- Update your address if you have moved.

IRS Approved: 401 (a) Plan- Plan is qualified, earnings of the Trust are tax exempt.

Pension Board: Seven members who administer the Plan according to the Plan Document.

II. SOCIAL SECURITY

Social Security Benefits are in addition to benefits provided by CBERP. Social Security Benefits are not affected by benefits provided by CBERP, and CBERP Benefits are not affected by Social Security Benefits.

This summary sheet should give you some general information related to the benefits in the plan. In the case of any conflict or inconsistencies between this summary and the Plan Document, the provisions of the Plan Document will always govern.

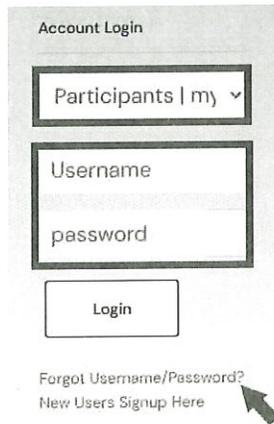
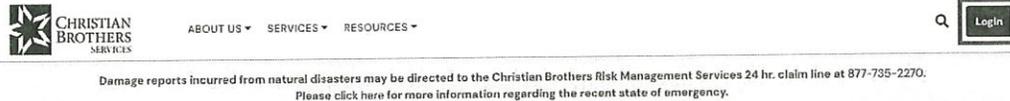


Christian Brothers Retirement Planning Services

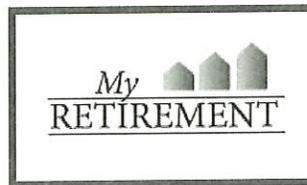
Step-by-Step Instructions to access your accounts online

Let's get started! If you already have a Username and Password for the Participants | myCBS login, please follow steps 1, 2 and 3 below to access your benefits. Everyone else can start the registration process on **page 3**.

- 1 Go to: www.cbsservices.org and click the black "Login" box in the right-hand corner.



- 2 On the Administrator/Participant Login page, choose Participants | myCBS from the "Select" dropdown, then enter your Username and Password and click Login. For assistance, click on Forgot Username/Password?



Help

Click on the My Retirement link or click myRetirement on the toolbar and make your selection from there.



mycbs.org/health



Christian Brothers Retirement Planning Services

Step-by-Step Instructions to access your accounts online

- 3 In the myRetirement section, your account information and retirement resources are located under the “My Account” section in the left column. Retirement flyers and contact information are found in the center of the screen.

myCBS myHealth myRetirement myRisk

My Account

My Pension Benefits

Resources

CBERP (defined benefit)
FAQ's
Webinars

Contact Us

Email
Secure Email
Ph: 800.807.0700
Fcx: 630.378.2507

Retirement Flyers

Contact Us



Christian Brothers Retirement Planning Services

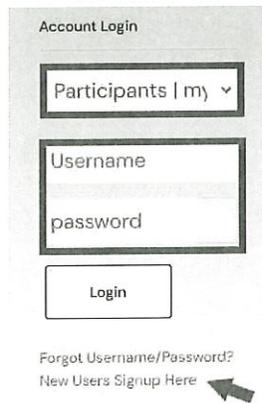
Step-by-Step Instructions to access your accounts online

New registrants start here.

1 Go to: www.cbsservices.org and click the black "Login" box in the right-hand corner.



Damage reports incurred from natural disasters may be directed to the Christian Brothers Risk Management Services 24 hr. claim line at 877-735-2270. Please click here for more information regarding the recent state of emergency.



2 From the Administrator/Participant Login page, click on "New Users Signup Here"

3 On the Registration page, click on "Register for Participants | myCBS"



New User Registration

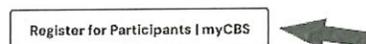
Participants | myCBS

Information for INDIVIDUALS enrolled in plans, programs, and resources all in one section.

- My Health Benefits
- My Retirement
- My Risk Service

Before you Register

This section provides access to individual participant accounts, such as EOB's and personal medical claims information. If you are looking for access to employer or organizations information follow instructions for the Administrators Section.





Step-by-Step Instructions to access your accounts online

A. Select Access

Register Account and Select Access by clicking the **Health & Wellness and/or Retirement Planning Services box(es)**.

Register Account

1 Select Access 2 Verify Account 3 Create Profile 4 Verify Email

What are you registering for?

Health & Wellness

Retirement Planning Services

B. Verify Account

If you clicked on Health & Wellness or both Health & Wellness and Retirement Planning Services, you may click **“Continue”** and it will take you to this screen. Enter your **Identification Number (ID#)** and the **Primary Member’s Date of Birth**. Then, select a button for the person you are verifying, either **“Primary Member” “Covered Spouse” or “Covered Dependent (age 18+)”**. (Your ID card is required to complete this step.) Then click **“Next.”**

Verification

Health and Wellness

To activate your ID card please enter your ID# (numbers only) and date of birth below. If your ID# contains letters and numbers, only enter the numbers. (Your ID card is required to complete.) [How to find my ID number?](#)

Identification Number (ID#): * Date of Birth: * Profile Type: *

 Primary Member

Covered Spouse

Covered Dependent (age 18+)

If you clicked on Retirement Planning Services only, you will go here. Enter your **Social Security Number** (with or without dashes) and your **Date of Birth** in the format shown (mm/dd/yyyy). Then click **“Next.”**

Verification

Retirement Planning Services (ERP Account Participant)

401k/403b Account Participant: If you are a participant in either the 401k or 403b Plans, please proceed to [netbenefits.com](#)

SSN: * Date of Birth: *



Christian Brothers Retirement Planning Services

Step-by-Step Instructions to access your accounts online

NOTE: If you selected Retirement Planning Services only, but you are also a participant in Health Benefit Services, you will see this screen. Click on **“register”** to register for both, click **“decline”** to only register for retirement.

Register Account

- 1 Select Access **2 Verify Account** 3 Create Profile 4 Verify Email

Additional Enrollment

You are a participant in the CBS Health & Wellness Plan.

This registration will also allow you to view your health account information.



Decline

Register

C. Create Profile

From either page, once you click **“Next,”** you will land on this next page asking you to enter your **Personal Information, Account Information, and Subscriptions** selection. Once complete, you may click **“save.”**

Personal Information

Prefix:

Religious Suffix:

First Name: *

Last Name: *

Email: *

Confirm Email: *

Alternate Email:

Confirm Alternate Email:

Christian Brothers Retirement Planning Services

Step-by-Step Instructions to access your accounts online

Account Information

| | | |
|---|---|--|
| <p>Username: *</p> <input type="text"/> <p><small>Username requires at least 8 characters and 2 numbers. Username can not be the same as your email address.</small></p> | <p>Password: *</p> <input type="password"/> <p><small>Password must contain at least 8 characters and 2 numbers. Password can not be the same as your username or email address.</small></p> | <p>Confirm Password: *</p> <input type="password"/> |
| <p>Security Question 1: *</p> <input type="text" value="Please select a question"/> | <p>Security Answer 1: *</p> <input type="text"/> | |
| <p>Security Question 2: *</p> <input type="text" value="Please select a question"/> | <p>Security Answer 2: *</p> <input type="text"/> | |

Subscriptions

- Risk Management Seminars
- Opt-Out of Emails for Value Added Services

Plans

Health Plan:

You are verified as a participant in the Christian Brothers Employee Benefit Trust.

Retirement Plan:

You are verified as a participant in the Christian Brothers Employee Retirement Plan.

i If you are a participant in either the 401k or 403b Plans, please proceed to netbenefits.com

Our retirement plan records show your address as:



D. Verify Email

Once you click “save,” you will get a new screen directing you to verify your email.

Verify Email

Next, you will receive a verification email (be sure to check your spam or junk folder).

Please click the verification link sent to your email address to activate your account.



Christian Brothers Retirement Planning Services

Step-by-Step Instructions to access your accounts online

Go to your email inbox, open the email, and click on the link to verify your email.

Thank you for registering with Christian Brothers. Please click on the link below to verify your email address and continue the registration process. This link is active 24 hours (Sat-Thur) or until 10:00pm (Fri).

