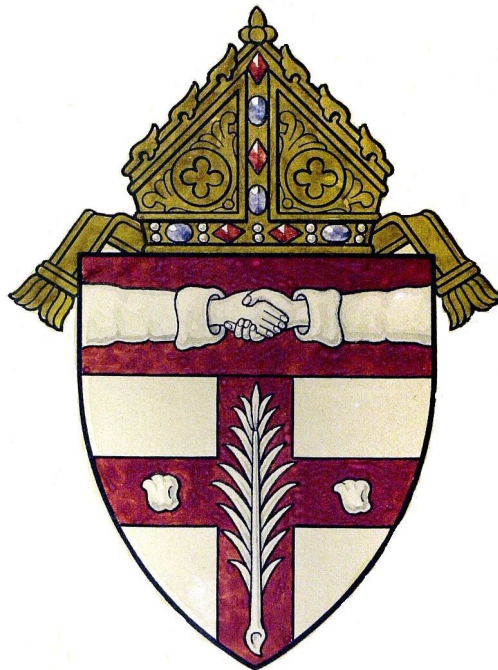


Diocese of Owensboro

New Hire Packet



2021/2022

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:

**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: _____
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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 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

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

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status 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, gender, 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, gender, 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

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

2022

▶ **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.**

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 widow(er) <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.)		

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, when to use the estimator at www.irs.gov/W4App, and privacy.

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 most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and 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.

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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 2022 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.

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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2022 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
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 possessions 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 Widow(er)

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

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.

Christian Brothers Employee Retirement Plan Beneficiary Designation Form

Please print or type all information and return to:

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

SECTION A - EMPLOYEE INFORMATION

Last Name	First Name	Middle Initial
Street Address: Check if new	City/State:	Zip Code:
Soc. Sec. No.:	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:		

SECTION C - NOT MARRIED

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)

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.

Employee Signature: _____ **Date Signed:** _____

Signed In the Presence Of (witness): _____

WITNESS SHOULD NOT 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: _____ (check if new)		
City/State: _____		Zip Code: _____
Soc. Sec. No.: _____	Date of Birth: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Marital Status: (Check One) Single Married Widowed Divorced	Spouse's Name : _____ Spouse's DOB: _____ Spouse's SS#: _____	

Section 2 - New Employee Eligibility

Date of Hire: _____	Part-Time _____ (Check one)	Full-Time _____
Probationary Period: ___ Yes ___ No If Yes # of months: 1 3 6 9 1 yr (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) _____ / _____ / (mo) (day) (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



Diocese of Owensboro Flexible Spending Account Enrollment Form

Plan Year - January 1, 2022 to December 31, 2022
Number of Pay Periods per Year: ____

Please Print

Employee Name – Last, First, Middle Initial	Location Name/Number
Home Address	
City/State/Zip Code	Social Security Number

FSA Health Care Contributions

I elect to participate in the Flexible Spending Account plan for the upcoming plan period. I understand that I can contribute to my Health Care FSA Account each plan year. I want the following amounts to be taken from my salary:

Medical Expense Flexible Spending Account (Medical FSA) Max - \$2000	\$ Per Pay Period Amount (Divide total contribution by the # of pay periods.)

Health Care – Automatic Reimbursement

I certify that expenses reimbursed through my FSA will be incurred by me (and/or my spouse and/or my eligible dependents) and will not be reimbursed by another plan. I (or we) will not use the expenses reimbursed through the FSA program as deductions or credits when filing my (our) individual income tax return.

Approval

I understand that my contributions to each account can only be used to reimburse eligible expenses under each account and that I forfeit any funds remaining in my account at the end of the plan period.

I understand that this election form, for both the FSA categories as well as my eligible group insurance premiums, cannot be revoked or changed during the plan year, unless there is a qualifying change in status (e.g. marriage, divorce, death of a spouse/child, birth or adoption of a child, or termination of employment - see plan documents) which justifies the revocation or change.. My Social Security benefits may be reduced since Social Security taxes are not paid on my contributions. I authorize payroll reductions as contributions to my health care accounts as indicated above. For members who end their employment, paper claims must be submitted to Anthem within 90 days of employment ending to receive reimbursement.

Employee Authorization: _____

Date: _____

Diocese of Owensboro

Benefit Information



DIOCESE OF OWENSBORO
EMPLOYEE BENEFIT PLAN PREMIUM RATES
MONTHLY RATES EFFECTIVE SEPTEMBER 1, 2021 to AUGUST 31, 2022

Medical- Anthem

	\$500 Deductible	\$2,000 Deductible
Single coverage	Monthly Rates	Monthly Rates
Total Premium	810.00	595.00
EmployER pays	430.00	430.00
EmployEE pays	220.00	90.00
Benefit PLAN pays	160.00	75.00
Employee & Family		
Total Premium	1,630.00	1,180.00
EmployER pays	430.00	430.00
EmployEE pays	610.00	375.00
Benefit PLAN pays	590.00	375.00

Vision- Blue View

	Monthly Rates
Employee	\$7.57
Employee + Spouse	\$13.24
Employee + Children	\$14.37
Family	\$21.94

Short Term Disability- Unum

Age	Rate/\$10 of wkly benefits
<25	\$0.812
25-29	\$1.070
30-34	\$0.979
35-39	\$0.738
40-44	\$0.643
45-49	\$0.659
50-54	\$0.750
55-59	\$0.946
60-64	\$1.133
65+	\$1.370
Voluntary Life Rates	See UNUM Life Insurance Enrollment Form for rates

Anthem Critical Care Rates – Standard \$10,000 Plan – Monthly Premiums

Age Attained	EE Only	EE+SP	EE+CH	EE+FM
18-24	\$3.70	\$6.08	\$6.52	\$9.36
25-29	\$4.53	\$7.35	\$7.35	\$10.62
30-34	\$5.09	\$8.21	\$7.90	\$11.49
35-39	\$6.42	\$10.21	\$9.23	\$13.49
40-44	\$8.59	\$13.56	\$11.40	\$16.84
45-49	\$12.59	\$19.77	\$15.40	\$23.05
50-54	\$17.35	\$27.18	\$20.16	\$30.46
55-59	\$23.98	\$37.56	\$26.79	\$40.84
60-64	\$33.80	\$52.82	\$36.61	\$56.09
65-69	\$45.51	\$70.77	\$48.33	\$74.05
70-74	\$61.37	\$95.10	\$64.18	\$98.38
75-79	\$83.45	\$128.56	\$86.26	\$131.84
80-84	\$99.19	\$152.36	\$102.00	\$155.64

UNUM Life Insurance Rates- Monthly

Age	Employee Rate per \$10,000	Spouse Rate per \$5,000
<25	\$.23	\$.25
25-29	\$.27	\$.30
30-34	\$.37	\$.40
35-39	\$.57	\$.46
40-44	\$.84	\$.64
45-49	\$1.34	\$1.00
50-54	\$2.08	\$1.58
55-59	\$3.14	\$2.46
60-64	\$4.69	\$4.33
65-69	\$7.90	\$7.66
70-74	\$14.04	\$13.57
75+	\$20.58	\$26.23
Child life monthly rate is \$.51 per \$2,000	One life premium covers all children	



DIOCESE OF OWENSBORO

EMPLOYEE BENEFIT PLAN 2021 - 2022

Welcome to the Diocese of Owensboro. This booklet contains a brief summary of your benefits. For more information on plan documents, forms and schedule of benefits please visit the Diocese of Owensboro Human Resource web page.

The Diocese of Owensboro maintains an update benefit website detailing the benefit information. The webpage address is: <https://owensborodiocese.org/human-resources/>

Benefit Eligibility:

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

A full-time employee is eligible for Medical/Dental/Prescription coverage, Long Term Disability, Life Insurance, AD&D, voluntary life, Short-term disability, Voluntary vision benefits, FSA 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 this Open Enrollment Period you may enroll in the Anthem Health/Dental/Caremark Prescription coverage, FSA account, the voluntary life, voluntary short-term disability, Critical Care and voluntary vision coverage. You must enroll during the first 31 days of your employment to receive these benefits. If you chose to not 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.*

Changes to the Health Coverage can be made throughout the year if preceded by a Qualifying Event.

The following events "qualify" for a change in coverage:

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

Medical Insurance Benefit

<i>Network – Anthem Blue Cross Blue Shield</i>	<i>Effective Date of Eligibility</i>	<i>Medical Insurance – Cost and Benefits of Plan 2021/2022</i>			
 <p><i>Effective Date</i>– <i>1st day of month following the active date of hire.</i></p> <p><i>Eligibility</i>- <i>Full time scheduled to work at least 20 hours or more per week.</i></p> <p><i>You must enroll in the first 31 days of active employment or you cannot enroll until open enrollment unless you have a qualifying event.</i></p> <p><i>(Employees will receive an Anthem insurance card for health and dental coverage)</i></p> <p>Premiums shown to the right include costs for medical, dental and prescription coverage.</p>	<p><i>Single Coverage</i></p> <p><i>Total Monthly Premium</i></p> <p><i>EmployER pays</i></p> <p><i>EmployEE pays</i></p> <p><i>Benefit Subsidy</i></p> <hr/> <p><i>Employee & Family</i></p> <p><i>Total Monthly Premium</i></p> <p><i>EmployER pays</i></p> <p><i>EmployEE pays</i></p> <p><i>Benefit Subsidy</i></p>	<p>\$500 deductible</p>	<p>\$2,000 deductible</p>		
		<p>\$810.00</p>	<p>\$595.00</p>		
		<p>\$430.00</p>	<p>\$430.00</p>		
		<p>\$220.00</p>	<p>\$90.00</p>		
		<p>\$160.00</p>	<p>\$75.00</p>		
		<p>\$500 deductible</p>	<p>\$2,000 deductible</p>		
		<p>\$1,630.00</p>	<p>\$1,180.00</p>		
		<p>\$430.00</p>	<p>\$430.00</p>		
		<p>\$610.00</p>	<p>\$375.00</p>		
		<p>\$590.00</p>	<p>\$375.00</p>		
		<p>Medical, dental and prescription benefits cease on the last day of the month in which termination occurs. However employees who leave employment with the Diocese may be eligible for continued medical, prescription and dental benefits under the Self-Pay Benefit Privilege. Deductibles run from January thru December. Urgent Care Visits are \$0 copay and telehealth visits are a \$15.00 copay under the \$500 plan.</p>			
		<p><i>Both the \$500 and \$2,000 deductible plans include one wellness visit at no cost for all members.</i></p>			

