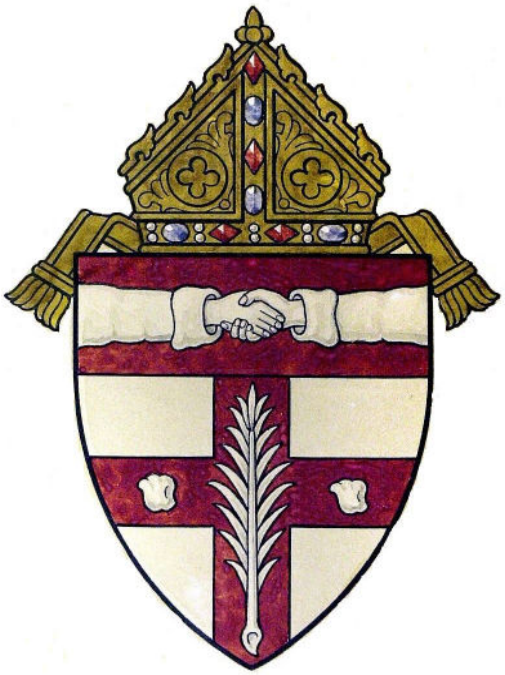
Diocese of Owensboro

Full Time

New Hire Packet



2026

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

☐ Savings ☐ 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

☐ Savings ☐ 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

☐ Savings ☐ Checking $ _____ or % _____ For full net, Indicate 100%	
Bank Name	
Name on Account	
Routing & Transit Number (9 Digits)	
Account Number	

Attach Voided Check Here
(Deposit Slip if Savings)

Write 3 on Check

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

Employee Signature:	**Date:**

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

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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

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

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

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

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

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any) _____

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

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

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

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

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

	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)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

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

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

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

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

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 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

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 *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	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 *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	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 *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	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 *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	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 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

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 *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	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) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

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

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	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) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

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

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	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) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

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

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

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

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

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

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

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

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

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

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

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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

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

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

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

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

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

Specific Instructions

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

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

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

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

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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

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

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

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . . **4** $ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

8 **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** $

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.

FORM **K-4**

Commonwealth of Kentucky
Department of Revenue

KENTUCKY'S WITHHOLDING CERTIFICATE

2026

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 3.5% rate with a standard deduction allowance of $3,360. 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 3.5% tax rate with an allowance for the standard deduction.

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

1. You may be exempt from withholding for 2026 if both the following apply:
   - For 2025, you had a right to a refund of all Kentucky income tax withheld because you had no Kentucky income tax liability, and
   - For 2026, you expect a refund of all your Kentucky income tax withheld.

Income Tax Liability Thresholds—The 2025 filing threshold amount based upon federal poverty level is expected to be $15,650 for a family size of one (single, or married living apart from your spouse for the entire year), $21,150 for a family of two (single with one dependent child or a married couple), $26,650 for a family of three (single with two dependent children or a married couple with one dependent child) and $32,150 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 2026 expires February 15, 2027.

2. 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.

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

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

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

   In order to qualify you must complete the worksheet below:

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:

☐ Illinois, ☐ Indiana, ☐ Michigan, ☐ West Virginia, ☐ Wisconsin
☐ Virginia and commute daily to my place of employment in Kentucky. *(Must commute daily to apply.)*
☐ Ohio and I am not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in an S corporation.

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

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

Instructions to Employers

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

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

Diocese of Owensboro

Benefit Information

2026

Diocese of OWENSBORO

Medical Dental Vision Life
Disability Supplemental Retirement

2026 Employee Benefits Guide

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

2026 Employee Benefits Guide

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; with the exception of the group basic life and long-term disability, as they will be effective 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 employees are eligible for Medical / Rx / Dental coverage, 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. The employer paid basic life and LTD start on your DOH. 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 Diocese Open Enrollment Period or unless you have a "Qualifying Event" which allows you to enroll as a Special Enrollee.

When can I change my elections/coverage?

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

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

When coverage ends?

All benefits terminate on the last day of the month in which employment ends, with the exception of Long-Term Disability and Voluntary Short-Term Disability, which terminate on the employee's last day worked.

