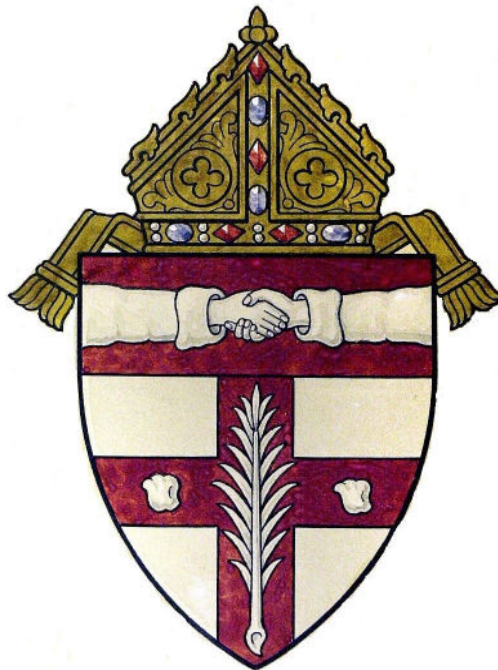


*Diocese of Owensboro*  
*New Hire Packet*



***2023/2024***

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: \_\_\_\_\_

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 07/31/2026

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

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

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

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		<b>Additional Information</b>				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Document Number (if any)						
Expiration Date (if any)						
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code			

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code





**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

**Employee's Withholding Certificate**

OMB No. 1545-0074

**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.****2024****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

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

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$ _____

**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  
employmentEmployer 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](http://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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 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, 2025.

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

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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](http://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.

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

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

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

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

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

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	<ul style="list-style-type: none"> <li>• \$29,200 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$21,900 if you're head of household</li> <li>• \$14,600 if you're single or married filing separately</li> </ul>	}	. . . . .	<b>2</b>	\$ _____
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- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

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

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

**KENTUCKY'S WITHHOLDING  
CERTIFICATE****2024**

Social Security Number			
Name—Last, First, Middle Initial			
Mailing Address (Number and Street including Apartment Number or P.O. Box)			
City, Town or Post Office			
State		ZIP Code	

All Kentucky wage earners are taxed at a flat 4% rate with a standard deduction allowance of \$3,160. The Department of Revenue annually adjust the standard deduction in accordance with KRS 141.081(2)(a).

Check if exempt:

- ☐ 1. Kentucky income tax liability is not expected this year (see instructions)
- ☐ 2. You qualify for the Fort Campbell Exemption Certificate. I am a resident of \_\_\_\_\_ State
- ☐ 3. You qualify for the nonresident military spouse exemption
- ☐ 4. You work in Kentucky and reside in a reciprocal state

Additional withholding per pay period under agreement with employer \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Instructions to Employees**

All Kentucky wage earners are taxed at a flat 4% tax rate with an allowance for the standard deduction.

You may be exempt from withholding if any of the four conditions below are met:

- You may be exempt from withholding for 2024 if both the following apply:
  - For 2023, you had a right to a refund of all Kentucky income tax withheld because you had no Kentucky income tax liability, and
  - For 2024, you expect a refund of all your Kentucky income tax withheld.

**Income Tax Liability Thresholds**—The 2023 filing threshold amount based upon federal poverty level is expected to be \$14,580 for a family size of one (single, or married living apart from your spouse for the entire year), \$19,720 for a family of two (single with one dependent child or a married couple), \$24,860 for a family of three (single with two dependent children or a married couple with one dependent child) and \$30,000 for a family of four or more (single with three dependent children or a married couple with two or more dependent children). Modified gross income is equal to your federal adjusted gross income plus any interest income from other states municipal bonds and pension income from a qualifying lump-sum distribution. If your combined modified gross income is expected to be less than the threshold amount for your family size, then you (and your spouse, if applicable) may not have an income tax liability.

If both the above statements apply, you are exempt and may check box 1. Your exemption for 2024 expires February 15, 2025.

- Under the provisions of Public Law 105–261, pay and compensation earned at the Fort Campbell, Kentucky, military base is exempt from Kentucky income tax if you are not a resident of Kentucky. KRS 141.010(32) defines “resident” as an individual domiciled within this state or an individual who is not domiciled in this state, but maintains a place of abode in this state and spends in the aggregate more than one hundred eighty-three (183) days of the taxable year in this state.