Dental Insurance

Network – Anthem Blue Cross Blue Shield



Effective Date–
*1st day of month
following the
active date of
hire.*

Eligibility– *Full
time_scheduled
to work at least
20 hours or
more per week.*

***Premium costs for the dental coverage are
included in the health care costs shown
above.***

Benefit
*The dental plan allows for 2 cleanings and
checkups per year covered at 100% up to the
maximum allowed, The coverage on all other
procedures depend on the type of procedure
and what will be covered. Refer to the Anthem
plan booklet for more information. **It does
include an Orthodontic rider of 50% up to
the Lifetime maximum of \$2,000.** The dental
deductible is a separate and additional
deductible from the medical deductible.*

Deductible
\$50 Per Member, \$150 per Family

Annual Max per Person
\$1,000 In Network and \$1,000 Out of Network

Prescription Plan – Network Caremark/CVS 2021-2022

<u>Deductible Plan</u>	<u>\$500 Deductible Retail Pharmacy</u>	<u>\$500 Deductible Mail Service Pharmacy</u>
Employee will Pay	\$10 – generic med \$20 – brand name med \$40 – brand name med not on drug list	\$20 – generic med \$40 – brand name med \$80 – brand name med not on drug list
Day Supply Limit	Up to a 30 day supply	Up to a 90 day supply
Refill limit	The original fill plus two refills will be regular retail copay. Any subsequent refills will be double the retail copay.	None
Deductible	Co-pays do not apply towards the \$500 deductible	Co-pays do not apply towards the \$500 deductible



RX Card – Employees will receive a Caremark/CVS RX card to be used for prescriptions which is a separate card from the Anthem Health Insurance Card. Employee's Policy Number for the Caremark card is their social security number.

Employees are encouraged to use the Caremark/CVS prescription mail order plan for all *maintenance medications* OR use the CVS Maintenance Choice Program where employees can get their maintenance medicines through a local CVS pharmacy.

Vaccinations can be administered at Caremark in-network pharmacies with no-co pay to the member, spouse or dependent enrolled in the health plan.





<u>Deductible Plan</u>	<u>\$2000 Deductible Retail Pharmacy</u>	<u>\$2000 Deductible Mail Service Pharmacy</u>
Employee will Pay	\$15 – generic med \$25 – brand name med \$45 – brand name med not on drug list	\$30 – generic med \$50 – brand name med \$90 – brand name med not on drug list
Day Supply Limit	Up to a 30 day supply	Up to a 90 day supply
Refill limit	The original fill plus two refills will be regular retail copay. Any subsequent refills will be double the retail copay.	None
Deductible	Co-pays do not apply towards the \$2000 deductible	Co-pays do not apply towards the \$2000 deductible



Diocesan Retirement Benefits

<p><u>Defined Benefit Retirement Plan</u></p> <p><i>Christian Brothers</i></p> 	<p><u>Effective Date</u> – <i>1st day of active employment</i></p> <p><u>Eligibility</u> – <i>Full time, scheduled to work at least 20 hours or more per week.</i></p>	<p><u>Employer Contribution</u> – <i>The Employer contributes 7.8% 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.</i></p> <p><u>Vesting</u> – <i>The vesting period is 4 years and 9 months.</i></p> <p><u>Statements</u> – <i>Annually in the fall, employees will receive a copy of their statement of retirement benefits.</i></p>
<p><u>403 (B) Pre Tax Savings Plan</u></p> <p><i>Christian Brothers</i></p> 	<p><u>Effective Date</u> – <i>1st day of active employment</i></p> <p><u>Eligibility</u> – <i>Full time, scheduled to work at least 20 hours or more per week.</i></p>	<p><u>Employee Contribution</u> – <i>The Employee can save up to the IRS imposed 403 (B) limits. The limit for 2021 is \$19,500 and for 2022 is \$20,500. Anyone over the age of 50 can make a catch-up contribution of contribution of \$6,500 in 2021 and 2022.</i></p> <p><i>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 Vanguard and employees direct their investments.</i></p>

**Copies of the Summary Plan Description Booklets for the Diocese’s benefits are located are the Diocese of Owensboro’s website. You may contact the Diocese’s HR Department with questions @ 270-683-1545.*

Other Diocesan Benefits

<p><u>Accidental Death and Dismemberment Insurance</u></p> <p><u>Mutual of Omaha</u></p> 	<p><u>Effective Date</u> – 1st day of month following the active date of hire.</p> <p><u>Eligibility</u> – Full time, scheduled to work at least 20 hours or more per week.</p>	<p><u>Premium Amount</u> - Premium paid by employer, no cost to the employee. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese.</p> <p><u>Benefit Amount</u> - The Principle Sum is equal to one and half times your annual earnings. The Principal Sum is reduced by 35% at age 65 and reduced by 50% at age 70.</p>
<p><u>Group Term Life Insurance</u></p> <p><u>UNUM</u></p> 	<p><u>Effective Date</u> – 1st day of month following the active date of hire.</p> <p><u>Eligibility</u> – Full time, scheduled to work at least 20 hours or more per week.</p>	<p><u>Premium Amount</u> - <u>Premium paid by employer</u>, no cost to the employee. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese but there are convertible and portable options available.</p> <p><u>Benefit Amount</u> – The survivor benefit is 150% of an employee’s annual salary. For example - \$10,000 annual salary, the benefit would be \$15,000. The Principal Sum is reduced by 35% at age 65 and reduced by 50% at age 70.</p>
<p><u>Long Term Disability Plan</u></p> <p><u>UNUM</u></p> 	<p><u>Effective Date</u> – 1st day of month following the active date of hire.</p> <p><u>Eligibility</u> – Full time, scheduled to work at least 20 hours or more per week.</p>	<p><u>Premium Amount</u> - <u>Premium paid by employer</u>, no cost to the employee. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese.</p> <p><u>Benefit Amount</u> – Pays 60% of monthly earnings with a waiting period of 90 days.</p>
<p><u>Blue View Vision - Employee Voluntary Plan</u></p> <p>Anthem</p> 	<p><u>Effective Date</u>– 1st day of month following the active date of hire.</p> <p><u>Eligibility</u>– Full time, scheduled to work at least 20 hours or more per week.</p>	<p><u>Employee Contribution</u> - The <u>Blue View Vision Plan</u> is a voluntary employee paid Anthem vision plan. The options to enroll are: Employee, Employee + Spouse, Employee + Children and Family. The benefits include co-pay for a routine eye exam and allowances for eye glasses and contacts. You don’t have to be enrolled in the Anthem health plan to participate with the vision plan. Vision benefits cease on the last day of the month in which termination occurs.</p>

<p align="center"><u>UNUM Term Life Insurance - Employee Voluntary Plan</u></p> 	<p><u>Effective Date</u>– 1st day of month following the active date of hire.</p> <p><u>Eligibility</u>– Full time scheduled to work at least 20 hours or more per week.</p>	<p><u>Employee Contribution</u> – The UNUM Life Insurance is a voluntary term life insurance plan with premiums paid by the employee. Benefits can be obtained for the employee, employee’s spouse and employee’s dependents. There is a minimum and non-medical medical maximum benefit amount. At age 65, benefits reduce to 65% of the original amount of coverage; at age 70 benefits further reduce to 50% of the original amount. If an employee does not enroll at their initial eligibility time period they must complete a medical questionnaire for eligibility in the plan. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese but there are convertible and portable options available.</p>
<p align="center"><u>Blue Cross Flexible Spending Account (FSA) - Employee Voluntary Plan</u></p> 	<p><u>Effective Date</u>– 1st day of month following 90 days after the active date of hire.</p> <p><u>Eligibility</u>– Full time scheduled to work at least 20 hours or more per week.</p> <p><u>Open Enrollment</u>– Occurs annually November 1st – November 30th with coverage starting-Jan. 1st thru Dec.31st.</p>	<p><u>Employee Contribution</u> - Employee maximum contribution limit is \$2,000. This is all that can be contributed. Members can contribute to their own FSA even if spouse has one. Members contributing to the FSA do not need to be enrolled in the Diocesan medical plan. <u>Election Changes:</u> Federal regulations state that once you have made an election for a designated contribution amount, you cannot make changes during a plan year except for specific changes in status. The Diocesan Human Resources can provide a list of these changes. <u>Carryover Rules:</u> Members are allowed to carryover a maximum of \$500 to the next plan year. (January - December) This plan has a "use-it or lose-it" function.</p> <p>Employees, who leave employment with the Diocese, may submit FSA claims 90 days after termination for eligible expenses occurring prior to termination.</p>

*Copies of the Summary Plan Description Booklets for the Diocese’s benefits are located on the Diocese of Owensboro’s website. You may contact the Diocese’s HR Department with questions @ 270-683-1545.

UNUM Short Term Disability - Employee Voluntary Plan



Effective Date– 1st day of month following 90 days after the active date of hire.

Eligibility– Full time scheduled to work at least 20 hours or more per week.