Retirement contributions cease with the employee's last paycheck.
Employees who leave employment with the Diocese may be eligible for continued medical, prescription, dental and vision under Self-Pay Benefit Privilege, group life insurance, by converting or porting their group life insurance benefit and critical care extended coverage.

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

Medical Benefits

Anthem

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

Benefits	Low Deductible Option		High Deductible Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$1,000- Single $3,000- Family	$2,000- Single $4,000 -Family	$3,500 - Single $7,000 - Family	$7,000 -Single $14,000 -Family
Out-of-Pocket Maximum	$3,250 -Single $9,750 -Family	$6,600 -Single $19,500 -Family	$6,500 -Single $13,000 -Family	$13,000 -Single $26,000 -Family
Coinsurance	80% - Plan 20% - Member	60% - Plan 40% - Member	70% - Plan 30% - Member	50% - Plan 50% - Member
Emergency Room	20% Coinsurance	20% Coinsurance	30% Coinsurance After Deductible	30% Coinsurance After Deductible
Urgent Care & Retail Health Clinics	$20 Copay	40% Coinsurance After Deductible	30% Coinsurance After Deductible	50% Coinsurance After Deductible
Imaging (CT, PET, MRI)	20% Coinsurance After Deductible	40% Coinsurance After Deductible	30% Coinsurance After Deductible	50% Coinsurance After Deductible
Office Visits (PCP/Specialist)	$20 / $20 Copay	40% Coinsurance After Deductible	30% Coinsurance After Deductible	50% Coinsurance After Deductible
TrueScripts.	**Your Pharmacy Benefit Manager (PBM), TrueScripts, offers various programs to assist Employees and their eligible dependents when it comes to their prescription medication needs. Below is a summary of the various programs TrueScripts offers. For details regarding available programs please contact TrueScripts or a member of HR.**			
Retail 30-Day Co-Pays: Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	$15 Copay $25 Copay $45 Copay		$15 Copay $30 Copay $50 Copay	
Retail 30-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 www.rxmange.com for details and enrollment			
Monthly Premium Contributions	**Low Deductible Option**		**High Deductible Option**	
Employee **Family**	$380.00 $1,025.00		$120.00 $645.00	

Please Note: This is a brief summary; actual policy provisions govern all benefits and costs.

HIG Houchens Insurance Group

2026 Employee Benefits Guide

Diocese of Owensboro

Anthem

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 $250 per Month or **$3,400** annually with **$680** max rollover for 2026. 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

HRI Dental & Vision

Owensboro Diocese offers two dental plans: through HRI Dental. If you are covered under the medical plan then you will automatically be enrolled into the HRI 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 HRI Dental on a voluntary basis. Below is a definitive summary of both dental plans options.

HRI Dental & Vision

Provided with Medical Coverage

Benefits	Coverage
Deductible	$50 - Single $150 - Family
Annual Benefit	$1,500 per member
Preventive Service (Includes 2 cleanings per year)	100% paid by plan
Basic Services	80% plan / 20% member
Major Service	50% plan / 50% member
Implants	50% plan / 50% member
Orthodontics (Adult & Child)	50% plan / 50% member
Orthodontic Lifetime Benefit	$2,000

HRI Dental & Vision

Additional Voluntary Coverage

Benefits	Coverage
Deductible	$50 - Single $150 - Family
Annual Benefit	$1,500 per member
Preventive Service (Includes 2 cleanings per year)	100% paid by plan
Basic Services	80% plan / 20% member
Major Service	50% plan / 50% member
Implants	50% plan / 50% member
Orthodontics (Adult & Child)	50% plan / 50% member
Orthodontic Lifetime Benefit	$2,000

Tiers of Coverage	Monthly Premium
Emplyee Only	$27.10
Employee + Spouse	$56.92
Employee + Child(ren)	$71.09
Family	$100.03

Vision Benefits

HRI Dental & Vision

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. Providers can be found at eyemed.com.

For more plan detail refer to the benefit summary.

Benefits	Coverage
Annual Exam (12 months)	$10 Copay
Contact Lenses (12 months)	$150 Allowance 15% off amount over allowance
Contact Lenses Fitting and Exam	$40 Copay
Lenses (12 months)	$25 Copay
Frames	$150 Allowance 20% off amount over allowance
Tiers of Coverage	**Premium Contributions**
Employee Only	$6.49
Employee + Spouse	$12.97
Employee + Child(ren)	$13.61
Family	$18.93

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

Life Insurance

Mutual of Omaha

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

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

Voluntary Life	Employee	Spouse	Child(ren)
Coverag 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

Please Note: This is a brief summary; actual policy provisions govern all benefits and costs.