Check box 2 if you certify that you are not a resident of Kentucky and only earn wages as an employee at Fort Campbell, Kentucky. This exemption must be revoked within 10 days of a move or change of address to Kentucky.

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.**

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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.

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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.**

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### Instructions to Employers

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

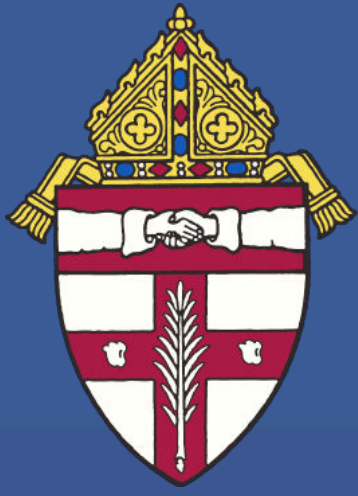
Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4's received from employees.

# Diocese of Owensboro

## Benefit Information

### 2023/2024



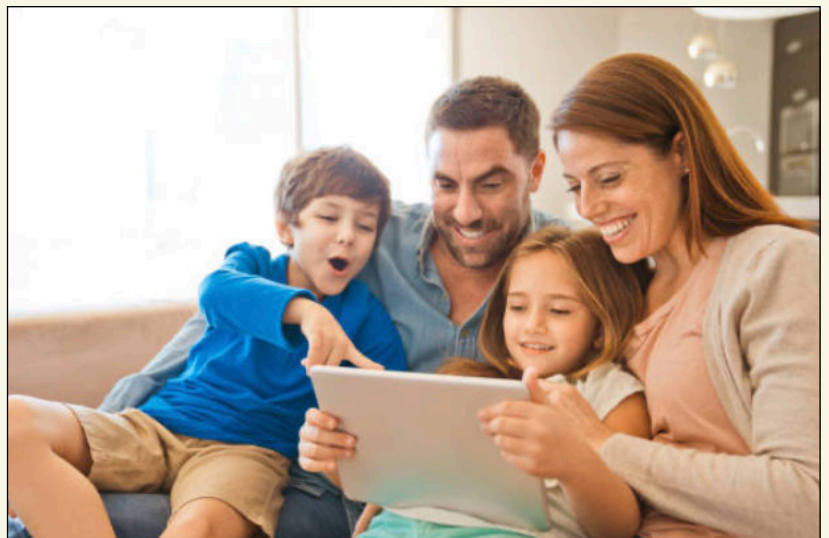
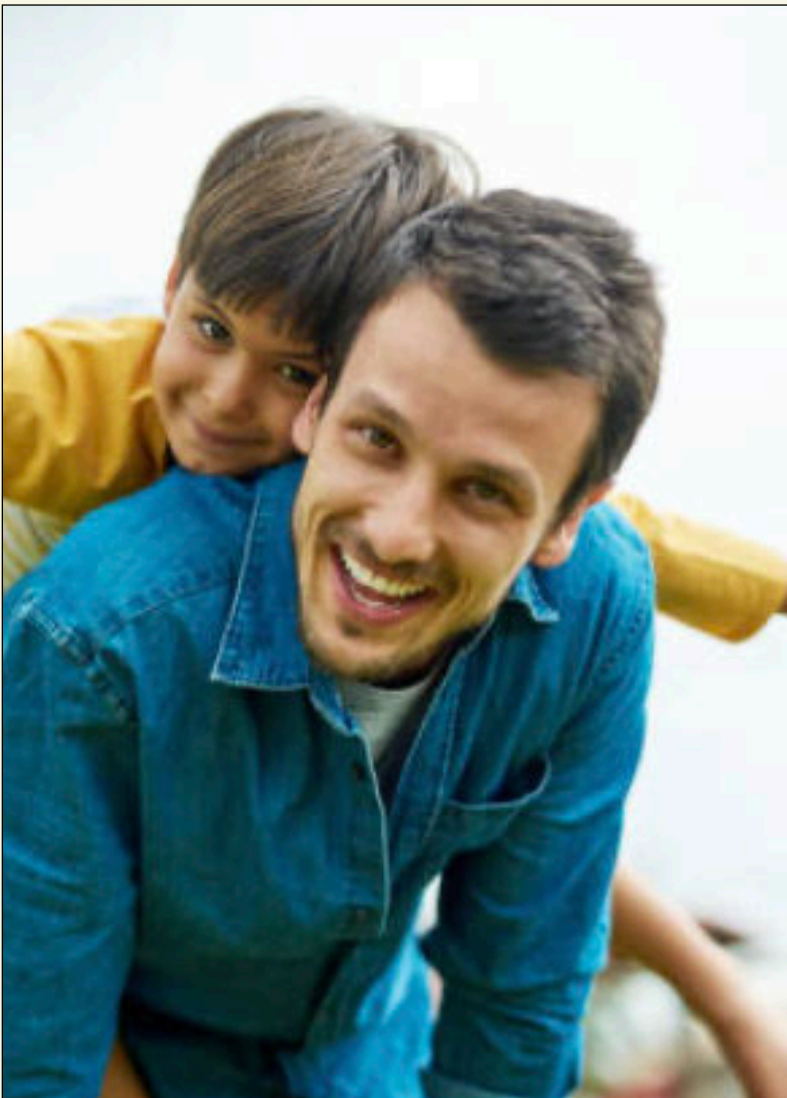