Employee Contribution – *The UNUM Short Term Disability is a voluntary short term disability plan with premiums paid by the employee. Employees will receive gross earnings due to sickness or injury and is limited from performing the material and substantial duties of his or her regular occupation. The weekly benefit percentage is 60%, maximum weekly benefit of \$1,000, elimination period is 14 days and the duration is 11 weeks. A pre-existing condition is an illness or injury for which an employee received treatment within 3 months prior to the coverage effective date. Disabilities that occur during the first 12 months of coverage due to a pre-existing condition are excluded from benefits.*

Age	Rate/\$10 of wkly benefits
<25	\$0.812
25-29	\$1.070
30-34	\$0.979
35-39	\$0.738
40-44	\$0.643
45-49	\$0.659
50-54	\$0.750
55-59	\$0.946
60-64	\$1.133
65+	\$1.370

Anthem Critical Care Insurance - Employee Voluntary Plan



Effective Date– 1st day of month following 90 days after the active date of hire.

Eligibility– Full time scheduled to work at least 20 hours or more per week.

Employee Contribution – *The Anthem Critical Care Plan is a voluntary plan with premiums paid by the employee. Critical Care insurance provides lump sum benefits when specific illnesses are diagnosed including invasive cancer, heart attacks and strokes.*

**Diocese- Wellness
Benefits**



Eligibility–
*Participants
enrolled in the
health plan.*

Anthem - New for the 2021/22 plan year the Diocese is taking a step toward better health for employees by enrolling in a “**Stay Healthy**” program sponsored by Anthem. **Employees enrolled in the single health plan and employees and their spouse enrolled in the family health plan** can earn **\$50.00** for their preventive wellness exam billed by their medical provider to Anthem. Our hope is to keep employees healthy for the long-term.

Both the \$500 and \$2,000 deductible plans include one wellness visit at no cost for all members.

Caremark - In conjunction with Caremark the Diocese has also started offering the “**Next Generation Transform Diabetes Care**” program to all health care participants. Caremark will help members customize a care plan to help manage their diabetes. This program includes a customized plan of blood glucose monitoring, medication review to help make sure plan members are taking the right medications and help with lifestyle changes and managing comorbidities.

Diocese of Owensboro

Online Enrollment using Employee Navigator - Employee Fact Sheet

Access Employee Navigator online as follows:

- For CURRENT employees:
 - Go to Employee Navigator - <http://bas.employeenavigator.com/>
 - Type your username and password if registered from last year and select “login”.
 - Select “Reset a forgotten password” if you have forgotten your password from last year.
 - Select “Register as New User” at the bottom if you are not registered in Employee Navigator.
 - Complete the fields with the following information:
 - First Name (exactly as shown on W2 form)
 - Last Name
 - Company Identifier: Owensboro
 - PIN: Last 4 digits of SSN
 - Birth Date: mm/dd/yyyy
 - Create your own Username and Password, which will allow 24/7 access into the system. The password is a string of six characters, please make note of your user name and password for future reference.
 - See: START BENEFITS below
- For NEW Employees:
 - Go to Employee Navigator - <http://bas.employeenavigator.com/>
 - Select “Register as New User” at the bottom
 - Complete the fields with the following information:
 - First Name (exactly as shown on W2 form)
 - Last Name
 - Company Identifier: Owensboro
 - PIN: Last 4 digits of SSN
 - Birth Date: mm/dd/yyyy
 - Create your own Username and Password, which will allow 24/7 access into the system. The password is a string of six characters, please make note of your user name and password for future reference.
 - See: START BENEFITS below
- Select “START BENEFITS”:
 - **Personal Information** - Verify that ALL information from this point forward (Name, SSN, DOB, etc.) is EXACTLY as the information provided to the IRS and Social Security Administration as shown on your annual W2 Form. Make sure to update any information that needs a correction: Name, Gender, DOB, State and

Diocese of Owensboro

Online Enrollment using Employee Navigator - Employee Fact Sheet

email (optional to use work or personal email but must enter at least one option), Dependent Information, etc. You will use the EDIT buttons located on the right of screen to make changes. Select “SAVE and CONTINUE” at the bottom of the screen once you have made all your updates.

- **Dependent Information** – Verify or add dependent information, if applicable. If adding dependent information click “add dependent +”. You will need Name, DOB and Social Security Number. Click “Save” after adding each dependent. After completing this section click “SAVE and CONTINUE”.
- **Medical** - Includes Medical, RX and Dental Coverage. You can enroll in this benefit or decline. If selecting a medical plan, click the appropriate plan or select “I don’t want this benefit” and select a reason for declination from the pull down menu. Make sure to pick the dependents at the top of the page if you are enrolling in family coverage. If selecting coverage click “Selected” and click “SAVE and CONTINUE” to go to the next benefit.
- **Vision** – You can enroll in this benefit or decline. If selecting a vision plan, make sure to pick the dependents at the top of the page, if applicable. If selecting coverage click “Selected” and select “SAVE and CONTINUE” to go to the next benefit. This benefit is a voluntary vision plan paid for by the employee.
- **Group Term Life/AD&D** —This benefit is offered at no cost to the Employee but you must click “SAVE” to ensure enrollment in this plan—EmployER Paid. You may add primary and contingent beneficiary information, then select “SAVE and CONTINUE” to go to the next benefit.
- **LTD**—This benefit is offered at no cost to the Employee but you must click “SAVE” to ensure enrollment in this plan— Employer Paid. Select “SAVE and CONTINUE” to go to the next benefit.
- **Short -Term Disability** - You can enroll in this benefit or decline. This benefit is a Voluntary Short-Term Disability insurance plan paid for by the employee. Select “SAVE and CONTINUE” to complete your enrollment.
- **Voluntary Life** – You can enroll in this benefit or decline. If selecting Life Coverage, select the applicable coverage amount for yourself and for your spouse or dependents, if applicable. This benefit is a Voluntary Life insurance plan paid for by the employee. Select “SAVE and CONTINUE” to complete your enrollment.
- **Critical Care** - You can enroll in this benefit or decline. If selecting Coverage, select the applicable coverage amount for yourself and for your spouse or dependents, if applicable. This benefit is a Voluntary

Diocese of Owensboro

Online Enrollment using Employee Navigator - Employee Fact Sheet

insurance plan paid for by the employee. Select “SAVE and CONTINUE” to complete your enrollment.

Select “Agree” when you are finished with your open enrollment selections. If you are not finished, click “SAVE and Continue” and you can FINISH BENEFITS later.

- Required Tasks: Items that require your immediate attention and verification will be listed under this heading (such as Beneficiary Information).
- Resources: All specific benefit information, such as Summary Plan Documents, will be located under this heading.

***Please print all information for your personal records.

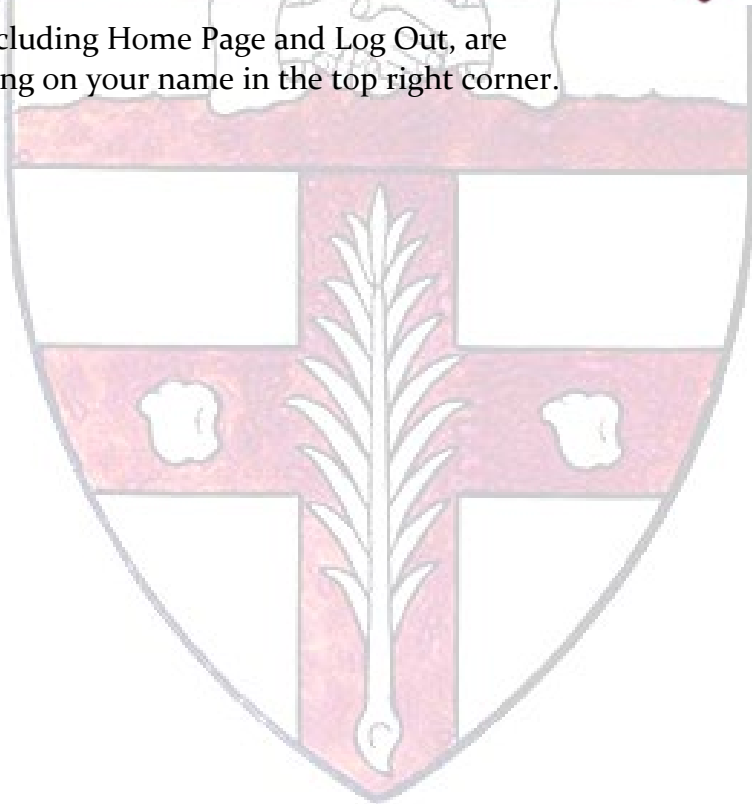
***You will receive a confirmation email, stating enrollment is complete once all elections have been entered. Should you have difficulty accessing any portion of the online system, please contact **your location’s business manager**.

Please note— You will be able to access the Home Page by clicking this image in the upper left-hand corner of Employee Navigator:



Roman Catholic Diocese of Owensboro

Other options, including Home Page and Log Out, are available by clicking on your name in the top right corner.