[Click here to verify email](#)



Once you click on the link for email verification, you will get a new screen that contains a link to login. Registration is complete.

Email Verified

Thank you for verifying your email address. **Your registration is now complete.**

[Click here to login](#)



Should you have any questions or concerns, please contact us.
myRetirement: 1.800.807.0700



CHRISTIAN
BROTHERS
SERVICES

Retirement Planning Services

1205 Windham Parkway • Romeoville, IL 60446-1679
630.378.2900 • 800.807.0700
rpscustomerservice@cbservices.org • cbservices.org

Take Charge of Your Financial Future

Dear Employee:

Congratulations! You are now eligible to participate in the Christian Brothers Retirement Savings 403(b) Plan, a convenient and effective way to save for your retirement. When you enroll in the Plan, you pay yourself first through convenient payroll deductions, defer paying taxes until you withdraw money, and take full advantage of the power of compounding.

The enclosed kit provides information about the Plan's investment options and describes how to develop and maintain an investment strategy.

What You Need to Do

Enrolling in the Plan is easy:

1. Read the Plan Highlights to learn more about the Plan and the investment paths it offers.
2. Fill out the Enrollment form with the percentage of your pay you want to contribute. Return your completed form to your employer.

Name Your Beneficiaries: This can be done online at www.netbenefits.com or by calling Fidelity to request a form to complete and return to Fidelity. See the Fidelity Beneficiary Flyer - Take Care of Your Loved Ones Today!

Investments: Your investment election will automatically be set for you. If you are under age 65, this investment election is the Fidelity Freedom® Index Fund Institutional Premium Class, which is the index fund nearest your 65th birthday. If you are already age 65 or older, this investment election is the Fidelity Freedom Index Income Fund Institutional Premium Class. You may change this election at any time by contacting Fidelity.

For More Information

If you have questions about the Plan, please refer to the Summary Plan Description, included in this kit, or call Christian Brothers Retirement Planning Services at 1.800.807.0700.

To learn more about your investment options, visit www.netbenefits.com or call the Fidelity Retirement Service Center at 1.800.343.0860.

Sincerely,

Christian Brothers Retirement Planning Services



Christian Brothers Retirement Savings Plan Highlights

Welcome to the Christian Brothers Retirement Savings Plan (the Plan)! It's easy to get caught up in the present, but it's also important to look ahead. Start investing in your future with help from the Plan and Fidelity.

Enroll Now!

If you haven't enrolled in the Plan, complete the enclosed Enrollment form and return it to your employer.

Accessing your account



Access your Plan account online at www.netbenefits.com. Download the NetBenefits® app to access your account on your mobile device. The NetBenefits app is available in Spanish—just update your language preferences in the app.



Fidelity is here to help! If you have questions, call **800-343-0860** Monday through Friday, 8:30 a.m. to midnight Eastern time (excluding most holidays).

Para español, llame al 800-587-5282.

For CBS Retirement Representative support call 800-807-0700.

Key Features of Your Christian Brothers Retirement Savings Plan

| | |
|---------------------------|--|
| Eligibility | <p>All employees are eligible to participant in the Plan except:</p> <ul style="list-style-type: none"> • Employees who work less than the minimum hours per week required by their employer for Plan eligibility. • Employees who are represented by a bargaining unit that prohibits their participation. • Employees who participate in another employer-sponsored plan through this employer that allows pre-tax contributions. • Students who are enrolled in and regularly attend classes, if their institution is a school. • Academic employees scheduled to work less than the required teaching load as determined by their employer. • Employees who have not satisfied their employers probationary period, if any. |
| Your Contributions | <p>Employee deferral elections are made and changed through your employer.</p> <p>You can contribute up to 100% of your eligible pay as pre-tax contributions up to the annual IRS dollar limits. Annual plan contribution limits, including catch-up contribution limits, are available at www.irs.gov.</p> <p>If you have reached age 50 or will reach 50 during the calendar year and are making the maximum plan or IRS pre-tax contribution, you may make an additional "catch-up" contribution each pay period.</p> <p>You may also be able to make Roth contributions. Contact your employer to determine if they have elected to include the Roth option.</p> <p>If you participated in another employer's plan this year, be sure to monitor your contributions between both plans to ensure you do not exceed the annual limit.</p> |

Key Features of Your Christian Brothers Retirement Savings Plan

| | |
|--|--|
| Employer Contributions | Contact your employer to determine if you are eligible for matching contributions or if your employer makes other contributions to the Plan on your behalf. |
| Vesting | You are always 100% vested in your own contributions to your Plan account, as well as any earnings on these contributions. Contact your employer regarding vesting information for any employer contributions. |
| Online Beneficiary Designation | It's important to designate a beneficiary for your Plan account. Log on to NetBenefits at www.netbenefits.com to designate your beneficiary online. You can also contact Fidelity for a form to complete and return to Fidelity. |
| Investments | The Plan offers you a range of options to help you meet your investment goals. You can select a mix of investment options that best suits your goals, time horizon, and risk tolerance. Descriptions of the Plan's investment options and their performance are available online at www.netbenefits.com . |
| Loans | Contact your employer to determine if loans are allowed. |
| Withdrawals | Withdrawals from the Plan are generally permitted when you attain age 59½, terminate your employment, retire, become permanently disabled, or have severe financial hardship as defined by the Plan. Refer to the Summary Plan Description or call Fidelity for more details. |
| Rollovers | You are permitted to roll over eligible pretax or Roth contributions from another 401(k), 403(b), or governmental 457(b) retirement plan account, or eligible pre-tax contributions from conduit or non-conduit individual retirement accounts (IRAs). Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets. |
| Fidelity® Personalized Planning & Advice* | Take the time and stress out of managing your own investments with access to a team of professionals that will help you create a plan and stay on track to retirement. Fidelity® Personalized Planning & Advice provides active retirement account management. This means that Fidelity's team of investment professionals invest, monitor, and rebalance your account as needed to adjust to changes in the market, or changes to your situation. This service provides advisory services for a fee, which will be paid from your account. |
| One-on-one consultations | Fidelity Retirement Planners are licensed professionals and can help with asset allocation, retirement planning and other questions you have about the Plan. Call 800-642-7131 weekdays from 8 a.m. to 9 p.m. ET to speak with a consultant or schedule a complimentary appointment. You can also schedule appointments online at fidelity.com/schedule . There is no fee for this service. |

Before investing, consider the investment objectives, risks, charges, and expenses. Contact Fidelity for a mutual fund prospectus or, if available, a summary prospectus containing this information. Read it carefully.

Investing involves risk, including risk of loss.

This document provides only a summary of the main features of the Christian Brothers Retirement Savings Plan, and the Plan Document will govern in the event of discrepancies.

*Fidelity® Personalized Planning & Advice at Work is a service of Fidelity Personal and Workplace Advisors LLC and Strategic Advisers LLC. Both are registered investment advisers, are Fidelity Investments companies and may be referred to as "Fidelity," "we," or "our" within. For more information, refer to the Terms and Conditions of the Program. When used herein, Fidelity Personalized Planning & Advice refers exclusively to Fidelity Personalized Planning & Advice at Work. **This service provides advisory services for a fee, which will be paid from your account.**

Fidelity Brokerage Services LLC, Member NYSE, SIPC, 900 Salem Street, Smithfield, RI 02917

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775330.43.154

Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



KENTUCKY LAW REQUIRES

EQUAL EMPLOYMENT OPPORTUNITY

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION REGARDING:

- RECRUITMENT
- ADVERTISING
- HIRING
- PLACEMENT
- PROMOTION
- TRANSFER
- TRAINING AND APPRENTICESHIP
- COMPENSATION
- TERMINATION OR LAYOFF
- PHYSICAL FACILITIES
- ANY OTHER TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BASED ON:

- DISABILITY
- RACE
- COLOR
- RELIGION
- NATIONAL ORIGIN
- SEX
- AGE (40 YEARS OLD AND OVER)
- TOBACCO-SMOKING STATUS
- Pregnancy

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BY:

- EMPLOYERS
- LABOR ORGANIZATIONS
- EMPLOYMENT AGENCIES
- LICENSING AGENCIES

Kentucky Pregnant Workers Act, (eff. 6/27/2019)

The Kentucky Pregnant Workers Act, (KPWA), (KRS 344.030 to 344.110), expressly prohibits employment discrimination in relation to an employee's pregnancy, childbirth, and related medical conditions.