# Diocese of OWENSBORO

## 2023/2024 Employee Benefits Guide

 Medical  Dental  Vision  Life  Disability  Supplemental  Retirement

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



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



Benefit Eligibility

When are Employees eligible to enroll?

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

Benefit Eligibility

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

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

New Employee - Open Enrollment

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

When can I change my elections/coverage?

Changes to your benefit elections can be made throughout the year if preceded by a Qualifying Event. The following events "qualify" for a change in coverage:

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



Preventive Care Covered at 100%


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



Medical Benefits



Diocese of Owensboro is pleased to offer you and your family two plan options. The medical benefit plan is administered by Anthem Blue Cross Blue Shield. The prescription drug benefit is administered by TrueScripts. Below is a brief benefits summary, for more plan detail, please refer to the Summary Benefit of Coverage.

	Low Deductible Option		High Deductible Option	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1,000 - Single \$3,000 - Family	\$2,000 - Single \$4,000 - Family	\$3,500 - Single \$7,000 - Family	\$7,000 - Single \$14,000 - Family
Out-of-Pocket Maximum	\$3,250 - Single \$9,750 - Family	\$6,600 - Single \$19,500 - Family	\$6,500 - Single \$13,000 - Family	\$13,000 - Single \$26,000 - Family
Coinsurance	80% - Plan 20% - Member	60% - Plan 40% - Member	70% - Plan 30% - Member	50% - Plan 50% - Member
Emergency Room	20% Coinsurance	20% Coinsurance	30% Coinsurance After Deductible	30% Coinsurance After Deductible
Urgent Care & Retail Health Clinics	\$20 Copay	40% Coinsurance After Deductible	30% Coinsurance After Deductible	50% Coinsurance After Deductible
Imaging (CT, PET, MRI)	20% Coinsurance After Deductible	40% Coinsurance After Deductible	30% Coinsurance After Deductible	50% Coinsurance After Deductible
Office Visit (PCP / Specialist)	\$20 / \$20 Copay	40% Coinsurance After Deductible	30% Coinsurance After Deductible	50% Coinsurance After Deductible
Preventive Services	Covered at 100%	40% Coinsurance After Deductible	Covered at 100%	50% Coinsurance After Deductible
	Your Pharmacy Benefit Manager (PBM), TrueScripts, offers various programs to assist Employees and their eligible dependents when it comes to their prescription medication needs. Below is a summary of the various programs TrueScripts offers. For details regarding available programs please contact TrueScripts or a member of HR.			
Retail 30-Day Co-Pays: Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	\$15 Copay \$25 Copay \$45 Copay		\$15 Copay \$30 Copay \$55 Copay	
Retail 90-Day Co-Pays: Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	\$30 Copay \$50 Copay \$90 Copay		\$30 Copay \$60 Copay \$110 Copay	
Rx Manage International Rx Program	Rx Manage offers an individual, voluntary, international prescription drug program that allows participants to receive eligible brand-name medications for \$0 Co-pay. Visit <a href="http://www.rxmanage.com">www.rxmanage.com</a> for details and enrollment.			
Monthly Premium Contributions	Low Deductible Option		High Deductible Option	
Employee Family	\$350.00 \$950.00		\$103.00 \$600.00	





Flexible Spending Account (FSA)



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

The maximum contribution allowed is \$208.33 per Month or \$2,500 annually with \$610 max rollover. Any amount above the max rollover limit will be forfeited. Employees who leave employment with the Diocese, may submit FSA claims 90 days after termination for eligible expenses occurring prior to termination.