**Diocese of Owensboro
Medical Benefit Summary**

BENEFIT	Low Deductible Option		High Deductible Option	
	PPO	NON-PPO	PPO	NON-PPO
DEDUCTIBLE				
INDIVIDUAL	\$500	\$1,000	\$2,000	\$4,000
FAMILY	\$1,500	\$3,000	\$4,000	\$8,000
COINSURANCE	90%	70%	80%	60%
OUT-OF-POCKET MAXIMUM				
INDIVIDUAL	\$2,500	\$5,000	\$5,000	\$10,000
FAMILY	\$7,500	\$15,000	\$10,000	\$20,000
COPAY	\$15	70% after Deductible	N/A	N/A
MAXIMUM LIFETIME BENEFIT	Unlimited		Unlimited	
LIVE HEALTH ONLINE (TeleHealth)	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
PHYSICIAN OFFICE VISITS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
SPECIALIST VISIT	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
ROUTINE/PREVENTIVE EXAMS	No charge	No charge	No charge	No charge
WELL WOMAN SERVICES	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
WELL BABY SERVICES				
ROUTINE IMMUNIZATIONS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
ROUTINE CHECK UPS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
MATERNITY SERVICES (covered for dependent daughter as well)	In-Network preventive prenatal services are covered at 100%. Copayments/Coinsurance based on setting where Covered Services are received			
LABORATORY AND X-RAY SERVICES	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
AMBULANCE				
PERCENTAGE PAYABLE	90% after Deductible		80% after Deductible	
EMERGENCY ROOM SERVICES	90% -Ded. does not apply	Covered as In-Network	80% after Deductible	Covered as In-Network
HOSPITAL INPATIENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
OUTPATIENT SURGERY	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
URGENT CARE FACILITY	No Charge	70% after Deductible	80% after Deductible	60% after Deductible; You are responsible for any amounts charged that exceed the Maximum Allowable Amount
SECOND OPINIONS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
Applies to second opinions obtained as described under Claims Procedure Precertification Surgery Procedures				
ORGAN TRANSPLANT COVERAGE	Covered	Limited Coverage	Covered	Limited Coverage
HOSPICE CARE	No Charge		No Charge	
MAXIMUM PAYABLE	Not Specified		Not Specified	
SKILLED NURSING FACILITY	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
MAXIMUM NUMBER OF DAYS	90 days		90 days	
HOME HEALTH CARE	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
MAXIMUM PAYABLE	90 visits per calendar year		90 visits per calendar year	
PRIVATE DUTY NURSING				
Maximum per Member per Benefit Period	82 visits		82 visits	
Lifetime Maximum	164 visits		164 visits	
ALCOHOL & DRUG RELATED SERVICES	In compliance with Federal Law		In compliance with Federal Law	
INPATIENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
OUTPATIENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
BEHAVIORAL HEALTH SERVICES				
INPATIENT	90% after Deductible	70% after Deductible	20% Coinsurance	40% Coinsurance
OUTPATIENT	90% after Deductible	70% after Deductible	20% Coinsurance	40% Coinsurance
Physician Home Visits & Office Services	\$15 Copayment per visit	70% after Deductible	20% Coinsurance	40% Coinsurance
PROSTHETICS	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
CALENDAR YEAR MAXIMUM	Unlimited		Unlimited	
MEDICAL EQUIPMENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible

OCCUPATIONAL, PHYSICAL & SPEECH THERAPY CALENDAR YEAR MAXIMUM	\$15 copay 20 visits	70% after Deductible	80% after Deductible 20 visits	60% after Deductible
PROSTATE SCREENING	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
ALLERGY SHOTS	\$5 Copay	70% after Deductible	80% after Deductible	60% after Deductible
HEARING EXAMS	Not Covered		Not Covered	
MANIPULATION THERAPY MAXIMUMS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
BEREAVEMENT COUNSELING	Not Covered		Not Covered	
ALL OTHER COVERED MEDICAL EXPENSES	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
LATE ENROLLEES ELIGIBILITY	1 enrollment per year during the month of August		1 enrollment per year during the month of August	
	<p>Non -Academic: An employee of the Diocese who regularly works twenty (20) or more hours per week will be eligible to enroll for coverage under this Plan. Other employees such as temporary or seasonal will not be eligible to enroll for coverage under this Plan.</p> <p>Academic & Academic Half Time Employees: Those employees of the Diocese will be as determined by the contract with the Diocese.</p> <p>Retirees: Also eligible is a retiree of the Employer who has attained the age of sixty (60), has four (4) years and nine (9) months or more of service and have been covered under the Plan for one (1) year and is considered eligible under the Dioceses's retirement plan.</p>		<p>Non -Academic: An employee of the Diocese who regularly works twenty (20) or more hours per week will be eligible to enroll for coverage under this Plan. Other employees such as temporary or seasonal will not be eligible to enroll for coverage under this Plan.</p> <p>Academic & Academic Half Time Employees: Those employees of the Diocese will be as determined by the contract with the Diocese.</p> <p>Retirees: Also eligible is a retiree of the Employer who has attained the age of sixty (60), has four (4) years and nine (9) months or more of service and have been covered under the Plan for one (1) year and is considered eligible under the Dioceses's retirement plan.</p>	
WAITING PERIOD	First of the month following full-time employment		First of the month following full-time employment	
LEAVE OF ABSENCE	No leave besides FMLA		No leave besides FMLA	
RETIREE COVERAGE	Retirees are eligible for coverage (self-pay option) with our plan until they reach Medicare eligibility. The retiree must have attained the age of sixty (60), have four (4) years and nine (9) months or more years of service, have been covered under the insurance plan for one (1) year and be considered eligible for retirement under the Diocese's retirement plan.		Retirees are eligible for coverage (self-pay option) with our plan until they reach Medicare eligibility. The retiree must have attained the age of sixty (60), have four (4) years and nine (9) months or more years of service, have been covered under the insurance plan for one (1) year and be considered eligible for retirement under the Diocese's retirement plan.	
PRESCRIPTION DRUGS				
RETAIL				
GENERIC		\$10		\$15
FORMULARY		\$20		\$25
NON-FORMULARY		\$40		\$45
MAIL ORDER				
GENERIC	\$20	N/A	\$30	N/A
FORMULARY	\$40	N/A	\$50	N/A
NON- FORMULARY	\$80	N/A	\$90	N/A
Retail Refill Limit:	A covered person may fill an initial prescription and up to two (2) refills at the applicable retail Co-pay. For any subsequent refills, the Co-pay will be doubled. This provision will apply to medications that are taken for longer than three (3) months.		A covered person may fill an initial prescription and up to two (2) refills at the applicable retail Co-pay. For any subsequent refills, the Co-pay will be doubled. This provision will apply to medications that are taken for longer than three (3) months.	

* Sept. 1, 2017 Implemented Prior Authorization for Metformin, Segerid and Fentanyl.

* May 1, 2018 - Owensboro added CVS Broad Network Vaccination program with Seasonal and non seasonal vaccines at \$0.00 copay.

* May 1, 2018 - Owensboro will cover all USFDA approved smoking cessation medications, including over-the-counter nicotine replacement therapies and prescription medications at no cost share to employees.

* Sept. 1, 2020 Increase Rx copays to Retail - \$15/\$25/\$45 Mail Order- \$30/\$50/\$90 on \$2,000 Deductible Plan

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$10 copay	Up to \$42 allowance	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every 24 months
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses:			
<ul style="list-style-type: none"> Single vision lenses Bifocal lenses Trifocal lenses 	\$20 copay \$20 copay \$20 copay	Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance	Once every 12 months
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> Transiti[®] Lenses (for a child under age 19) Standard polycarbonate (for a child under age 19) Factory scratch coating 	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (<i>instead of eyeglass lenses</i>)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"> Elective conventional (non-disposable) OR	\$130 allowance, then 15% off any remaining balance	Up to \$105 allowance	Once every 12 months
<ul style="list-style-type: none"> Elective disposable OR	\$130 allowance (<i>no additional discount</i>)	Up to \$105 allowance	
<ul style="list-style-type: none"> Non-elective (medically necessary) 	Covered in full	Up to \$210 allowance	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> • Transitions lenses (Adults) \$75 • Standard Polycarbonate (Adults) \$40 • Tint (Solid and Gradient) \$15 • UV Coating \$15 • Progressive Lenses¹ <ul style="list-style-type: none"> • Standard \$65 • Premium Tier 1 \$85 • Premium Tier 2 \$95 • Premium Tier 3 \$110 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard \$45 • Premium Tier 1 \$57 • Premium Tier 2 \$68 • Other Add-ons 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> • Complete Pair 40% off retail price • Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	<ul style="list-style-type: none"> • Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price 	
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> • Standard contact lens fitting³ Up to \$55 • Premium contact lens fitting⁴ 10% off retail price 	
Conventional Contact Lenses	<ul style="list-style-type: none"> • Discount applies to materials only 15% off retail price 	

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available coating brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at anthem.com**, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at **1-866-723-0515** to request a claim form.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

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Roman Catholic Diocese of Owensboro

Life Insurance Plan Highlights

#691207

Who is eligible for this coverage?	All active lay employees who are working at least 20 hours per work, and teachers who are working at least half of a normal work load as determined by the institution, and their eligible spouses and children (up to age to 26).
What are the coverage amounts?	<p>Employee: Up to 5 times salary in increments of \$10,000; not to exceed \$500,000.</p> <p>Spouse: Up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000.</p> <p>Child: Up to 100% of employee coverage amount in increments of \$2,000; not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and six months is \$1,000.</p>
Can I be denied coverage?	<p>Initial enrollment 9/1/2016: If you and your eligible dependents enroll during this enrollment period August 1-August 31, 2016, you may apply for any amount of coverage up to \$180,000 for yourself and any amount of coverage up to \$25,000 for your spouse, without answering any medical questions.</p> <p>If you want coverage over the amount you are guaranteed, you will need to provide answers to health questions. In addition, if you and your eligible dependents do not enroll during this enrollment period, you will have to wait for a future annual enrollment period or a change in status to apply — and then you will need to answer health questions for the entire amount of coverage you apply for.</p> <p>New employees: To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.</p>
Why buy now?	As long as you buy \$10,000 of life coverage now, you can buy more coverage later - up to \$180,000 - without answering any medical questions.
How do I apply?	<p>Initial enrollment 9/1/2016: To apply for coverage, complete your enrollment form by August 31, 2016.</p> <p>If you were hired after 9/1/2016, complete your enrollment form within 31 days of your eligibility date determined by your employer.</p> <p>If you apply for coverage after your effective date or if you choose coverage over the guaranteed issue amount, you will need to complete a medical questionnaire, which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.</p>
When is coverage effective?	<p>Initial enrollment 9/1/2016: Your coverage is effective 9/1/2016 or the date your application is approved by underwriting, if health questions were required.</p>

New employees:

Please contact your Plan Administrator.

Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, a sickness, or disorder your dependent spouse and children: are confined in a hospital or similar institution; are confined at home under the care of a physician for a sickness or injury; or your spouse has a life-threatening condition. Exception: Infants are insured from live birth.

How much does the coverage cost?

Term life

Age band	Employee rate per \$10,000	Spouse rate per \$5,000
<25	\$0.23	\$0.25
25-29	\$0.27	\$0.30
30-34	\$0.37	\$0.40
35-39	\$0.57	\$0.46
40-44	\$0.84	\$0.64
45-49	\$1.34	\$1.00
50-54	\$2.08	\$1.58
55-59	\$3.14	\$2.46
60-64	\$4.69	\$4.33
65-69	\$7.90	\$7.66
70-74	\$14.04	\$13.57
75+	\$20.58	\$26.23

Child life monthly rate is \$0.51 per \$2,000. *(One life premium covers all children.)*

Sample Term life cost calculation (Employee age 45, spouse age 50)

Coverage amount	Increment	Rate	Monthly cost
Employee \$100,000	÷ \$10,000	X \$1.34	= \$13.40
Spouse \$50,000	÷ \$5,000	X \$2.08	= \$20.80
Children \$10,000	÷ \$2,000	X \$0.51	= \$2.55

Employee age for premium calculation:

Your rate is based on your age as of 9/1/16 — your coverage-anniversary date. Insurance age is calculated by subtracting your year of birth from the year your coverage becomes effective or the current anniversary date.

Spouse age for premium calculation:

Spouse rate is based on spouse's insurance age and occurs on your coverage-anniversary date.

Do my life insurance benefits decrease with age?

Coverage amounts will reduce according to the following schedule:

Age:	Insurance amount reduces to:
65	65% of original amount
70	50% of original amount

	Coverage may not be increased after a reduction. Spouse amount will reduce by the same percentage and at the same time the employee amount reduces.
Is the coverage portable (can I keep it if I leave my employer)?	If you retire, reduce your hours or leave your employer, you can continue coverage for yourself your spouse and your dependent children at the Group Portable Rates. Portability is not available for people who have a medical condition that could shorten their life expectancy — but they may be able to convert their term life policy to an individual life insurance policy.
Are there any life insurance exclusions or limitations?	Life insurance benefits will not be paid for deaths caused by suicide within the first 24 months after the date your coverage becomes effective. If you increase or add coverage, these enhancements will not be paid for deaths caused by suicide within the first 24 months after you make these changes.
Will my premiums be waived if I'm disabled?	If you are not working due to injury or sickness, and if premium is paid, you may continue to be covered for up to the later of: <ul style="list-style-type: none"> • 6 months; or • until a determination is made on your life insurance premium waiver claim, if applicable
When does my coverage end?	You and your dependents' coverage under the Summary of Benefits ends on the earliest of: <ul style="list-style-type: none"> • the date the policy or plan is cancelled; • the date you no longer are in an eligible group; • the date your eligible group is no longer covered; • the last day of the period for which you made any required contributions; • the last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage. <p>In addition, coverage for any one dependent will end on the earliest of:</p> <ul style="list-style-type: none"> • the date your coverage under a plan ends; • the date your dependent ceases to be an eligible dependent; • for a spouse, the date of a divorce or annulment. ; • for dependent coverage, the date of your death. <p>Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.</p>

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

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Underwritten by Unum Life Insurance Company of America, Portland, Maine

EN-1773 (1-16) FOR EMPLOYEES



Short Term Disability Insurance

can pay you a weekly benefit if you have a covered disability that keeps you from working.

Note: Teachers must be working at least 1/2 of a normal academic workload as determined by the institution in order to be eligible.

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:¹

- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Consider your weekly expenses

	Food	\$ _____
	Transportation (gas, car payments, repairs)	_____
	Child care/elder care	_____
	Mortgage/rent	_____
	Utilities (electric, water, cable, phone)	_____
	Medical costs (co-pays, medications)	_____
	Insurance (health, life, car, home)	_____
	Total weekly expenses	\$ _____

¹ Unum internal data, 2015

Short Term Disability Insurance

How much coverage can I get?

You*	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.</p> <p>Coverage amounts Cover 60% of your weekly income, up to a maximum benefit of \$1,000 per week.</p> <p>*See the Legal Disclosures for more information</p>
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- ! Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

Calculate your cost

- **For step 2:**
Enter your rate from the Rate Chart, based on your age.
(Choose the age you will be when your coverage becomes effective on 09/01/2018.)

Disability worksheet						
1 Calculate your weekly disability benefit.						
\$ _____ ÷ 52 = \$ _____	x	60% =	\$ _____			
Your annual earnings	Your weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of \$1,000, enter \$1,000.			
2 Calculate your cost per paycheck.						
\$ _____ ÷ 10 = \$ _____	x	\$ _____ =	\$ _____ x 12 = \$ _____	÷ 12 =	\$ _____	
Your weekly benefit amount	Your rate	Your monthly cost	Your annual cost	Number of paychecks per year	Your cost per paycheck	

Age	Rates
15-24	\$0.812
25-29	\$1.070
30-34	\$0.979
35-39	\$0.738
40-44	\$0.643
45-49	\$0.659
50-54	\$0.750
55-59	\$0.946
60-64	\$1.133
65+	\$1.370

Short Term Disability Insurance

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Diocese of Owensboro for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers’ compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Roman Catholic Diocese of Owensboro

Critical Illness Insurance

**Your benefit guide of
insurance protection plans!**

Critical Illness \$10,000 Plan

With Skin Cancer benefit



Critical Illness coverage provides the added layer of security you want and need when illness occurs— a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits to best support recovery for yourself or a family member. Use your critical illness coverage to help pay for out-of-pocket medical costs, such as for prescriptions, hospital bills, X-rays or daily expenses like rent, food or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- \$50 payment towards health screenings, such as a lipid panel or fasting glucose test. .
- You can take your coverage with you even if you leave your employer.¹

Convenience

We are here to help. To file a claim, start with the claim form provided by your employer. Follow the instructions on the form to submit and contact the phone number listed on that form with any questions about your benefits or about how to file a claim.

Note: Critical Illness benefits for covered spouse and dependents are 50% of the amount shown below, except for Health Screening, which is \$50 for any covered member, and Skin Cancer, which is \$250 for any covered member.

	Benefit	Amount
Cancer	Invasive cancer	\$10,000
	Non-invasive cancer	\$2,500
	Benign brain tumor	\$10,000
Vascular	Heart transplant	\$10,000
	Heart attack (myocardial infarction)	\$10,000
	Stroke	\$10,000
	Coronary artery by-pass surgery	\$2,500
Other Specified Illness	Coma	\$10,000
	Paralysis	\$10,000
	Major organ transplant	\$10,000
	End-stage renal disease	\$10,000
	Loss of hearing	\$10,000
	Loss of speech	\$10,000
	Loss of vision	\$10,000
Neurological	Advanced Parkinson's disease	\$10,000
	Advanced Alzheimer's disease	\$10,000
	Amyotrophic Lateral sclerosis	\$10,000
	Advanced Multiple Sclerosis	\$10,000
	Health screening benefit: per member, per calendar year	\$50
	Skin Cancer benefit, per member, once per lifetime	\$250
Recurrence benefits	Recurrence waiting period	12 months
	Invasive cancer	50% of previously covered benefit
	Benign brain tumor	50% of previously covered benefit
	Heart transplant	50% of previously covered benefit
	Heart attack (myocardial infarction)	50% of previously covered benefit
	Stroke	50% of previously covered benefit
	Coma	50% of previously covered benefit
Major organ transplant	50% of previously covered benefit	
Other Key Features	Additional occurrence of multiple conditions	Covered with 30-day separation period if both conditions are vascular or both are cancer. Otherwise, covered with no separation period.
	Lifetime benefit maximum — employee	\$250,000
	Lifetime benefit maximum — spouse & children	\$125,000



**CRITICAL ILLNESS
MONTHLY PREMIUMS
ROMAN CATHOLIC DIOCESE OF OWENSBORO**



ATTAINED AGE	<i>Standard \$10,000 Plan</i>				
		<i>EE ONLY</i>	<i>EE + SP</i>	<i>EE + CH</i>	<i>EE + FAM</i>
18 - 24		\$3.70	\$6.08	\$6.52	\$9.36
25 - 29		\$4.53	\$7.35	\$7.35	\$10.62
30 - 34		\$5.09	\$8.21	\$7.90	\$11.49
35 - 39		\$6.42	\$10.21	\$9.23	\$13.49
40 - 44		\$8.59	\$13.56	\$11.40	\$16.84
45 - 49		\$12.59	\$19.77	\$15.40	\$23.05
50 - 54		\$17.35	\$27.18	\$20.16	\$30.46
55 - 59		\$23.98	\$37.56	\$26.79	\$40.84
60 - 64		\$33.80	\$52.82	\$36.61	\$56.09
65 - 69		\$45.51	\$70.77	\$48.33	\$74.05
70 - 74		\$61.37	\$95.10	\$64.18	\$98.38
75 - 79		\$83.45	\$128.56	\$86.26	\$131.84
80 - 84		\$99.19	\$152.36	\$102.00	\$155.64

Actual deductions may vary slightly due to rounding and payroll frequency.



Voluntary Supplemental Health Plans

Critical Illness coverage – easing the stress when illness strikes



When you have a critical illness, such as a heart attack or cancer, you want the best care. At times like these, you shouldn't have to worry about how you're going to pay for it. Critical Illness coverage provides the added layer of security you want and need – a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits to best support recovery for yourself or a family member.