In addition, under the KPWA it is unlawful for an employer to fail to make reasonable accommodations for any employee with limitations related to pregnancy, childbirth, or a related medical conditions who requests an accommodation, *including but not limited to*: (1) the need for more frequent or longer breaks; (2) time off to recover from childbirth; (3) acquisition or modification of equipment; (4) appropriate seating; (5) temporary transfer to a less strenuous or less hazardous position; (6) job restructuring; (7) light duty; modified work schedule; and (8) private space that is not a bathroom for expressing breast milk.

FOR HELP WITH DISCRIMINATION, CONTACT THE KENTUCKY COMMISSION ON HUMAN RIGHTS

332 W. BROADWAY, SUITE 1400, LOUISVILLE, KENTUCKY 40202. PHONE: 502.595.4024
TOLL-FREE: 800.292.5566. FAX: 502.595.4801
E-MAIL: KCHR.MAIL@KY.GOV WEBSITE: KCHR.KY.GOV

Required State and Federal Forms- For your information

Included on the Diocese's HR web-page:

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

New Health Insurance Marketplace Coverage- Options and your health care coverage

Notice of Privacy Practices

Kentucky Pregnancy Workers Act

**For more information visit:
<https://owensborodiocese.org/health-care/>**

or contact HR 270-683-1545.

Diocese of Owensboro – Food Service Employee Uniform Policy Agreement

1. **Uniform Allocations** – Uniform apparel is only to be worn by the employee.
 - (a) **Returning employees** of employment for two years or more, we will not be ordering uniform tops.
 - (b) **New Employees** of employment for two years or less will receive an allocation for uniform ordering.
 - (c) **Regular Substitutes** – will be provided one uniform shirt.
2. **Shirts** – Food Service is designated a specific color shirt – Burgundy T-Shirts with Diocese of Owensboro School Food Service and logo. Employees will receive (4) Spirit Shirts in a school year. Only approved apparel is to be worn. The Diocese of Owensboro Nutrition uniform is defined as a “Team” look. Friday is designated school spirit shirt day.
3. **Pants** – No uniform allotment will be provided to purchase jeans or uniform pants. Food Service staff will be permitted to wear jeans or colored pants (khaki). All pants must be full length or Capri length. However, jeans must meet the following requirements: No holes, rips, no jeggings, no sweatpants, no active wear, no embellishments (including but not limited to jewels, fancy stitching, and large logos), and must not be tight fitting. **NO EXCEPTIONS!**
4. **Hair Restraints** – A hair restraint must be worn by ALL cafeteria staff at all times. Acceptable restraints include: hat, visor, hairnet or barrettes if hair is shoulder length. If not, a combination of headband and ponytail.
5. **Shoes** – Non-skid shoes must be worn for all Food Service Employees. No open toed shoes allowed.
6. **Upon Resignation, Termination, or Retirement** – All shirts purchased by Food Service must be returned upon resigning, termination, or retirement.

I have read and accepted the Diocese of Owensboro Food Service Uniform Policy Agreement

Signature: _____ Date: _____

**Diocese of Owensboro Food Service
Disclosure of Free & Reduced Priced Meals & Free Milk
Student Eligibility Information**

Confidentiality Agreement

I. PURPOSE AND SCOPE

The Diocese of Owensboro School Food Service acknowledges and agrees that children's free and reduced price meal and free milk eligibility information obtained under provisions of the National School Lunch Act (42 USC 1751 et. seq.) or Child Nutrition Act of 1966 (42 USC 1771 et. seq.) and the regulations implementing those Acts is confidential information. This Agreement is intended to ensure that any information disclosed by the Board to employees of the Board about children eligible for free and reduced price meals or free milk will be used only for purposes specified in this Agreement and that the Board and those employees who have access to this information recognize that there are penalties for unauthorized disclosures of this eligibility information.

II. AUTHORITY

Section 9(b)(2)(C)(iii) of the National School Lunch Act (42 USC 1758(b)(2)(C)(iii)) authorizes the limited disclosure of children's free and reduced price meal or free milk eligibility information to specific programs or individuals, without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the State Medicaid Program and the State children's health insurance program. Additionally, the statute specifies that for any disclosures not authorized by the statute, the consent of children's parents/guardians must be obtained prior to the disclosure.

The Diocese of Owensboro School Food Service acknowledges that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) indicated:

| Check all that apply | Program | Information authorized |
|----------------------------|--|--|
| | <i>Medicaid or the State children's health insurance program (SCHIP), administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act.</i> | All eligibility information, unless parents elect not to have information disclosed. |
| | <i>State health program other than Medicaid/SCHIP, administered by a State agency or local education agency.</i> | Eligibility status only; consent not required. |
| | <i>Federal health program other than Medicaid/SCHIP</i> | NO eligibility information, unless parental consent is obtained. |
| | <i>Local health program</i> | NO eligibility information, unless parental consent is obtained |
| x | <i>Child Nutrition Program under the National School Lunch Act or Child Nutrition Act Specify Program: see section III</i> | All eligibility information; consent not required. |
| x | <i>Federal/State or local means tested nutrition program with eligibility standards comparable to the National School Lunch Program Specify Program: see section III</i> | Eligibility status only; consent not required. |
| x | <i>Federal education program Specify Program: see section III</i> | Eligibility status only; consent not required. |
| x | <i>State education program administered by a State agency or local education agency Specify Program: see section III</i> | Eligibility status only; consent not required. |
| x | <i>Local education program Specify Program: see section III</i> | NO eligibility information, unless parental consent is obtained |

| | | |
|--|--|--|
| | | |
|--|--|--|

Note: Section 9(b)(2)(C)(iv) specifies that certain programs may receive children's eligibility status **only**, without parental consent. Parental consent must be obtained to disclose any additional eligibility information. Section 9(b)(2)(C)(iv) specifies that for State Medicaid or SCHIP, parents must be notified and given opportunity to elect not to have information disclosed. Social security numbers may only be disclosed if households are given notice of the disclosure and the uses to be made of their social security numbers as required by Sec. 7 of the Privacy Act.

III. RESPONSIBILITIES

The Diocese of Owensboro School Food Service will:

When required, secure parents/guardians consent prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act, unless prior consent is secured elsewhere and made available to the Board;

Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

Ensure that only persons who are directly connected with the administration or enforcement of Federal, State and Local programs (ex: *Fee Waiver, ACT, SAT, College Board AP, Title 1, Migrant, NCLB, NAEP, IDEA, Head Start, Special Education, ESL, FRYSC, KCCT and Pre-school*) and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:

Counselors, AP Coordinator, Title 1 Consultant, Migrant Program Coordinator, Director of Elementary Education, Director of Secondary Education, Building Principals, Assessment Secretary, Building Assessment Coordinators, Director of Assessment, Director of Special Education, Secretary of Special Education, Preschool Coordinator, Preschool Secretary, Director of Special Education, Secretary of Special Education, District Health Coordinator, Coordinators of FRYSC, Superintendent, Director of Student Services, Director of Business & Finance, Student Information Data Technician, Computer Operations Manager, and Director of Instructional Technology.