Dental Benefits



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



Provided with Medical Coverage

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



Additional Voluntary Coverage

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

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



Vision Benefits



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

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

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

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



Life Insurance



Group Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Diocese of Owensboro provides all Full-Time Employees with 150% of an Employees annual salary. 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.

Voluntary Life Insurance

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

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

Disability Insurance



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

Voluntary Short Term Disability

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

Employer Paid Long Term Disability

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

Retirement



Defined Benefit Retirement Plan

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

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

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

403(b) Pre-Tax Savings Plan

**Employee Contribution** - The Employee can save up to the IRS imposed 403 (B) limits. The limit for 2024 is \$23,000. Anyone over the age of 50 can make a catch-up contribution of \$7,500 in 2024.

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

Employee Assistance Program (EAP)



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

Supplemental Insurance



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



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



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



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

Helpful Contact Information

	<b>Anthem BCBS Customer Service</b> (Medical / Dental) Medical - 833-578-4443; Dental - 844-729-1565 <a href="http://www.anthem.com">www.anthem.com</a>
	<b>Anthem BCBS Customer Service</b> (FSA) <a href="http://www.anthem.com">www.anthem.com</a>
	<b>TrueScripts Customer Service</b> (Pharmacy Coverage) 844-257-1955; <a href="http://www.truescripts.com">www.truescripts.com</a>
	Rx Manage International Pharmacy Customer Service 800-883-8841; <a href="http://www.rxmanage.com">www.rxmanage.com</a>
	Paramount Dental Customer Service (Dental) 800-727-1444; <a href="http://www.insuringsmiles.com">www.insuringsmiles.com</a>
	Paramount Vision Customer Service (Vision) 800-727-1444; <a href="http://www.eyemed.com">www.eyemed.com</a>
	Mutual of Omaha Customer Service (Life & Disability) 800-228-7104; <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a> EAP - 800-316-2796; <a href="http://www.mutualofomaha.com/EAP">www.mutualofomaha.com/EAP</a>
	Colonial Life Customer Service (Supplemental) 866-215-2413; <a href="http://www.coloniallife.com">www.coloniallife.com</a>

# Roman Catholic Diocese of Owensboro

Offers

## COLONIAL LIFE & ACCIDENT VOLUNTARY BENEFITS

Page 1 of 2

Rates illustrated for Monthly pay periods

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

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

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

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

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

#### Base Plan Prices Shown:

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

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

# Diocese of Owensboro

Offers

## COLONIAL LIFE & ACCIDENT VOLUNTARY BENEFITS

Page 2 of 2

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

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

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

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

# Diocese of Owensboro Retirement Forms and Information

## Christian Brothers Pension Plan and 403b Plan



# CHRISTIAN BROTHERS RETIREMENT SAVINGS PLAN

## 403(b) ENROLLMENT FORM – PLAN #83339

### Step 1: Account Information

Social Security #	<input type="text"/>	Location Code	<input type="text"/>
Name (Last, First, MI)	<input type="text"/>		
Home Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Date of Birth (mm/dd/yyyy)	<input type="text"/>	M/F	<input type="text"/>
Date of Hire (mm/dd/yyyy)	<input type="text"/>	Plan Entry Date (mm/dd/yyyy)	<input type="text"/>

### Step 2: Payroll Directions

I authorize my employer to deduct the following amount from my compensation each pay period and contribute that amount to my savings plan account.

- ☐ % Deferral \_\_\_\_\_ (indicate from 1% to 100%) or \_\_\_\_\_ (dollar amount)
- ☐ I do not wish to participate in the Christian Brothers Retirement Savings Plan.
- ☐ I wish to suspend my contributions to the Plan.

### General Information

After your plan entry date, be sure to register online with Fidelity at [www.netbenefits.com](http://www.netbenefits.com) or call Fidelity at 800-343-0860 if you need assistance. During registration, you will need to provide certain demographic data.