You can use the lump-sum payment to help pay for:

- **Out-of-pocket medical costs**, such as doctor bills, imaging or rehab.
- **Daily expenses** like rent, food, transportation, childcare or help around the house.

Our Critical Illness coverage provides benefits for heart attack, stroke, invasive cancer, major organ transplant and neurological conditions such as advanced Alzheimer's and advanced Parkinson's. The coverage pays for the first diagnosis of certain illnesses after your coverage becomes effective. It may also cover a new cancer diagnosis even with a previous cancer diagnosis.¹

Key plan features

- **Cash benefit is paid directly to you** in a lump-sum, tax-free payment.
- Auto alerts let you know you may have an eligible claim.²
- A \$50 payment toward health screenings, such as a lipid test. Simply call the claim line and tell them you'd like to collect on your wellness benefits. We'll confirm your testing, then send you a check.
- No limitations on pre-existing conditions.³
- Coverage is available for yourself, your spouse and dependent children.
- You can take your coverage with you even if you leave your employer.⁴

Connected benefits make things easier for you

If you have a medical plan and Critical Illness benefits with us, we'll automatically let you know when you may have an eligible critical illness claim.



¹ Restrictions may apply.

² Available when you have both medical and critical illness benefits with Anthem.

³ Covered accidents or illness must occur after the effective date of coverage.

⁴ Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

Group Critical Illness benefits provided by policy form SAI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.

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Your \$50 health screening benefit is just a phone call away!

As part of your Anthem Accident, Critical Illness or Hospital Indemnity plan, you earn a \$50 health screening benefit when you get preventive tests like mammograms, colonoscopies or fasting blood glucose tests. All you have to do is:

- Call the claims line at 1-888-828-2432.
- We'll ask you for information like your Social Security number, date of birth, address and which type of test you got and the date you got it.

We'll confirm your test and then send you a check. It's that simple!

You and your covered spouse and children are allowed one \$50 health screening benefit each calendar year.

Questions?

Call the claims line at
1-888-828-2432.



Up to 28 tests are eligible, including these:*

- Abdominal aortic aneurysm ultrasound
- Bone density screening
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Other cancer screening
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Cervical cancer screening
- Chest X-ray
- Colonoscopy
- CT angiography
- Double contrast barium enema
- ECG/EKG
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Lipid panel
- Mammography
- PAD ultrasound
- Pap test
- PSA (blood test for prostate cancer)
- SPEP (blood test for myeloma)
- Serum cholesterol test
- Stress test (bicycle or treadmill)
- Thermography
- Triglycerides blood test (HDL/LDL)

*Tests can vary by state and by the type of plan offered. Not available for all plans in all states. Please check your certificate of coverage for details.

Filing a claim



for your Accident, Critical Illness or Hospital Indemnity plan

When you file a claim for your Accident, Critical Illness or Hospital Indemnity plan, it's different than filing a claim for your medical plan. With your medical coverage, your doctor or other health care provider files claims for you. To use your Accident, Critical Illness or Hospital Indemnity benefits though, you'll need to fill out a claim form and mail it to us. You'll also need to provide paperwork from the care you got.

Here's how it works:

1. Gather your paperwork.

You'll need to provide all the paperwork related to your claim, such as any time you saw a doctor or had a treatment for the accident or illness. This may include:

- Doctor notes.
- Emergency room or hospital discharge papers.
- Lab reports.
- Itemized hospital or doctor bills.
- Medical summary of benefits.
- Childcare, transportation and/or lodging receipts.
- Police reports (if your claim involves a car accident).

You may have to ask your doctors or other health care providers for these records, and you'll have to pay any fees they charge you for them.

2. Fill out the claim form.

If you don't already have it, reach out to your human resources department or get it from **anthem.com**. The records you gathered will help you with the questions. You'll need to know things like:

- Whether you're filing an Accident, Critical Illness or Hospital Indemnity claim.
- The dates of your injury or illness and when you got treatments.
- The names of your doctors and the places where you got treatment.

3. Sign and date the form and mail or fax it to us.

Mail it to:

Anthem Supplemental Insurance Benefit Department
P.O. Box 2076
Grapevine, TX 76099

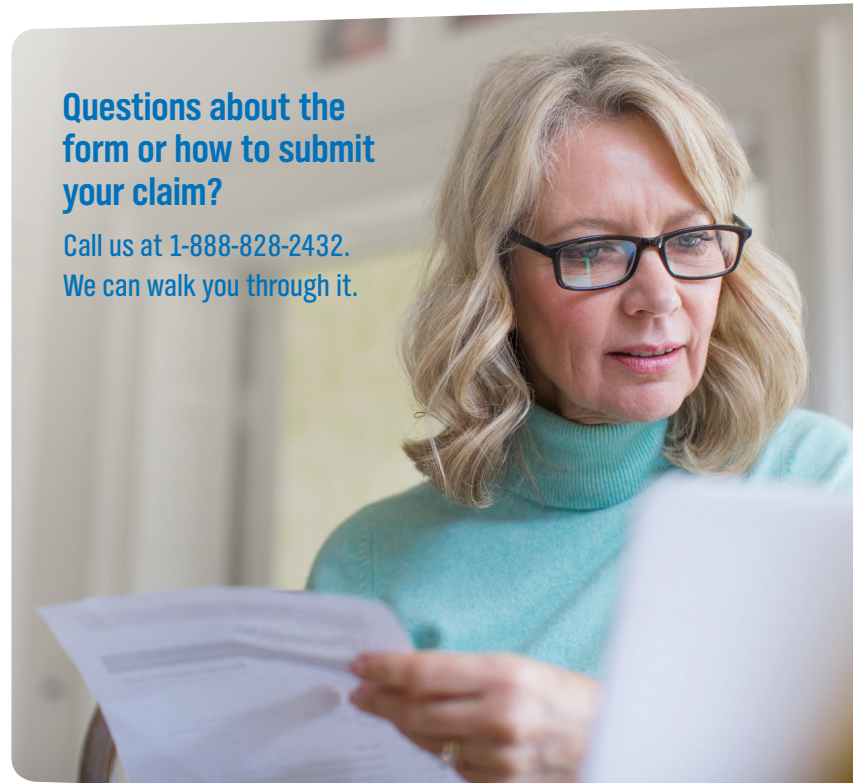
Or fax it to:

1-469-417-1977

Questions about the form or how to submit your claim?

Call us at 1-888-828-2432.

We can walk you through it.





Open Enrollment for Flexible Spending Accounts November 15 – November 30, 2021

It's ***“Open Enrollment time for Flexible Spending Accounts (FSA).”*** Open enrollment begins November 15th thru November 30th. The Diocese is offering full-time employees working 20 hours or more per week the choice to enroll in a FSA plan. Coverage begins January 1, 2022 and ends December 31, 2022. **Employees don't have to be enrolled in the Anthem health plan to participate with the FSA.**

All eligible employees must complete the Diocese of Owensboro's Flexible Spending Account Enrollment Form to participate. All forms must be given to the person at your location who handles benefits by Tuesday November 30, 2021.

The maximum annual amount you may contribute to the Diocese's FSA plan is \$2,000 from 01/01/2022 – 12/31/2022. Please read carefully the attached “Anthem's Health Flexible Spending Account Frequently Asked Questions Document and the FSA Facts for the Diocese of Owensboro's FSA Plan below.”

Diocese of Owensboro - FSA Facts:

Eligibility	All Full-Time employees working at least 20 hours or more per week are eligible to participant in the FSA. Contributions can begin the 1 st day of the month following the date of hire. Members contributing to the FSA do NOT need to be enrolled in the Diocesan medical plan.
Election Changes	Federal regulations state that once you have made an election for a designated contribution amount you cannot make changes during a plan year except for specific changes in status. The Diocesan Human Resource can provide a list if these changes.
Contribution Maximum	Employee's maximum contribution limit is \$2,000. This is all that can be contributed. Members can contribute to their own FSA even if their spouse has one.
Carryover Rules	Members are allowed to carryover a maximum of \$500 to the next calendar year (January – December) but this plan has a “use it or lose it feature.” Any money remaining in excess of \$500 will be forfeited at December 31 st .
Termination	For members who end their employment, paper claims must be submitted to Anthem within 90 days of employment ending to receive reimbursement.

Should you have any questions please contact the Diocese's Human Resource Department at 270-683-1545.

FSA Eligible Expenses

Eligible Medical Items

A doctor's prescription is **NOT** required for these items.

- Athletic Braces & Supports
- Bandages
- Breast Pumps & Accessories
- Blood Glucose Monitors & Test Strips
- Blood Pressure Monitors
- Contact Lense Solution
- Denture Cream & Cleansers
- Diabetes Care Accessories
- Eye Glass & Lense Accessories
- First Aid Kits, Treatments & Supplies
- Glucosamine Supplements
- Glucose Tablets
- Hearing Aid Batteries
- Home Medical Equipment
- Heating Pads & Wraps
- Hot & Cold Packs
- Incontinence Products
- Lip Balm
- Medical Monitoring & Testing Devices
- Motion Sickness Aids
- Nasal Spray
- Orthopedic & Surgical Supports
- Prenatal Vitamins
- Reading Glasses & Magnifiers
- Shoe Insoles & Inserts
- Sunscreen
- Thermometers
- Vaporizers & Inhalers
- Walking Aids
- Vaporizers & Inhalers
- Walking Aids

Continued...

These items **DO** require a doctor's prescription.