HG Houchens Insurance Group

Disability Insurance

Mutual of Omaha

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

Voluntary Short Term Disability

Benefits	Coverage
Eligibility	Active Employees 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 Employees working a minimum of 20 hours per week
Elimination Period	90 days
Benefit Percentage	60% ($5,000 weekly maximum)
Benefit Duration	Less than age 62: SSNRA Age 62: 60 Months

Retirement

Christian Brothers Services

Defined Benefit Retirement Plan Employer Contribution - The Employer contributes **9.48%** 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 - employees may access their benefit statement online by registering and logging in as a participant at www.cbservices.org and select Login.

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

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

Employee Assistance Program (EAP)

Mutual of Omaha

Anthem

Full-Time Employees that work 20 hours or more per week have access to an Employee Assistance Program (EAP) thru Mutual of Omaha and Anthem. Each 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.
Mutual of Omaha: 800-316-2796
Anthem: 800-865-1044

Supplemental Insurance

Colonial Life
The benefits of good hard work.

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

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

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

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

Helpful Contact Information

Houchens Insurance Group	**Houchens Insurance Group Customer Service** Leslie Dukate, Account Manager 270-793-0367 **ldukate@higusa.com**
Anthem	**Anthem BCBS Customer Service** (Medical) 833-578-4443 **www.anthem.com**
Anthem	**Anthem BCBS Customer Service** (FSA) **spendingaccountsupport@anthem.com**
TrueScripts	**TrueScripts Customer Service** Pharmacy Coverage 844-257-1955; **www.truescripts.com**
RxManage	**Rx Manage Pharmacy Customer Service** (International Pharmacy) 800-883-8841; **www.rxmanage.com**
HRI Dental & Vision	**HRI Customer Service** (Dental) 800-727-1444 **www.insuringsmiles.com**
HRI Dental & Vision	**HRI Customer Service** (Vision) 844-409-3401 **www.eyemed.com**
Mutual of Omaha	**Mutual of Omaha Customer Service** (Life & Disability) 800-228-7104; www.mutualofomaha.com EAP - 800-316-2796; **www.mutualofomaha.com/EAP**
Colonial Life	**Colonial Life Customer Service** (Supplemental) 270-793-9087 **www.colonialife.com**

Please Note: This is a brief summary; actual policy provisions govern all benefits and costs.

Houchens Insurance Group

Roman Catholic Diocese of Owensboro

Offers

COLONIAL LIFE & ACCIDENT VOLUNTARY BENEFITS

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

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
Issue	17-24	$4.22	$6.40	$4.22	$6.40
Age	25-29	$4.92	$7.40	$4.92	$7.40
	30-34	$6.12	$9.20	$6.12	$9.20
	35-39	$8.22	$12.20	$8.22	$12.20
	40-44	$10.42	$15.60	$10.42	$15.60
	45-49	$13.52	$20.70	$13.52	$20.70
	50-54	$17.12	$26.50	$17.12	$26.50
	55-59	$20.82	$32.10	$20.82	$32.10
	60-64	$26.12	$40.40	$26.12	$40.40
	65-69	$28.32	$43.70	$28.32	$43.70
	70-74	$33.72	$52.10	$33.72	$52.10

Tobacco	$10,000	Employee	Emp+Spse	Emp+Chldn	Fam
Issue	17-24	$5.42	$8.10	$5.42	$8.10
Age	25-29	$6.72	$10.00	$6.72	$10.00
	30-34	$8.92	$13.20	$8.92	$13.20
	35-39	$12.52	$18.70	$12.52	$18.70
	40-44	$16.52	$24.70	$16.52	$24.70
	45-49	$22.22	$33.90	$22.22	$33.90
	50-54	$28.62	$44.30	$28.62	$44.30
	55-59	$35.22	$54.50	$35.22	$54.50
	60-64	$44.92	$69.30	$44.92	$69.30
	65-69	$48.72	$75.20	$48.72	$75.20
	70-74	$58.52	$90.40	$58.52	$90.40