#### Investments:

- Your money will automatically be invested in the Fidelity Freedom Index Fund Institutional Premium Class nearest your 65<sup>th</sup> birthday.
- If you are age 65 or older at the time of enrollment, your money will be invested in the Fidelity Freedom Index Income Fund Institutional Premium Class.
- Once you are registered, you can log in and change your investment election at any time.

### Step 3: Acceptance

Please sign and give the form to your Employer.

Signature of Participant

Date

### To be Completed by Employer

If you have administrator web access, please log in and enroll the new participant online. Otherwise, please sign the form and send to Christian Brothers Retirement Planning Services. If emailing, please use our secure message center at [cbservices.org](http://cbservices.org).

Signature of Employer

Date

Phone



**Christian Brothers Employee Retirement Plan  
Beneficiary Designation Form**

**Please print or type all information and return to:**

\*(If emailing to us, please use our secure message center on our website at cbservices.org under the Contact tab.)

**Christian Brothers Employee Retirement Plan**

1205 Windham Parkway, Romeoville, IL 60446-1697

Fax: 630-378-2507 \*E-mail: rpscustomerservice@cbservices.org

**SECTION A - EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: ☐ if new \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

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

**SECTION B - MARRIED**

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

Spouse's Name: \_\_\_\_\_ Spouse's Birth date: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

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

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

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

Name	Relationship	DOB	Soc. Sec. No.	%
------	--------------	-----	---------------	---

Mailing Address	Allocation
-----------------	------------

Name	Relationship	DOB	Soc. Sec. No.	%
------	--------------	-----	---------------	---

Mailing Address	Allocation
-----------------	------------

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

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

Name	Relationship	DOB	Soc. Sec. No.	%
------	--------------	-----	---------------	---

Mailing Address	Allocation
-----------------	------------

Name	Relationship	DOB	Soc. Sec. No.	%
------	--------------	-----	---------------	---

Mailing Address	Allocation
-----------------	------------

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

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

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signed In the Presence Of (witness): \_\_\_\_\_

**WITNESS CANNOT BE THE PRIMARY BENEFICIARY**

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

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

**Section 1 - Employee Data**

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

**Section 2 - New Employee Eligibility**

Date of Hire:	Part-Time <input type="checkbox"/> (Check one)	Full-Time <input type="checkbox"/>
Probationary Period: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes # of months: 1 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) ____/____/____ (day) (mo) (year)	Last Pension Report to appear on: (MM/YY)
<b>Code No:</b> 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): _____	<b>Code Description:</b>	

Employer Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FORM MUST BE SIGNED BY EMPLOYER**



July 1, 2023

## Defined Benefit Plan for the Employees of the Diocese of Owensboro

### I. CHRISTIAN BROTHERS EMPLOYEE RETIREMENT PLAN

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

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

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

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

After June 30,2014-2.04% of gross wages

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

$$2.64\% \times \$40,000 \times 5\text{yrs.} = \$5,280$$

$$2.04\% \times \$49,000 \times 15\text{yrs.} = \$14,994$$

$$\text{Total Annual Benefit after 20 Years} = \$20,274$$

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

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

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

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

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

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

**Normal Form of Payment:**

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

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

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

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

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

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

**100%** of reduced benefit to surviving spouse

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

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

**Website for Participants:** Register online at [www.cbsecurities.org](http://www.cbsecurities.org) The participant website features include the ability to:

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

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

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

## **II. SOCIAL SECURITY**

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

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



## **Christian Brothers Retirement**

### **Christian Brothers Retirement – Employee Website Access**

Christian Brothers has a new website which will allow Employee Retirement Plan participants to review their demographic information (i.e. name, address, date of hire, date of participation and beneficiary information) for accuracy. Participants will also be able to update their address or beneficiary information.

The website will be available to active employees or terminated participants who have not yet started to receive their benefit from the plan. This new tool will allow participants the ability to review their annual benefit statements for up to five previous years starting with July 1, 2017. As an extra convenience, they can also calculate estimated retirement benefits online without the added step of contacting Christian Brothers Services for assistance.

Participants will also be able to run interactive, comprehensive retirement projections. The system will calculate a participant's estimated defined benefit plan benefit and estimated Social Security benefit. If they participate in one of the Christian Brothers' defined contribution plans, the system also will show the account balance as of the previous calendar quarter-end date. It will then project these amounts to the retirement age selected by the participant and let them gauge if they are on track for a secure retirement. Participants can change various assumptions too, such as other retirement income from a previous job or his/her spouse.