- Acne Treatments
- Allergy Medicine
- Antacids & Acid Controllers
- Anti-Fungal Treatments
- Anti-Itch Treatments
- Antiparasitic & Lice Treatments
- Aspirin & Baby Aspirin
- Chest Rubs
- Children's Cold & Allergy Medicine
- Children's Fever & Pain Relievers
- Children's Stomach & Digestive Aids
- Cold Sore Treatments
- Corn & Callus Removers
- Cough Drops & Spray
- Cough, Cold & Flu Medicine
- Diaper Rash Cream
- Ear Drops & Wax Removers
- External Pain Relievers
- Eye Drops
- Nasal Spray
- Nicotine Gum & Patches
- Oral Pain Remedies
- Pain Relieving Creams & Pads
- Pain Relievers
- Skin Treatments
- Sleep Aids
- Stomach & Digestive Aids
- Topical Skin Treatments
- Wart Removers
- Stomach & Digestive Aids
- Topical Skin Treatments
- Wart Removers

General Expenses

Co-payments, Other expenses from medical doctor visits, Dental Expenses
Costs for non-cosmetic orthodontics and extractions, Dentures, Eyeglasses &
Contact Lens, Medical Monitoring Devices, Wheelchairs, Accessories, and
Repairs.



What is a health flexible spending account?

It's also known as an FSA and it's part of your benefits package. This account lets you use pre-tax dollars to pay for eligible health care expenses for you, your spouse, and your eligible dependents.

Here's how an FSA works. Money is set aside from your paycheck before taxes are taken out. You can then use these funds to pay for eligible health care expenses throughout the plan year. You save money on expenses you're already paying for like doctors' office visits, prescription drugs and much more.

Why is it a good idea to have a health FSA?

Health FSAs benefit everyone – whether you're single, have a family or are soon-to-be retired. Setting aside pre-tax dollars means you pay fewer taxes and increase your take-home pay. You also save money on eligible expenses that you're paying for out of your pocket. How much you save depends on your tax bracket.

For example, if you're in the 30 percent tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses, like dental checkups, eyeglasses, and bandages. Find a full list of eligible health FSA expenses at anthem.com.*

What expenses are covered under a health FSA?

Only "eligible expenses" can be reimbursed under the FSA. These expenses are defined by IRS rules and your employer's plan.

Eligible health FSA expenses are those that you pay for out of your pocket when you, your spouse, or eligible dependents get medical care. The IRS says that this includes "items and services that are meant to diagnose, cure, mitigate, treat, or prevent illness or disease". Transportation for medical care is also included.

You can find a list of eligible expenses online at anthem.com.* Here are some examples:

- Your health plan deductible (the amount you pay before your plan starts paying a share of your costs)
- Your share of the cost for doctor's office visits and prescription drugs
- Your share of the cost for eligible dental care, including exams, X-rays, and cleanings
- Your share of the cost for eligible vision care, including exams, eyeglasses, contact lenses, and laser eye surgery

The list of eligible expenses is based on IRS rules. Here are some other IRS rules you should know about:

- **No double dipping** – Expenses reimbursed under your health FSA cannot be reimbursed under any other plan or program. Only your out-of-pocket health care expenses can be reimbursed. Plus, expenses reimbursed under a health FSA may not be deducted when you file your tax return.
- **Timing is everything** – FSAs have a start date and an end date, and the time in between is called the plan year. Expenses must be incurred during the FSA plan year. As noted in IRS guidelines, "expenses are incurred when the employee (or the employee's spouse or dependents) is provided with the medical care that gives rise to the medical expenses, and not when the employee is formally billed, charged for, or pays for the medical care". This means the date of service must be within the current plan year and not when you pay for the service.

Are over-the-counter medicines eligible expenses?

Yes, but they require a prescription. IRS rules state that over-the-counter (OTC) medicines and drugs are not eligible for reimbursement under your health FSA unless prescribed by a doctor (or another person who can issue a prescription) in the state where you purchase the OTC medicines. These rules do not apply to insulin (including OTC insulin).

Any claim you submit for reimbursement that has an OTC medicine expense must include a Request for Reimbursement Form and one of the following types of supporting documentation:

- A written or electronic OTC prescription along with an itemized cash register receipt that includes the merchant name, name of the OTC medicine or drug, purchase date, and amount
- A printed pharmacy statement or receipt from a pharmacy that includes the patient's name, the Rx number, the date the prescription was filled, and the amount

Here are some of the many OTC medicines and drugs that now need a prescription to be eligible for reimbursement from your health FSA:

- Allergy and sinus: Actifed, Benadryl, Claritin, Sudafed
- Antacids: Mylanta, Pepcid AC, Prilosec, TUMS
- Aspirin and pain relievers: Advil, Excedrin, Motrin, Tylenol
- Cold and flu: Nyquil, Theraflu, Tylenol Cold & Flu
- Diaper rash ointments: Balmex, Desitin
- First aid creams, sprays, and ointments: Bactine, Neosporin
- Sleep aids: Sominex, Tylenol PM, Unisom Sleep Tabs

What over-the-counter items are still eligible expenses?

There are many OTC items eligible for reimbursement through your health FSA, and you can use your benefit card to buy them. Here are some of the many eligible over-the-counter items:

- Bandages, Band-aids, and gauze
- Batteries for hearing aids, blood glucose monitors, etc.
- Diabetic supplies and test kits
- First aid kits
- High blood pressure monitors
- Thermometers

Can I use my FSA funds to stock up on over-the-counter items?

No. You can only use your FSA for items that you can reasonably use during the plan year. If you "stockpile" OTC items, you won't be reimbursed.

What expenses are not covered under a health FSA?

Expenses that are not approved are called "ineligible expenses". Ineligible health FSA expenses include:

- Cosmetic surgery and procedures, including teeth whitening
- Herbs, vitamins, and supplements used for general health
- OTC medicines that you don't have a prescription for (except insulin)
- Insurance premiums
- Family or marriage counseling
- Personal use items such as toothpaste, shaving cream, and makeup
- Prescription drugs imported from another country

Also, you can't use your FSA for:

- Services that take place before or after your coverage period
- Expenses that are reimbursed by another plan or program, including a health care plan

These are only a few examples of expenses that aren't covered by a health FSA. You can find a full list of eligible and ineligible expenses at anthem.com.*

How do I use my FSA for orthodontic services?

These services aren't provided the same way as other types of health care. Most of the time, they're provided over a long period of time and may extend beyond the plan year. Orthodontic services tend to be hard to match up with actual costs. As a result, the reimbursement process is different. You have two ways to be reimbursed:

- 1. Entire cost of treatment** – This method allows you to be reimbursed for the full amount of the orthodontia contract. You can do this only if you paid the full amount during the plan year. To get reimbursed, send in these items:
 - Completed reimbursement request form
 - Proof of payment for the entire contract, including start date and expected end date
 - Proof of payment made during the applicable plan year in which you are requesting reimbursement
- 2. Monthly approach** – This method allows you to be reimbursed for the first round of treatment (usually called banding fees) and then monthly reimbursement after that. To get reimbursed for banding fees, submit:
 - Completed reimbursement request form
 - Your treatment plan or itemized statement that includes the start date and the expected end date
 - Proof of the initial down payment

After you submit the first reimbursement request, send in these items for monthly reimbursement:

- Completed reimbursement request form
- An itemized statement or monthly coupons from the orthodontist
- Proof of the monthly payment

Is there a limit to how much I can contribute to my health FSA?

Yes. As a result of the Affordable Care Act, employee contributions have been capped for health FSA plans. The annual limit for the Diocese is \$2,000, and you cannot contribute more than this amount.

Can my spouse also contribute to an FSA?

Yes, if your spouse is eligible to make contributions to a health FSA.

How much money is available during the plan year?

The amount you put into your FSA is called an "annual election". Your entire health FSA election is available on the first day of the plan year. If your FSA is active, your available funds decrease as your claims are paid. You can find out your available funds by logging in to your account at anthem.com.*

How do I keep track of my account activity?

Your account information is available anytime day or night by logging in to anthem.com.* You can find:

- Real-time account balance
- Claims status
- Reimbursement payment history

Where can I get a reimbursement request form?

This form is available at anthem.com.* Just log in to your account to find it.

What do I need to submit along with a reimbursement form?

You must save all itemized receipts and other supporting documentation for every FSA expense. Try to keep all of your documentation filed in an envelope or box. What you'll need:

- **For office visits** – Your health plan's Explanation of Benefits (EOB) statement or an itemized receipt or bill from the provider. It should have the patient's name, a description of the service, the date of service, and your share of the charge.
- **For prescription drugs** – A pharmacy statement or printout with the patient's name, the Rx number, the drug name, the date the prescription was filled, and the amount.
- **For over-the-counter medicines** – A written or electronic OTC prescription along with an itemized receipt with the merchant name, the medicine name, purchase date, and amount; OR a printed pharmacy statement or receipt with the patient's name, the Rx number, the date the prescription was filled, and the amount.
- **For over-the-counter health care-related products** – An itemized receipt with the merchant name, item/product name, date, and amount.

In some cases, a Medical Determination Form filled out by a doctor is required. Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation.



What is a run-out period?

It's a set number of days after the plan year ends that allows you to submit claims for eligible expenses incurred during the plan year. Not all FSA plans include this feature and the time frame of the run-out period may vary by plan. The Diocese of Owensboro's run out period is 90 days.

Some people get a run-out period confused with a grace period extension, so here's an example that shows the difference. Let's say your plan year begins on January 1 and ends on December 31.

- The **run-out period gives you extra time to submit reimbursement requests** for eligible expenses incurred in the plan year. If you visit the doctor in December – the last month of the plan year – you may submit a reimbursement request for that expense during the run-out period. You will be reimbursed from the funds left in your health FSA from the previous plan year.

What is the "use-it-or-lose-it" rule?

The IRS created this rule, which states that all money left in your FSA is forfeited after the plan year ends, or if applicable, after the run-out period. The Diocese of Owensboro has a carryover feature of \$500, wherein you may carry over up to \$500 of unused funds into the next plan year. After the carryover, you forfeit remaining unused funds that are more than the carryover amount.