Use children's free and reduced price eligibility information for the following specific purpose(s):

| Person/groups | Needs the free/reduced status information for the following reasons: |
|--|---|
| Counselor | Data entry for accountability/Grant/various reports for CO ACT & SAT allow them to waive the fee up to two times Completing DUKE TIP and other statistical reports |
| School Bookkeepers & Secondary School Attendance Secretaries | To have Books &/or Fee waived or reduced |
| Director of Assessment | Each year, during the AP Exam testing window, the AP Coordinator is expected to note which students are on F/R lunch. Students do not have to pay the exam fee and the state reimburses the school. If a student is on F/R lunch, the Coordinator must bubble that in on the student's exam form. |
| Assessment Secretary | Provide information for assessment for reporting to KDE, Entry of data for accountability; demographic information |
| Building Assessment Coordinator (BAC) | Data entry for reporting purposes |
| District Assessment Coordinator (DAC) | Data entry for statistical reporting purposes, Entry of data for accountability |
| Building Assessment Coordinator (per school) (BAC) | IEP through IDEA to track individual students that meet threshold. |

| | |
|--|--|
| Migrant Coordinator | Migrant students qualify for free/reduced lunch status. We have to verify their enrollment for a state report during the Spring Semester. |
| Title 1 Consultant & Secretary | Supplemental Educational Services can only be provided to students on free/reduced lunch. Since students can enroll in these services all year long, access to the free/reduced lunch list must be available for the entire school year. |
| Director of Secondary | Data entry for accountability purposes |
| Director of Elementary | Entry of data for accountability |
| Director of Special Education and Secretary of Special Education | Information is needed for determination of preschool eligibility and data collection for State reports. |
| Preschool Coordinator and secretary | IEP through IDEA to track individual students that meet threshold. |
| District Health Coordinator & FRYSC | The District Health Coordinator needs access to the free and reduced count for the December 1 count that determines our FRYSC grant for the next school year. FRYSC Building Coordinators would use data to refer students and families to community and school services that help reduce barriers to learning and help promote academic success |
| Building Principals | Assessment results/achievement gap information, data entry for accountability purposes, Grant purposes and various reports submitted to KDE, need access to work on more complete data analysis and to meet specific educational needs of students who are economically disadvantaged. |
| Superintendent | Student data base program for district. |
| Director of Instructional Technology | Student data base program for district. |
| Director of Student Services | Student data base program for district. |
| Director of Business & Finance | Student data base program for district. |
| Student Information Data Technician | Student data base program for district. |
| Computer Operations Manager | Student data base program for district. |

The Student Information Data Technician will maintain a list of IC users with rights to view the FRAM tab. All other list of individuals identified above will come from District Assessment Coordinator and Director of Pupil Personnel.

Description of Procedures to Provide Access to Meal Eligibility Information

Federal and State programs were identified that would need access to the students' meal eligibility information. Once these programs were identified, then it was determined "who" within these programs would be working with the data. The Student Information Data Technician will only give rights to some of these individuals and the rest will received requested lists as needed.

V. PENALTIES

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(2)(C) of the National School Lunch Act; 42 USC 1758(b)(2)(C)) or a regulation, any information about a child's eligibility for free and reduced price meals shall be fined not more than a \$1,000 or imprisonment of not more than 1 year or both.

VI. SIGNATURES

The parties acknowledge that children's free and reduced price meal eligibility information may be used only for the specific purposes stated above; that unauthorized use of free and reduced price meal and free milk information or further disclosure to other persons or programs is prohibited and a violation of Federal law which may result in civil and criminal penalties.

Requesting Agency/Program Administrator:

Printed Name: _____

Title: _____ Phone: _____

Signature: _____ Date _____

Diocese of Owensboro School Nutrition Director

Signature: _____ Date _____

**Any attachments will become part of this agreement.*

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete the USDA Program Discrimination Complaint Online Form (AD-3027) found online at How to file a Complaint, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Acknowledgment of Diocese of Owensboro

Catholic School's Food Service Employee Policy Handbook

July 1, 2023

I have received and read the Diocese of Owensboro *Catholic School's Food Service Employee Policy Handbook*.

I understand this signed acknowledgement will be placed in my personnel file.

I understand the handbook and its content do not create a contract, expressed or implied.

I understand that my employment is terminable at will, either by myself or the Diocese, with or without cause or notice, regardless of the length of my employment.

I understand this handbook is subject to change and I will be given updated information, which I am responsible to read.

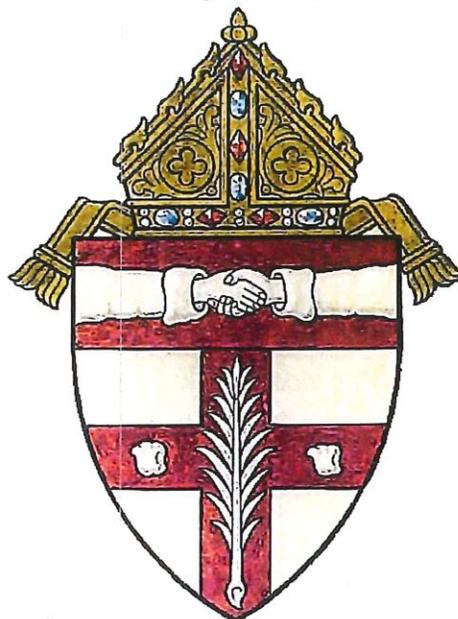
I understand I am responsible for reading and complying with the Diocese of Owensboro *Catholic School's Food Service Employee Policy Handbook*.

Employee Signature

Date

Diocese of Owensboro

*Safe Environment New Hire
Packet*



CMGConnect

DIOCESE OF OWENSBORO



Safe Environment Compliance

Getting Started:

1. Go to <https://owensboro.cmgconnect.org/>

New to training? Create an account by completing all the boxes under "Register for a New Account." This includes address, primary parish, and how you participate at your parish or school. If you have questions please contact your parish/school coordinator.

Please do not create a new account if you have previously completed safe environment training.

Current Employee/Volunteer: Please contact your Safe Environment Administrator at your parish/school or the Office of Safe Environment for account information. click the green "Sign In Here" button in the upper right corner of the page.

NOTE: For people with known email addresses - that is your username and password is 1234.

NOTE: For people without a known email addresses - your account username will be a combination of your first name(.)last name(.) and (.)owb and password 1234.

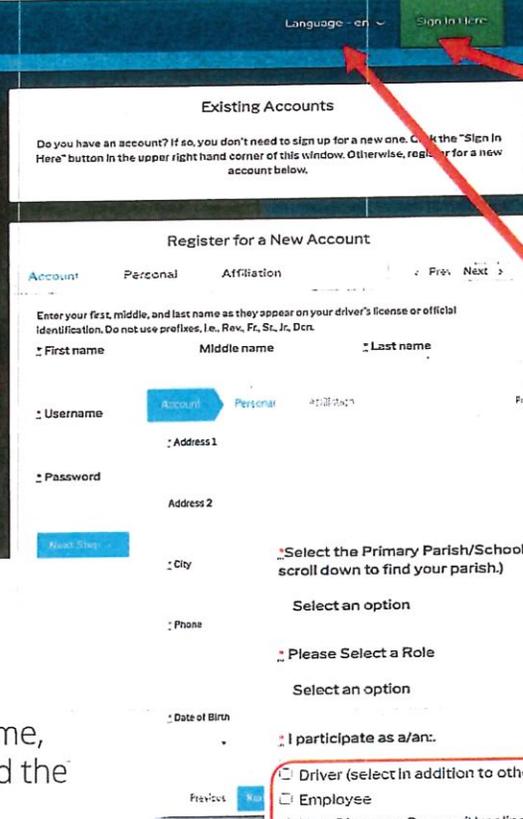
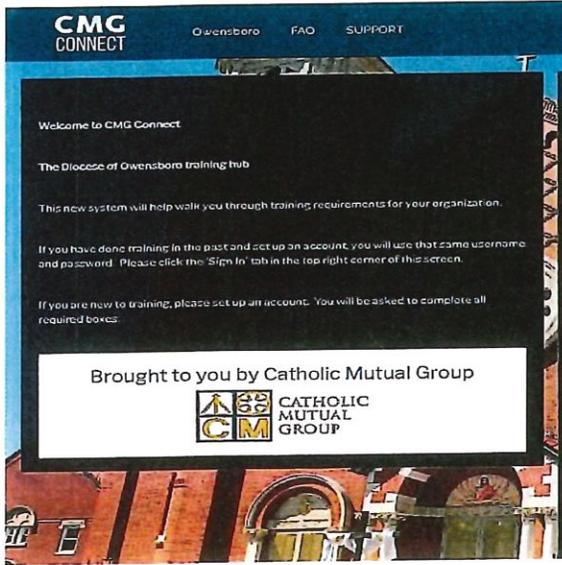
Example: Jason.Johnson.owb

2. Your dashboard will show you the required and optional training curriculums that have been customized for your particular category within the Diocese.