Participants will be able to view our new participant website at [www.cbsservices.org](http://www.cbsservices.org). If a new user, the participant should go to Login, New Users Signup Here, Register for Participants | MyCBS and follow registration instructions. Existing users can just log in as they normally would. Once logged in, the participant would go to My Retirement and select My Pension Benefits for access to the participant's individual information.



## Take Charge of Your Financial Future

Dear Employee:

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

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

### What You Need to Do

Enrolling in the Plan is easy:

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

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

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

### For More Information

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

To learn more about your investment options, visit [www.netbenefits.com](http://www.netbenefits.com) or call the Fidelity Retirement Service Center at 1.800.343.0860.

Sincerely,

Christian Brothers Retirement Planning Services

## Christian Brothers Retirement Savings Plan Highlights

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

### Enroll Now!

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

### Accessing your account



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



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

Para español, llame al 800-587-5282.

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

### Key Features of Your Christian Brothers Retirement Savings Plan

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

## Key Features of Your Christian Brothers Retirement Savings Plan

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

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

Investing involves risk, including risk of loss.

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

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

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# How to register for access to your account on Fidelity NetBenefits® at [www.netbenefits.com](http://www.netbenefits.com).

If you have previously registered with Fidelity.com, NetBenefits®, or eWorkplace®, you do not need to register again. Use your existing username and password to access your new account.

If you have not yet registered, use the instructions below to help you set up your workplace savings account on NetBenefits.

## New user registration

*During the new user registration process, you may be asked to take an additional security step to help us authenticate your account.*

### 1 Verify your identity

Enter information in the following required fields:

- Your first and last name
- Your date of birth
- Last four digits of your Social Security number

Select the **Continue** button.

The screenshot shows a web form titled "1 Verify your identity". Below the title is a sub-header: "Before you setup online access, let's confirm some basic information about your account." The form contains three sections: "Name" with "First" and "Last" text boxes; "Date of birth" with "Month", "Day", and "Year" text boxes, where "Month" has a dropdown menu; and "Last 4 digits of SSN" with a single text box. At the bottom are "Cancel" and "Continue" buttons.

### 2 Provide your contact information

Enter information in the following required fields:

- Personal email
- Phone type
- Phone number
- Read our electronic disclosure

Select the **Continue** button.

The screenshot shows a web form titled "2 Required contact information". Below the title is a sub-header: "Help protect your account. Accurate contact information is how we alert you - and help stop - fraudulent activity." The form contains several sections: "Contact preferences can be changed on your Profile Page after registration."; "Alternatively, you may enroll in your plan or access your existing account by calling a customer service representative."; "Personal email" with a text box; "Phone type" with a dropdown menu; "Phone number" with a text box; "Electronic disclosure" with a paragraph of text; and "Important disclosure" with a paragraph of text. At the bottom are "Cancel" and "Continue" buttons.



### 3 Set up your username

We require that you create a **unique username**.

- Use 8–15 characters, including at least two letters.

You may **not** use:

- Special characters or symbols
- Sequences (e.g., 12345 or 11111)
- Personal info (SSN, phone #, DOB)

### 4 Create a password

Your password protects your account from unauthorized users.

- Use 6–20 characters.
- Use at least one number .
- Letters are case sensitive

You may **not** use:

- Special characters except for "#&\*<>{}'[]"
- Sequences (e.g., 12345 or 11111)
- Personal info (SSN, phone #, DOB)
- A password you've used before

After confirming your password, select **Continue** .

### 5 New user registration confirmed

You have successfully registered. If you have other accounts through Fidelity.com, NetBenefits, or eWorkplace, your new login information applies to these accounts, as well as to accessing your account by phone.

The screenshot shows a 'Register now' form with two main sections. Step 3, 'Create a username', includes a text input field and a list of requirements: 'Use 8 to 15 letters and/or numbers', 'If your username is between 9 and 11 characters in length, it must contain at least two letters', 'No symbols, punctuation marks, or spaces (e.g., #, @, /, \*, -)', and 'No sequences (e.g. 12345 or 111)'. A 'See more guidelines' link is provided. Step 4, 'Create a password', includes a password input field, a 'Password strength: Weak' indicator, and requirements: 'Special characters except for #&\*<>{}'[]', 'At least one number', '6 - 20 characters', 'Upper and lower case letters', and 'No sequences (e.g. 12345 or 111)'. A 'See more guidelines' link is also present. Below the password field is a 'Re-type new password' input field. At the bottom are 'Cancel' and 'Continue' buttons.