The unused portion of your health FSA cannot be paid to you in cash or other benefits, and you can't transfer money between FSAs. To reduce your risk of losing money at the end of the plan year, carefully estimate your expenses when choosing your annual election amount.

Can I change my election amount?

Your election can't be changed during the plan year unless you have a change in status or other qualified event (defined by IRS rules). Your employer's plan must also allow the change. A qualified change in status event includes:

- A change in legal marital status (marriage, divorce, or death of your spouse)
- A change in the number of your dependents (birth or adoption of a child, or death of a dependent)
- A change in employment status of you, your spouse, or dependent
- An event causing your dependent to satisfy or cease to satisfy an eligibility requirement for benefits
- A change in residence of you, your spouse, or dependent

Two things need to happen for an election change to be allowed. First, you must have a change in status or other qualified event. Second, your requested change must be consistent with the event. For example, if you have a baby, you could increase your FSA contribution.

Please note: If you have a change in status or other qualified event, contact your human resources or benefits representative for the forms you'll need to fill out.



What happens if I stop working for this employer?

If you stop working for your employer or you lose your FSA eligibility, your plan participation and your pre-tax contributions will end automatically. Expenses for services you have after your termination date are not eligible for reimbursement. You have 90 days to submit eligible expenses incurred prior to your termination.

*If you are not enrolled in an Anthem health plan, you will need to log in to your Reimbursement Benefit Account at benefitadminsolutions.com/anthem. When logging in for the first time, please have on hand your Anthem Reimbursement Benefit Account number or Social Security number and date of birth.

This service is administered independently by CONEXIS, a division of WageWorks, Inc.

The Elite Visa® Bonofit Card is issued by UMB Bank, n.a, pursuant to a license from Visa U.S.A. Inc.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company, in Virginia Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association, ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Diocese of Owensboro

Retirement Forms



July 2019

Defined Benefit Plan for the Employees of the Diocese of Owensboro

I. CHRISTIAN BROTHERS EMPLOYEE RETIREMENT PLAN

Trust: Established 1964. Current Participation: 38,000 Employees/700 Employers. Funds are held by 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 has twenty years of service as of July 1, 2014. Average yearly earnings over this period were \$30,000. Employee worked for five years after June 30, 2014 at an average salary of \$38,000.

2.64% x \$30,000 x 20 yrs.	=	\$15,840
2.04% x \$38,000 x 5 yrs.	=	\$ 3,876
Total Annual Benefit after 20 years=		\$19,716

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 actuarially 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
Age 65 – normal retirement for participants before July 1, 2012
Social Security normal retirement age (new participants on or after 7/1/12)

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: Joint and 50% to Survivor annuity

Optional Form of Payment:

Single Employee: 50% of reduced benefit to surviving joint pensioner.
100% of reduced benefit to joint pensioner (if age difference is no more than 10 years)

Married Employee: Life only (monthly benefit for life) OR
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.

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.



Highlights of the Christian Brothers Retirement Savings Plan 403(b) for the Employees of the Diocese of Owensboro

Eligibility and Entry Dates

An employee may participate in the Plan on the date they are first eligible, or thereafter on the start of any quarter. Eligibility is 20 hours per week or ½ of a normal teaching load.

Employee Salary Savings Contribution

A participant may voluntarily contribute from 1% to 100% of pay into the Plan. The maximum salary deferral for the year may not exceed \$19,000 for 2019. This Plan will permit “catch-up” contributions for participants over age 50. The “catch-up” contribution is \$6,000 for 2019, and will not count against limits on employee pre-tax contributions, except that the total contribution cannot exceed 100% of compensation.

Changes in Salary Savings Contributions

Participants may make changes in their salary deferral amount by contacting their HR Department.

Accessing your Account

Accessing your account is easy when you register at vanguard.com. You can:

- + **Name your beneficiary(ies)**
- + **Make investment changes**
- + **Check your account balance**
- + **View your personal statement**

You will need to have your social security number and the Plan number (**093264**) available. You may also use Vanguard’s voice response system to do any of the above. The number is **800.523.1188**.

Investments

Investment Funds offered are illustrated in four tiers: **Tier 1:** Target Retirement Funds, **Tier 2:** Index Funds, **Tier 3:** Catholic-screened Funds, and **Tier 4:** Broad Active Funds. Employees will automatically default to Tier 1 into the Target Fund nearest their 65th birthday. For participants under age 65, this investment election is the Vanguard Target Retirement Fund nearest his/her 65th birthday. For participants age 65 or older, this investment election is the Target Retirement Income Fund. This election can be changed at any time by contacting Vanguard.

A participant may change from his/her default investment election by contacting Vanguard. The funds he/she may reallocate to are listed below:

Tier 2:

- 500 Stock Index Fund
- Extended Market
- Total Stock Market Index Fund
- Total Bond Market Index
- Total International Stock Index Fund
- Total International Bond Index Fund
- Short-Term Inflation-Protected Securities Index Fund

Tier 3:

- Dimension Fund Advisors (DFA) US Core Equity
- DFA International Social Core Equity
- DFA Emerging Markets Social Core Equity
- Baird Intermediate Bond Fund

Tier 4:

- Federal Money Market Fund
- Wellington (Balanced Fund)
- U.S. Growth Fund
- International Growth Fund
- Windsor II Fund
- Fidelity Blue Chip Growth Fund

Withdrawals

An employee may withdraw money from his/her salary deferral savings account for the following events:

- + Normal Retirement – Age 65
- + Early Retirement – Age 55
- + Age 59 ½
- + Death
- + Disability
- + Termination of Employment
- + Financial Hardship

A withdrawal prior to age 59 ½, if the distribution is not “rolled over” within 60 days, may be subject to a 10% penalty tax. Ordinary income tax applies to the total withdrawal.

Financial Hardship

A participant may withdraw all or part of his/her salary deferral savings contributions (not earnings or employer contributions) if the participant can prove financial hardship to the Plan Administrator. Hardship is defined as an “Immediate and Severe Financial Need” and may only be applied to the following circumstances:

- + College Education
- + Purchase of Primary Residence
- + Prevention of Eviction from Primary Residence
- + Deductible Medical Expense
- + Pay Funeral Expenses for Dependent
- + Repair damage to primary residence (insurable loss not covered)

All the above are taxable and subject to a 10% excise tax.

Vesting

Participants are always 100% vested in their own savings contributions and in any employer contributions.

Administrative Expenses

The quarterly recordkeeping fee is \$17.75. This fee is paid by your employer.

Other Benefits

Salary deferral contributions reduce current taxable income. Therefore, current federal and possibly state income taxes are lowered by participating in the Plan. This does not affect Social Security taxes or other group benefits.

Effects on IRAs

As a participant in a retirement plan, the deductibility of IRA contributions may be limited or eliminated based on income.

Summary of Benefits to Employees

- + Save money for the future through payroll deductions.
- + Defer current federal and state income taxes on all monies.
- + The interest and earnings of your account accrue tax-deferred.



CHRISTIAN
BROTHERS
SERVICES

Christian Brothers Services

1205 Windham Parkway, Romeoville, IL 60446-1679

Local: 630.378.2900 Toll Free: 800.807.0700 Fax: 630.378.2507

How to Register with Vanguard

- 1) Log into www.vanguard.com
- 2) Select "Retirement Plan Participants"



- 3) Select "Register for Account Access"

A screenshot of the Vanguard website's registration page. At the top, there is a navigation bar with "Home", "Lessons", and "Tools". Below this is a large banner image of a man and a woman looking at each other. Overlaid on the banner is a text box that says "How much income can you expect?" with a "Learn more" link and three dots. To the right of the banner is a "Already enrolled?" section with "User name" and "Password" input fields, a "LOG ON" button, and links for "Forgot user name/password?" and "Register for account access" (highlighted in yellow).

- 4) You will need: Your social security number, Zip code, and birth date. If you are asked for the Plan Number, it is: **093264**

Sign up for or restore account access

A screenshot showing the registration process in three numbered steps: 1. Enter personal information and verify identity, 2. Create user name and password, and 3. Set up security features. Below step 1, there is a form titled "Enter personal information" with the instruction "If you are registering an account for a minor, enter the custodian's information below." The form includes input fields for "First name", "Last name", "SSN" (with a link "I have an EIN (for trusts, corporations, partnerships, etc.)"), "Birth date" (with a format "(mm/dd/yyyy)"), and "Zip code" (with a link "I have a non-U.S. address").

- 5) Create your user name and password.

- 6) Once logged in, find "My Profile" on the top navigation bar and select "Beneficiaries" to name or change your beneficiary(ies).
- 7) Also in "My Profile", select "Overview" and under Personal Profile, there is an option for "Mailing Preferences" where you can select to have Statements mailed to your home. On the "Mailing Preferences" screen, select, "Customize mailing preferences"

Home Plan Details ▾ Research Funds ▾ Education & Tools ▾ My Profile ▾

My profile overview

Personal profile

Address & phone

Update your address or phone number.

E-mail address

Update your e-mail address.

Mailing preferences

Choose how to get your statements, tax forms, and other documents.

Account settings

Retirement Alerts

Turn retirement alerts on

Beneficiaries

Update your beneficiaries

Bank information

Add a new bank and view

Thank you for choosing e-delivery

Many Vanguard shareholders like you who manage their accounts online also receive their account information online. By choosing e-delivery, you will receive notification when your account statements, confirmations, and other account documents are available for secure access online. This is convenient and may also avoid account service fees.

You currently receive these documents via e-delivery

- **Statements** for employer plans
- **Confirmations and plan education materials** for employer plan accounts
- **Tax forms** for employer plan accounts
- **Notices, amendments, and other important account updates** for employer plan accounts

See the accounts that are affected by your mailing preferences.

Your email notification will be sent to: [your email address will be shown here] [Edit email address](#)

You can change your mailing preferences at any time. [Customize mailing preferences](#)

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.