Non-Tob	$20,000	Employee	Emp+Spse	Emp+Chldn	Fam
	17-24	$6.12	$9.20	$6.12	$9.20
	25-29	$7.52	$11.20	$7.52	$11.20
	30-34	$9.92	$14.80	$9.92	$14.80
	35-39	$14.12	$20.80	$14.12	$20.80
	40-44	$18.52	$27.60	$18.52	$27.60
	45-49	$24.72	$37.80	$24.72	$37.80
	50-54	$31.92	$49.40	$31.92	$49.40
	55-59	$39.32	$60.60	$39.32	$60.60
	60-64	$49.92	$77.20	$49.92	$77.20
	65-69	$54.32	$83.80	$54.32	$83.80
	70-74	$65.12	$100.60	$65.12	$100.60

Tobacco	$20,000	Employee	Emp+Spse	Emp+Chldn	Fam
	17-24	$8.52	$12.60	$8.52	$12.60
	25-29	$11.12	$16.40	$11.12	$16.40
	30-34	$15.52	$22.80	$15.52	$22.80
	35-39	$22.72	$33.80	$22.72	$33.80
	40-44	$30.72	$45.80	$30.72	$45.80
	45-49	$42.12	$64.20	$42.12	$64.20
	50-54	$54.92	$85.00	$54.92	$85.00
	55-59	$68.12	$105.40	$68.12	$105.40
	60-64	$87.52	$135.00	$87.52	$135.00
	65-69	$95.12	$146.80	$95.12	$146.80
	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 #

Location Code

Name
(Last, First, MI)

Home Address

City

State

Zip

Date of Birth
(mm/dd/yyyy)

M/F

Date of Hire
(mm/dd/yyyy)

Plan Entry Date
(mm/dd/yyyy)

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 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 65th 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.

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

Section 1 - Employee Data

Employee Last Name:	First Name:	Middle:
Street Address: ☐ (check if new)		
City/State:		Zip Code:
Soc. Sec. No.:	Date of Birth:	Sex: M ☐ F ☐

Marital Status: (Check One)

Single ☐ Married ☐ Widowed ☐ Divorced ☐

Spouse's Name : _____

Spouse's DOB: _____

Spouse's SS#: _____

Section 2 - New Employee Eligibility

Date of Hire: | Part-Time ☐ (Check one) Full-Time ☐

Probationary Period: ☐ Yes ☐ No If Yes # of months: 1 ☐ 3 ☐ 6 ☐ 9 ☐ 1 yr ☐ (check one)

Date Eligible to Participate (___ hours or more): _____/_____/_____ (Mo) (day) (year)

Section 3 - Change of Status After Enrollment

Enter Code No. (select from descriptions below):	Effective Date: (last date worked) _____/_____/ (mo) (day) (year)	Last Pension Report to appear on: (MM/YY)

Code No:	Code Description:
1	Termination From Plan
2	_____Address _____ Name Change (check applicable item)
3	Death
4	Retirement
5	Leave of Absence (Without Pay)
6	Return from Leave of Absence
7	Disability
8	Transfer
9	Rehire
10	Other (please specify): _____

Employer Signature: _____ Date Signed: _____

Title: _____ Phone #: _____

FORM MUST BE SIGNED BY EMPLOYER

CHRISTIAN BROTHERS SERVICES

July 1, 2023

Defined Benefit Plan for the Employees of the Diocese of Owensboro

I. CHRISTIAN BROTHERS EMPLOYEE RETIREMENT PLAN

Trust: Established 1964. Current Participation: 40,000 Employees/700 Employers.
Funds are held a trustee bank in an irrevocable trust. Employers have no access to the funds. The approximate value of the trust fund is currently $1,500,000,000.

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

Prior to July 1, 2014-2.64% of gross wages
After June 30,2014-2.04% of gross wages

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

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

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

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

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

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

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

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

Normal Form of Payment:

Single Employee: **Life only** (monthly benefit for life)
Married Employee: **Join and 50%** to Survivor annuity.

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

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

Married Employee: **Life only** (monthly benefit for life)
100% of reduced benefit to surviving spouse

All Employees: **10 Year Certain & Life.** A reduced benefit is guaranteed payable for no less than 120 months.
Lump-Sum: Based on Funded Status of Plan at time of payment. Paid in lieu of monthly pension payments.