3. Click **Start Curriculum** under *Safe Environment Training, Background Check & Policy Acknowledgement - Owensboro* to begin.

4. On the last page of the curriculum, submit your background check information. Please enter your name as listed on your government issued identification.

NOTE: The training will remain **In Progress** until your background check is processed and reviewed by the archdiocese. This can take up to 7-10 business days.

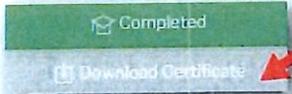
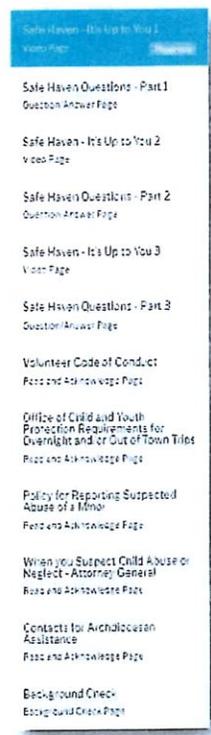


Users with previous training:
Sign In Here

Select 'Language - ES' to create an account in Spanish

- **USERS WITH TRAININGS:** Click "Sign In Here" to log in with your username that is either your email address or a combination of your first name, last name, and owb (Example: Sally.Smith.owb) and the password **1234**.
- **NEW USERS:** progress through ALL three account creation screens before your registration is complete.
- On your main dashboard, you will click **Start Curriculum** to open up the training.
- Complete each training page—as you work through, they will show as **Done** in each box.
- When finished, click **Dashboard**. Your curriculum will show as *In Progress* on your dashboard until your background check is processed and approved. *Background checks*
- After you are certified, you can log in to your account to access your completion certificate. Click the gray **Download Certificate** button under the Safe Environment curriculum.

If you have a valid email address on your account, you will receive a system message when approved.

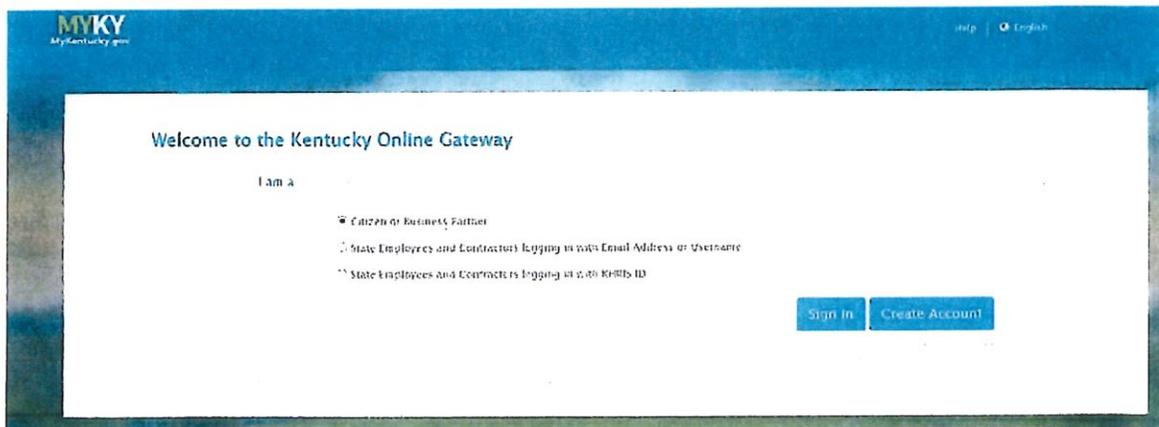


<https://owensboro.cmgconnect.org/>

04/29/2020

KOG Onboarding for CAN Check Requests

Open your browser and enter the following URL <https://ssointernal.chfs.ky.gov>.



Select **Citizen or Business Partner**. Click on **Create Account** button.

Please complete your Kentucky Online Gateway Profile

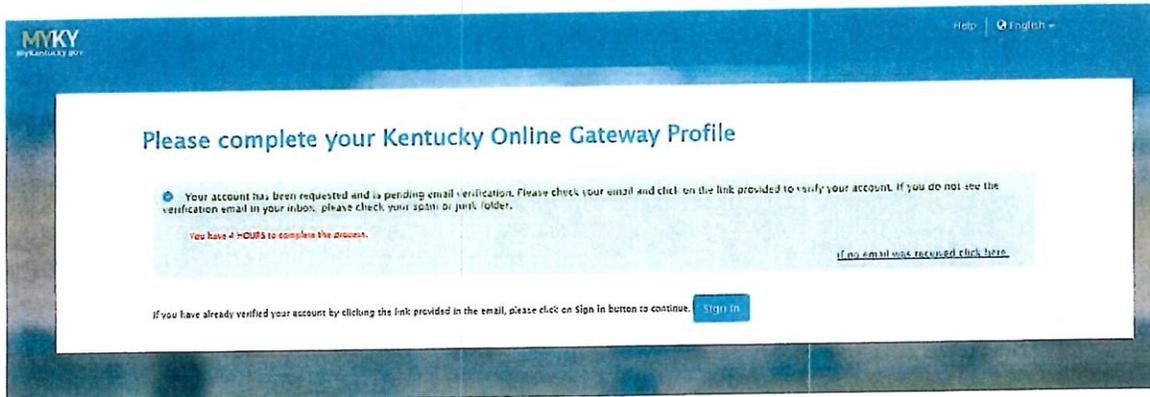
1 If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the **Cancel** button below to log into your account.

Please fill out the form below and click **Sign Up** when finished.
All fields with * are required.

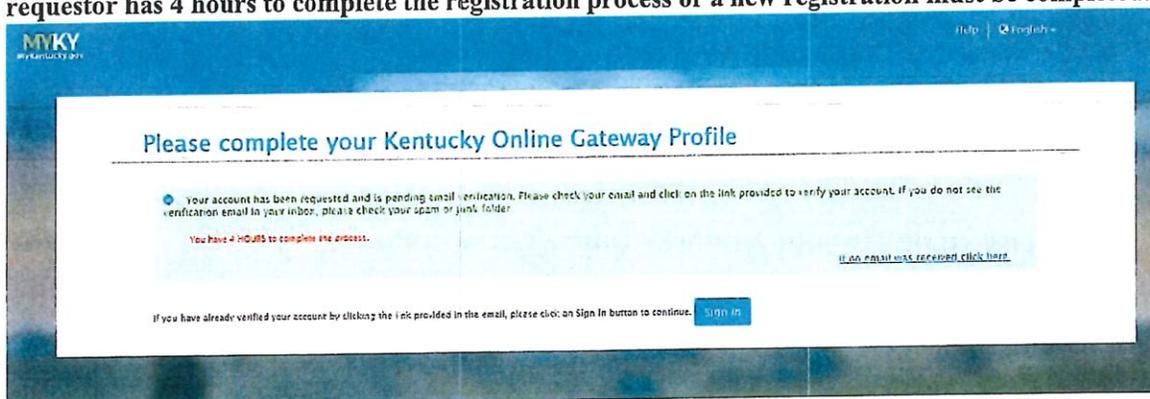
| | | |
|--|-------------|--------------------------------|
| * First Name | Middle Name | * Last Name |
| * E-Mail Address | | * Verify E-Mail Address |
| * Password | | * Verify Password |
| Mobile Phone | | Language Preference English |
| Street Address 1 | | Street Address 2 |
| City | | State Kentucky |
| Question In what city were you born? (Enter full name of city only) | | Zip Code |
| Question What was the name of your first pet? | | * Answer |
| | | * Answer |

Cancel **Sign Up**

Enter the required information on the displayed screen and click the **Sign Up** button to complete your KOG Profile. **NOTE: The provided E-Mail address will be used for the account username.**



A success message is displayed if required information was submitted. An E-Mail from KOG_DoNotReply@ky.gov is automatically sent to the E-Mail address provided. **NOTE: The requestor has 4 hours to complete the registration process or a new registration must be completed.**



Access your E-Mail account and click on the activation link in the **Account Verification E-Mail** to complete validation of the requested KOG profile.