For illustrative purposes only.

The screenshot shows a confirmation screen titled 'You have successfully registered'. It displays the message 'Your new username is: testuser250' and a 'Continue' button at the bottom.

Fidelity uses the contact information you provide to send you important communications about your benefits, as well as timely service-related and legal notifications, including messages about educational and new service offerings.

*Please be assured that this information is used only to communicate with you regarding your benefits with Fidelity and will not be shared with any other parties. Fidelity Investments has always been committed to maintaining the confidentiality, integrity, and security of personal information entrusted to us by current and prospective customers.*

## 6 Begin using NetBenefits

After you log in with your new account username and password, and update your email address, email preferences, and mobile phone number, you can:

- Check your account balances
- Make changes to your investments
- Designate your beneficiaries
- Visit the Planning & Guidance Center and set up important financial goals, such as saving for retirement, college, and other personal goals (e.g., buying a home)
- Access educational resources in the NetBenefits Library to improve your financial know-how on a wide range of topics (Social Security, loans, budgeting, etc.)

## 7 Select a security question

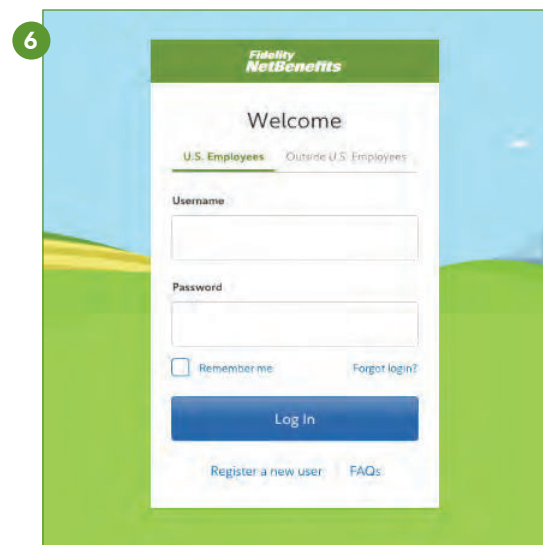
Once you log in, you will be prompted to set a security question in case you ever forget your password.

You can reset it after Fidelity verifies your identity using your new or updated security question and answer.

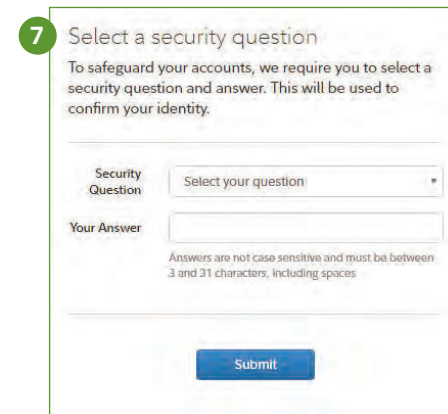
Pick a security question you can easily answer and enter your answer.

- Answers must be between 3 and 31 characters
- Answers are not case sensitive

Select **Submit**.



For illustrative purposes only.



**Need help setting up your account?**  
**Call Fidelity at 800-343-0860**

# Take care of your loved ones today!

Please take a few moments to name or update your beneficiaries to ensure your benefits will be distributed according to your wishes.

Designate your beneficiary(ies) in just three easy steps.

1. Scan the QR code below or go to Fidelity NetBenefits® at **www.netbenefits.com**
2. Click *Profile*
3. Select *Beneficiaries* and follow the online instructions



Hover your phone's  
camera over the code.  
NO APP NEEDED!

Once you have completed your beneficiary designations, you will be able to view them on NetBenefits®. Please review your choices regularly and update them after life events, such as a marriage, divorce, birth of a child, or a death in the family.

If you need to set up a username and password for your NetBenefits account, visit **www.netbenefits.com**, click "**Register as a new user**" and follow the instructions.

If you have questions, please call 800-343-0860 to speak with a Fidelity representative.

Fidelity Investments Institutional Operations Company LLC, 245 Summer Street, Boston, MA 02210

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## 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

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**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.**