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

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

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

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

II. SOCIAL SECURITY

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

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

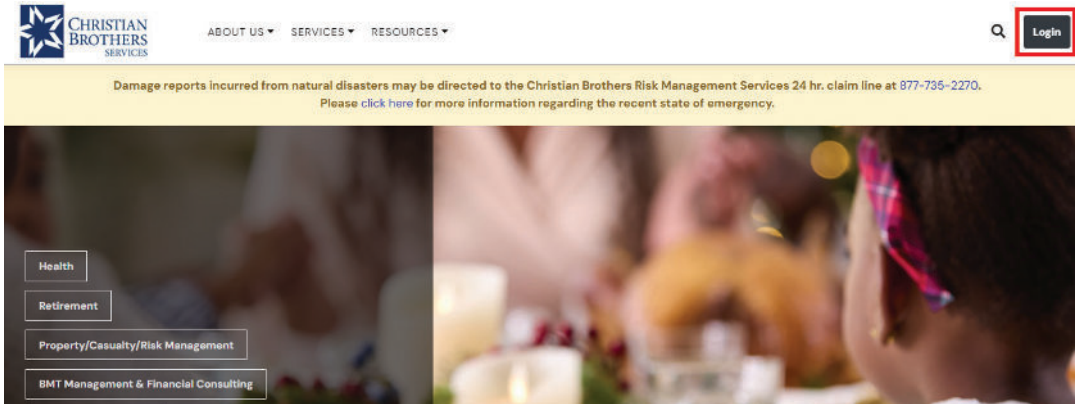
Retirement Planning Services

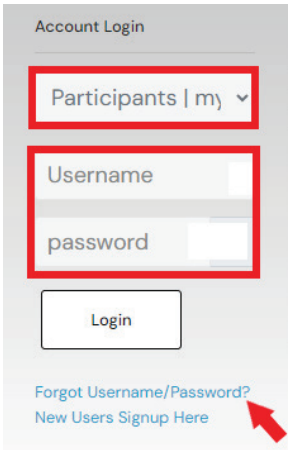
Christian Brothers Retirement Planning Services

Step-by-Step Instructions to access your accounts online

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

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



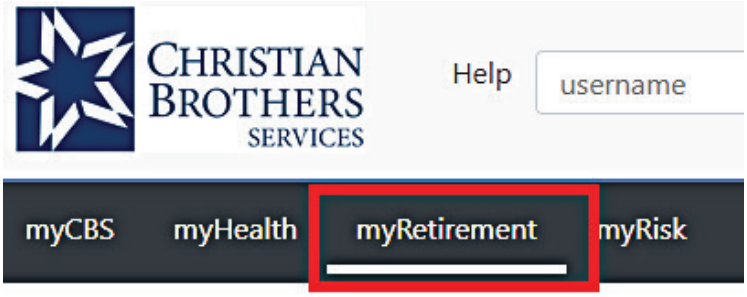


2 On the Administrator/Participant Login page, choose Participants | myCBS from the "Select" dropdown, then enter your Username and Password and click Login. For assistance, click on Forgot Username/Password?

My HEALTH

My RETIREMENT

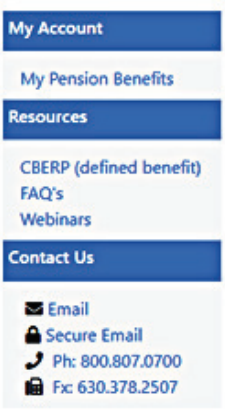
My RISK

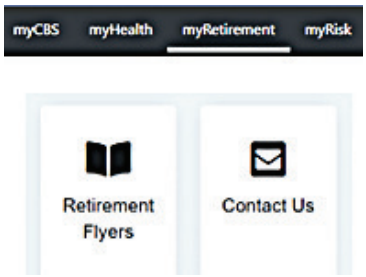


Click on the My Retirement link or click myRetirement on the toolbar and make your selection from there.