This email is to help you complete the last step of account set-up.

Your Citizen account username [REDACTED]

Click on the below link now, to activate your account.

<https://kog.chf.ky.gov/public/verifylink?linkid=12408a1f-4cdd-4e0f-8332-67b8d11b781a3>

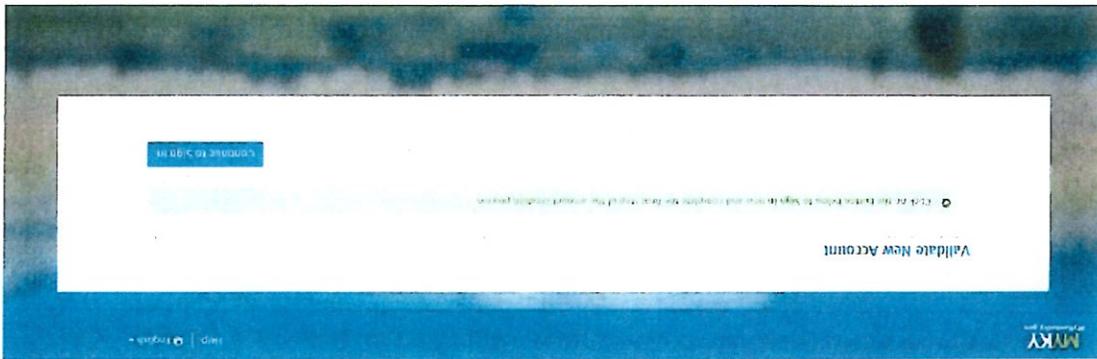
[Click here for Help Desk contact information](#)
Kentucky Online Gateway

NOTE: Do not reply to this email. This email account is only used to send messages.

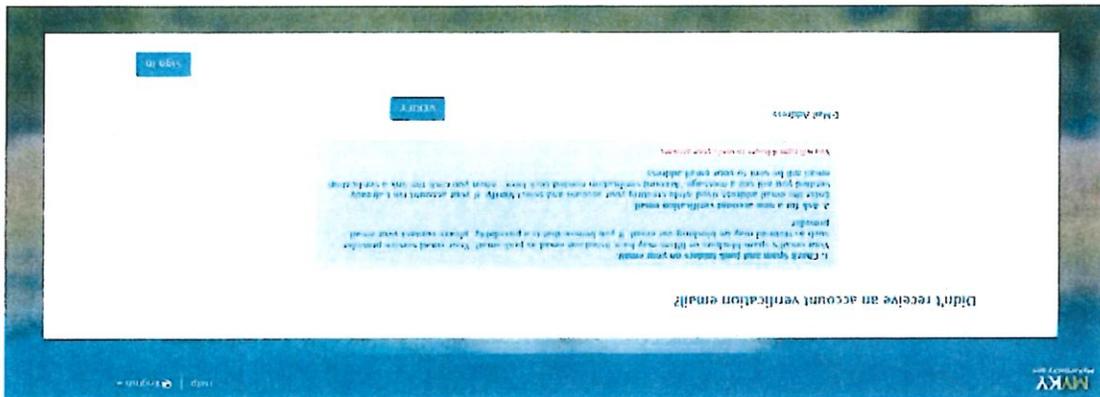
Privacy Notice: This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, tell, show, or send this information without permission. If you are not the person who was supposed to get this message, please destroy all copies.



User will be redirected to the **KOG External Gateway Log In** screen. (You may want to save the URL to your Favorites.) Enter your username and password and click **Sign In**.



Once the user clicks on the E-Mail activation link the requestor will be sent to the **Validate New Account** screen, where they will be prompted to **Continue to Sign In**.

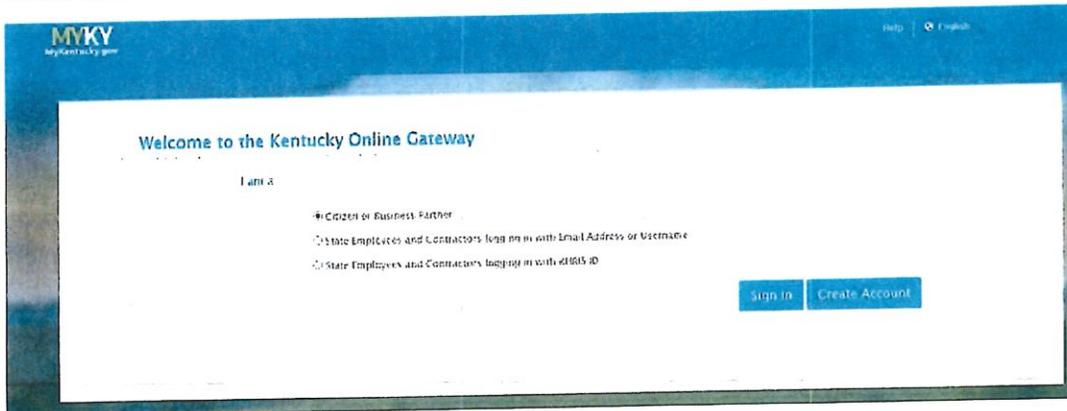


If an E-Mail is **not** received within 30 minutes, click on the **No E-Mail received** link. Enter the previously provided E-Mail address and click **Verify** to resend E-Mail.

CAN Check Request User Guide

Open your browser and enter the following URL <https://ssointernal.chfs.ky.gov>.

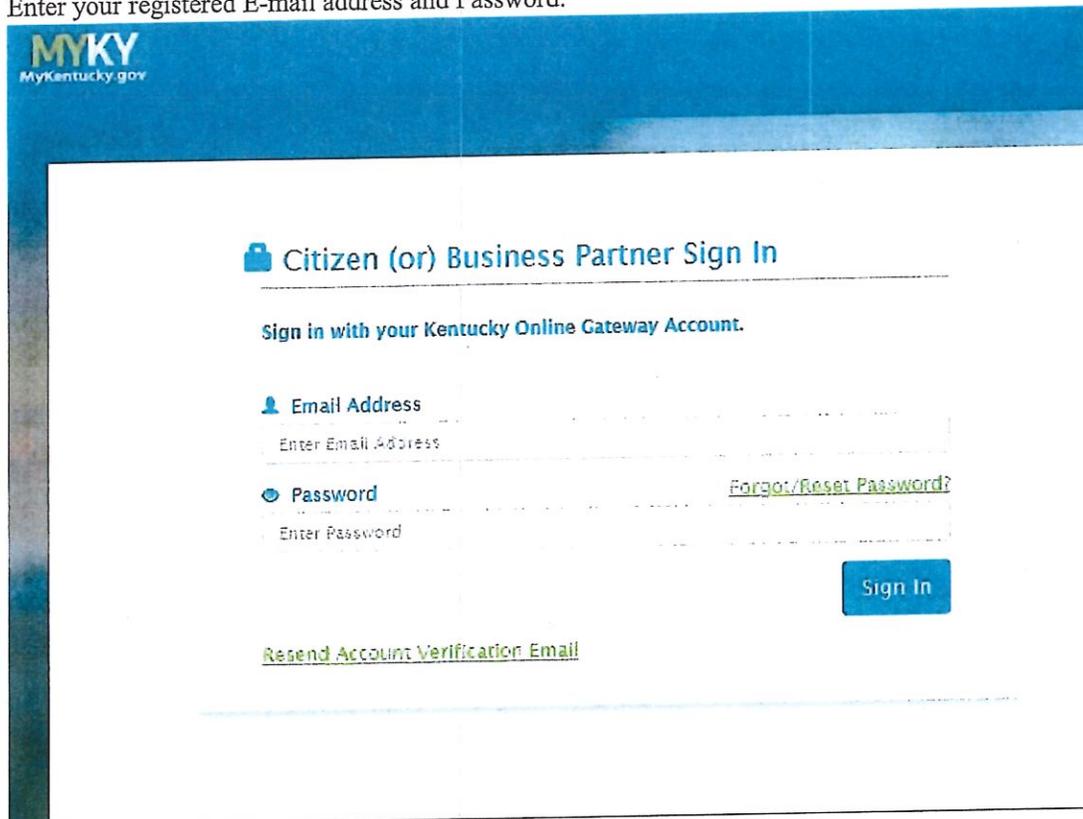
Select **Citizen or Business Partner** and Select **Sign In**



The screenshot shows the 'Welcome to the Kentucky Online Gateway' page. At the top left is the 'MYKY MyKentucky.gov' logo. At the top right are 'Help' and 'English' links. The main content area has the heading 'Welcome to the Kentucky Online Gateway' and a sub-heading 'I am a'. Below this are three radio button options: 'Citizen or Business Partner' (which is selected), 'State Employees and Contractors login in with Email Address or Username', and 'State Employees and Contractors login in with eBRIS ID'. At the bottom right of the form area are two buttons: 'Sign In' and 'Create Account'.