Step-by-Step Instructions to access your accounts online

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





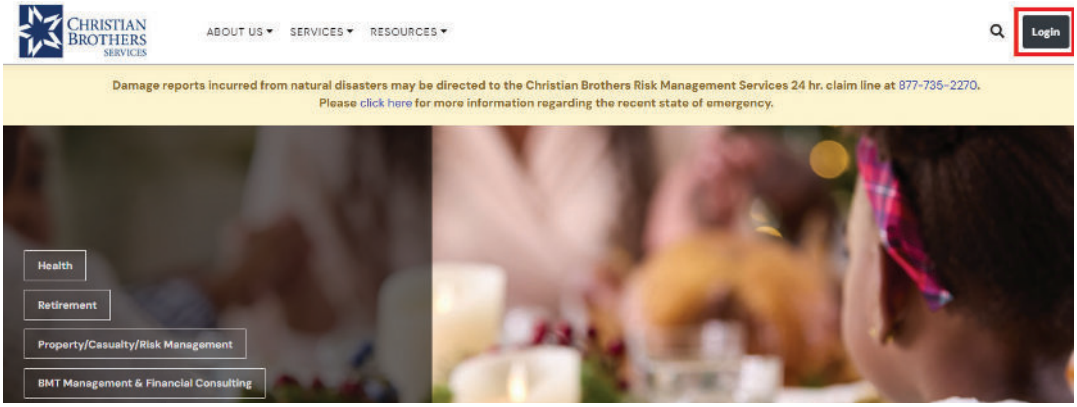
Retirement Planning Services

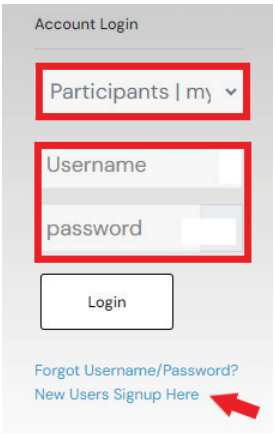
Christian Brothers Retirement Planning Services

Step-by-Step Instructions to access your accounts online

New registrants start here.

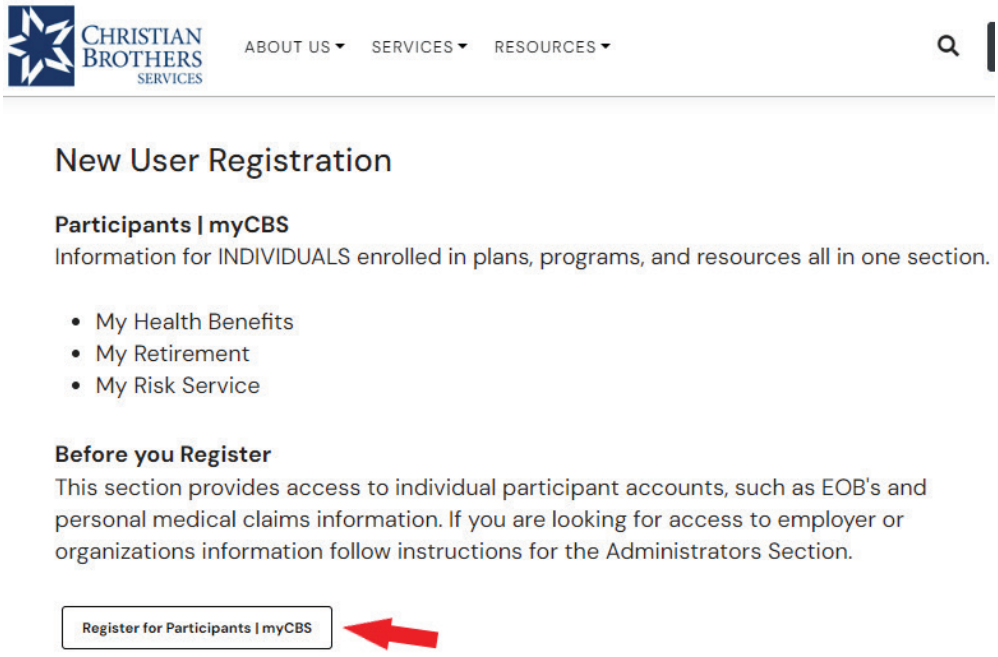
1. Go to: www.cbservices.org and click the black "Login" box in the right-hand corner.





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

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

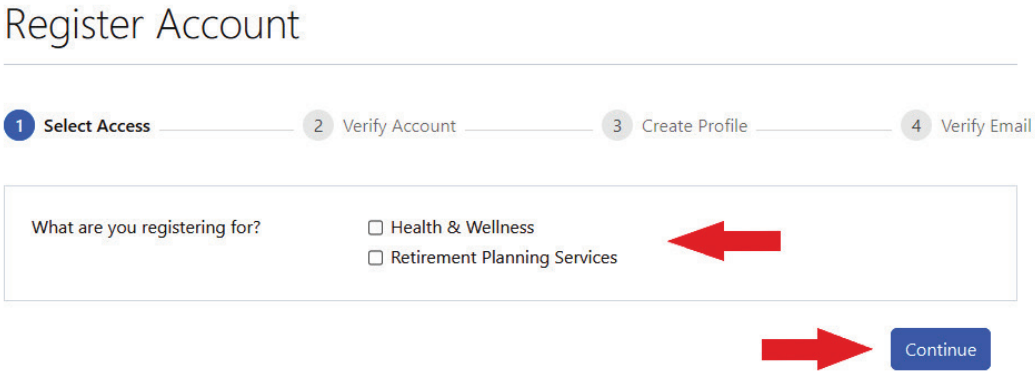


Christian Brothers Retirement Planning Services

Step-by-Step Instructions to access your accounts online

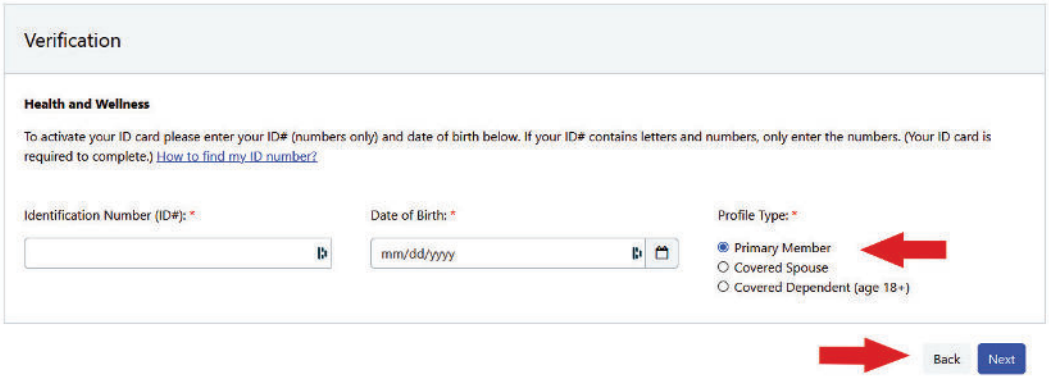
A. Select Access

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

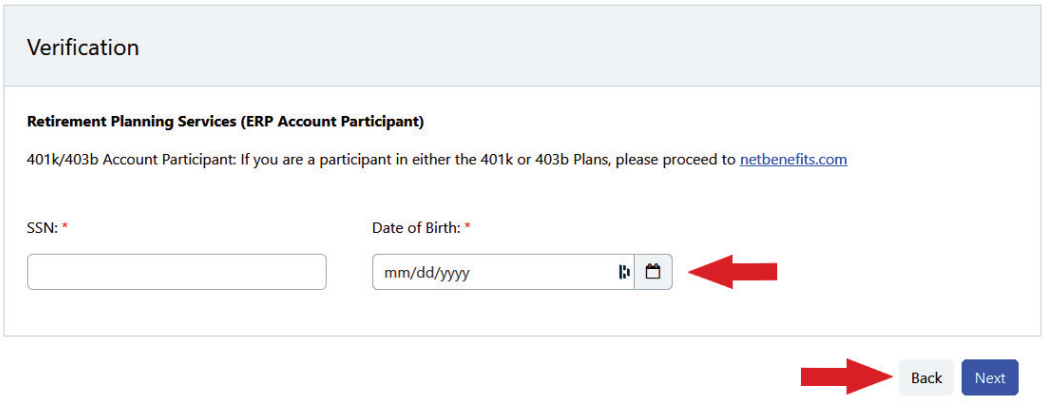


B. Verify Account