Refer to the **KOG Onboarding for CAN Check Requests Guide** if you do not have a Kentucky Online Gateway account.

Enter your registered E-mail address and Password.



The screenshot shows the 'Citizen (or) Business Partner Sign In' page. At the top left is the 'MYKY MyKentucky.gov' logo. The main heading is 'Citizen (or) Business Partner Sign In'. Below the heading is the instruction 'Sign in with your Kentucky Online Gateway Account.' There are two input fields: 'Email Address' with the placeholder text 'Enter Email Address' and 'Password' with the placeholder text 'Enter Password'. To the right of the password field is a link that says 'Forgot/Reset Password?'. At the bottom right of the form area is a blue 'Sign In' button. At the bottom left of the form area is a link that says 'Resend Account Verification Email'.

Select the letter "C" from the alphabet list and select **CAN Payment and Verification (Child Abuse and Neglect)** from the application list and click **Launch**.



The **CAN Payment and Verification** Home screen will be displayed. Please note that this application currently only supports the follow browsers: Internet Explorer (not Edge), Chrome or Mozilla. Mobile phone support currently is not available.



Please use Internet Explorer, Chrome or Mozilla to access this application.

Welcome

To begin a new request, select the **Form** menu item located in the upper left hand corner.
To check the status of a previously submitted request, select **My Dashboard** in the upper left hand corner.
Refunds cannot be issued if you submit the wrong form or if your supporting document is not clearly recognizable. For questions regarding the correct form, see contact section below.

Contact

For questions on how to submit a request in the CAN Payment and Verification database, please contact Records Management at 502-564-3834 for Central Registry Check (DPP 156) related issues or the Division of Childcare at 502-564-2524 Option 1 for Child Care Central Registry Check (DCC 374) related issues. If you are unable to access the database or receive an error message, please contact the help desk at 877-545-6175.

To submit a CAN request, select the desired request type from the **Form** dropdown. Select **Child Care Central Registry Check (DCC-374)** for child care checks or **Central Registry Check (DPP-156)** for central registry checks.

Kentucky.gov **CAN Payment and Verification** Welcome - candev.citizen@externalide.idcc.state.ky.gov

Home My Dashboard **Form**▼

Please use Internet Explorer **Child Care Central Registry Check (DCC-374)**

Central Registry Check (DPP-156)

Welcome

To begin a new request, select the Form menu item located in the upper left hand corner.
To check the status of a previously submitted request, select My Dashboard in the upper left hand corner.
Refunds cannot be issued if you submit the wrong form or if your supporting document is not clearly recognizable. For questions regarding the correct form, see contact section below.

Contact

For questions on how to submit a request in the CAN Payment and Verification database, please contact Records Management at 502-564-3834 for Central Registry Check (DPP 156) related issues or the Division of Childcare at 502-564-2524 Option 1 for Child Care Central Registry Check (DCC 374) related issues. If you are unable to access the database or receive an error message, please contact the help desk at 877-545-6175.

For either **Child Care** or **Central Registry** checks, select the type of check that applies. If none are applicable, specify a description in other.

CHILD CARE CENTRAL REGISTRY CHECK

* STATE AND/OR FEDERAL LAW REQUIRES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR SERVICE AS A CHILD CARE/DAY CARE STAFF MEMBER FOR THE FOLLOWING:

- A Licensed Child-Care Center Employee, Volunteer, or Adult Household Member (922 KAR 2:090)
- A Certified Family Child-Care Home Employee, Volunteer, or Adult Household Member (922 KAR 2:100)
- A Registered Child Care Provider Applicant or Adult Household Member (922 KAR 2:180)
- Private Child Care Employee (KRS 199.466)
- Out of State Child Care Employee (42 U.S.C. 9850f, 45 C.F.R. 98.43)

Other
(If none of the above category is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

.....

CENTRAL REGISTRY CHECK

* FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.390)
- Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)
- Michelle P. Waiver (Required by 907 KAR 12:010)
- Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- Children's Advocacy Center (Required by 922 KAR 1:580)
- Court Appointed Special Advocate(CASA) (Required by KRS 620.515)
- Personal Care Attendant (Required by 910 KAR 1:090)

(If none of the above category is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

All **Personal Information** fields are required. If either **Middle Name** or **Maiden/Nick Name/Other** is not applicable enter N/A.

Personal Information

Personal information regarding the individual submitting to a child abuse or neglect check

* First Name

Ex: John

* Last Name

Ex: Smith

* Middle Name

Ex: Jones

* Maiden/Nick Name/Other

Ex: Davis

* Sex

-- Please select a Sex --

* Race

-- Please select a Race --

* Date of Birth

MM/DD/YYYY

* Social Security/Individual Taxpayer Identification #

99-99-9999

* Date of Initial Hire

MM/DD/YYYY

All Current Address fields are required except Address Line 2.

Current Address

| | | | |
|---|--|--|--|
| *Address Line 1 Ex: 123 Main St | | Address Line 2 Ex: Apt 10 Or Suite 200 | |
| *City Ex: Frankfurt | *State -- Please select a State -- | *ZipCode Ex: 12345 | |

*Living at the current address longer than 5 Years? Yes No

To authorize the Cabinet for Health and Family Services to share results with an employer or agency, check the checkbox.

Employer / Agency Information

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency

The following will be displayed. Complete the required fields.

Employer / Agency Information

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency

Name
Employer / Agency Name goes here... Diocese of Owensboro SFS

| | | | |
|--|---|--|--|
| Address Line 1 Ex: 123 Main St | | Address Line 2 Ex: Apt 10 Or Suite 200 | |
| City Ex: Frankfurt | State -- Please select a State -- | ZipCode Ex: 12345 | |

600 Locust St. Owensboro KY 42301

Email: hannah.white@pastoral.org

At least one form of supporting documentation from the following list is required: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID. The document file type should be one of the following: .JPEG, .PNG, .BMP and .PDF. Please ensure that the document image is clearly recognizable. Employers and agencies who are submitting CAN checks must submit a signed, applicable central registry document (DPP-156 or DCC-374) for each request.

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID. Approved file types: .JPEG, .PNG, .BMP or .PDF. Please ensure that the supporting document image is clearly recognizable.

*** Document Description**

Please enter supporting document name

[Go To Dashboard](#)

Enter a document name and then press **Browse** to search for the document on your computer. After selecting the document, press **Upload** to add the document to the request.

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID. Approved file types: .JPEG, .PNG, .BMP or .PDF. Please ensure that the supporting document image is clearly recognizable.

*** Document Description**

driver's license

[Go To Dashboard](#)

A document can be viewed or deleted after it is uploaded by selecting **View** or **Delete**. Up to 5 documents can be added for each individual.

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID. Approved file types: .JPEG, .PNG, .BMP or .PDF. Please ensure that the supporting document image is clearly recognizable.

* Document Description

Please enter supporting document name

Browse...

Upload

| Document Desc | View | Delete |
|-----------------|------|--------|
| drivers license | View | Delete |

Save And Add Applicant Save Submit

[Go To Dashboard](#)

After uploading the required document(s), press:

- **Save And Add Applicant** – to save the current request and add a request for another individual (up to 10 CAN checks can be processed in one submission).
- **Save** – to save the current request to submit later (the request will be displayed in the dashboard to view or edit).
- **Submit** – to save the request and proceed to payment.

A confirmation screen will prompt you to either cancel or continue to submit.

Confirm Submit

There are 1 application(s) in this submission. Please verify provided information is correct and that any scanned documentation type is legible. No refunds shall be issued for submitted CAN check requests.

If you agree, Please click "Submit" to continue otherwise click "Cancel"

Cancel Submit

Two options will appear for payment: **Agency Payment Code** and **Pay by Credit/Debit Card**. To pay by credit card, press **Proceed to E-Sign**.

Customer

If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue

Do you have Agency Payment Code? Agency Payment Code Pay by Credit/Debit Card

[Proceed to E-Sign](#)

For agencies utilizing a payment processing code, select **Agency Payment Code**, the **Customer Type** from the drop down and enter the assigned **Agency Payment Code** for your organization. Then press **Proceed to E-Sign**.

Customer

If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue

Do you have Agency Payment Code? Agency Payment Code Pay by Credit/Debit Card

Select customer type -- Please Select Customer Type --

Agency Payment Code
Please enter coupon code here

[Proceed to E-Sign](#)

Payment Processing for an Individuals (Non-Agency Requests)

The **E-Signature** screen appears before payment. To edit or upload your submission prior to payment, return to the dashboard by pressing **Go To Dashboard**, otherwise press **Sign & Pay** to continue.

E-Signature

Please ensure that the applicable, signed central registry document (DPP-156 Central Registry Check or DCC-374 Child Care Central Registry) is uploaded for each background check. Refunds will not be issued for incorrect submissions. Please verify that all information is correct and that the correct documentation is uploaded before submitting – requests cannot be edited after submission. To upload documents prior to payment, return to the dashboard by clicking Go To Dashboard, Edit the saved request, scroll down to View/Upload Documents and upload the document

| | |
|----------------|----------------------|
| Signature | Date and Time |
| candev citizen | 1/23/2020 8:39:54 AM |

[Go To Dashboard](#)

[Sign & Pay](#)

Enter your credit card/debit card information on the **Select Payment Type** screen (there is a fee of \$10 per CAN check). All fields are required except **Address Line 2** and **Email Address**. Select **Next** to continue to payment overview.

CHFS Child Abuse & Neglect (CAN) Checks

Select Payment Type



CREDIT CARD

Card Details

Card Number (required) Expiration Date (required) Security Code (required)

No spaces or dashes, please. [Help](#)

01 ▾ 2020 ▾

01 ▾






Cardholder Details

Name (required) **Country** (required)

United States ▾

Address Line 1 (required) **Address Line 2**

City (required) **State** (required) **Zip Code** (required)

KY ▾

Summary

| | |
|---------------------|----------------|
| CAN Application Fee | \$10.00 |
| Item Price: \$10.00 | |
| Quantity: 1 | |
| Sub Total | \$10.00 |
| Total | \$10.00 |

Email Address

Please enter your email address to receive a copy of your receipt via email.

NEXT

Select **Pay Now** if all details are correct to finalize payment.

CHFS Child Abuse & Neglect (CAN) Checks

| | |
|---|--|
| Visa Card Details EDIT | Summary ^ |
| Card Number *****1111 Expiration Date 6/2020 | CAN Application Fee \$10.00 Item Price: \$10.00 Quantity: 1 |
| Cardholder Details EDIT | Sub Total \$10.00 |
| John Doe 1234 Main Street Frankfort, KY 40601 United States | Total \$10.00 |

[PAY NOW](#)

[Cancel and return to CHFS Child Abuse & Neglect \(CAN\) Checks](#)
[Log in to pay with your Kentucky.gov eWallet!](#)

[Policies](#) [Security](#) [Disclaimer](#) [Accessibility](#)


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[Kentucky.gov](#)

After successful payment, a CAN check request receipt is displayed with a confirmation number and can be printed or emailed. To return to the dashboard, press **Complete Payment And Return To CAN**.

CHFS Child Abuse & Neglect (CAN) Checks

Thank you for your payment!

Your transaction has been submitted! Please print or e-mail a copy of this receipt for your records.

[PRINT](#) [EMAIL](#)

| | | |
|---|--|---|
| Summary | Confirmation Number 49574426 | Account Holder Details |
| Payment Made: 01/23/2020 09:11 AM EST Payment Method: Visa Credit Ending With 1111 | | john doe 123 main street frankfort KY 40601 |

| | | | |
|---------------------|--------------|-----------------|-----------------------|
| Cart Items | | | |
| Description | Price | Quantity | Extended Total |
| CAN Application Fee | \$10.00 | 1 | \$10.00 |
| Total | | | \$10.00 |

[COMPLETE PAYMENT AND RETURN TO CAN](#)

A confirmation screen will appear and an email will be sent to the address on file. To return to the dashboard, press **Go To Dashboard**. The status of your request will update to **Submit**. Please allow up to 30 days for processing. When your results have been completed, you will receive a confirmation email at the address on file and can return to the dashboard to view or print the results. Proceed to requestor dashboard section below.

CHES Child Abuse & Neglect (CAN) Checks

Thank you for your payment! Your payment is confirmed

[Print](#)

Confirmation Number 49636080

Payment Made: 1/24/2020 2:52:11 PM
Payment Method: Visa Credit Ending With 1111

Account Holder Details
John Doe
1234 Main Street
Frankfort KY 40601

Cart Items

| Description | Price | Quantity | Extended Total |
|---------------------|---------|----------|----------------|
| CAN Application Fee | \$10.00 | 1 | \$10.00 |

Your application(s) have been submitted for review. Below are the case numbers for reference

Cart Items

| # | Case Number | First Name | Last Name |
|---|-----------------|------------|-----------|
| 1 | CHRS20200000013 | Jonathan | Vandiver |

A confirmation of payment notification has been sent to your provided E-Mail address.

[Go to Dashboard](#)

Payment Processing for Agencies

The following **E-Signature** screen appears prior to payment. Please ensure that the signed and applicable registry check document has been uploaded for each request. To return to the dashboard, press **Go To Dashboard**, otherwise press **Sign & Pay** to continue.

E-Signature

Please ensure that the applicable, signed central registry document (DPR-156 Central Registry Check or DCC-374 Child Care Central Registry) is uploaded for each background check. Refunds will not be issued for incorrect submissions. Please verify that all information is correct and that the correct documentation is uploaded before submitting – requests cannot be edited after submission. To upload documents prior to payment, return to the dashboard by clicking [Go To Dashboard](#), [Edit the saved request](#), scroll down to [View/Upload Documents](#) and upload the document.

[Sign & Pay](#)

[Go To Dashboard](#)

W-2s? Check.
1099s? Check.
Checkstubs? Check(s).

Access your personal pay information and more with Paycor.
Complete the steps below to securely register at paycor.com.

Prepare to register.

You'll need the following items to register.

1. An email address (you will receive a verification code to this address to complete your registration).
2. A web browser (find a full list here: www.paycor.com/system-requirements).
3. Adobe Reader (you can download and install for free here: get.adobe.com/reader).

Start your registration.

Visit <https://enterprise.paycor.com/Accounts/UserRegistration/Register> to get started.

Your access code
is

69269

Tell us who you are.

You'll need to enter a few pieces of personal information so we can verify your identity.

1. Enter your last name and access code (look to your left).
2. You may also need to enter your social security number and birth date.

Create your account.

If you have previously created other paycor.com accounts, you can merge this account's access code by signing in when prompted, bypassing the steps below. Otherwise, create a new account by choosing a user name and password you'll be able to recall later.

1. Enter a user name, password and email address that you'll use for signing in.

Complete your registration.

You will receive an email containing a verification code to the email address you entered.

1. Enter the verification code when prompted to complete your registration.
2. Select and answer a few security questions that can be used if you forget your user name or password.

KY ONE Training

Go to the link below and complete the KY ONE Training:

<https://360.articulate.com/review/content/82173b3f-0213-4d56-baf7-e1c92b067713/review>

Turn in hours and certificate once completed.