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

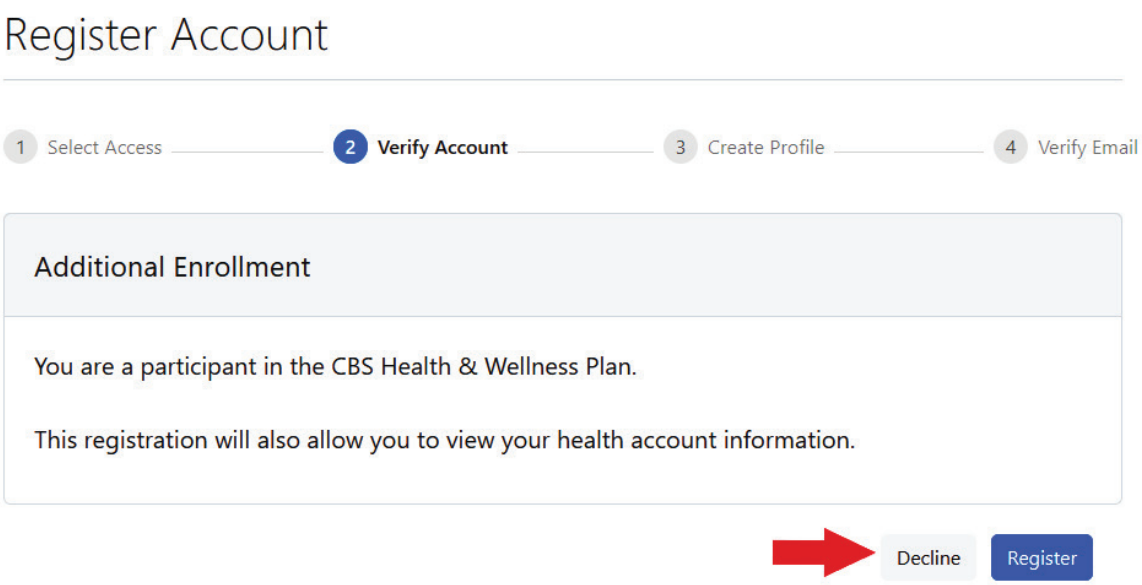


If you clicked on Retirement Planning Services only, you will go here. Enter your **Social Security Number** (with or without dashes) and your **Date of Birth** in the format shown (mm/dd/yyyy). Then click **"Next."**



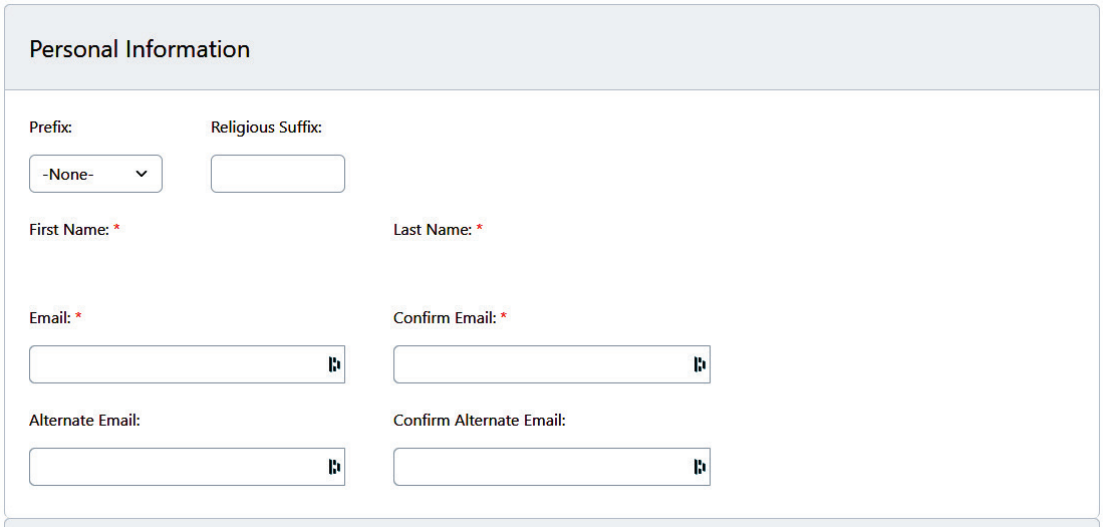
Step-by-Step Instructions to access your accounts online

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

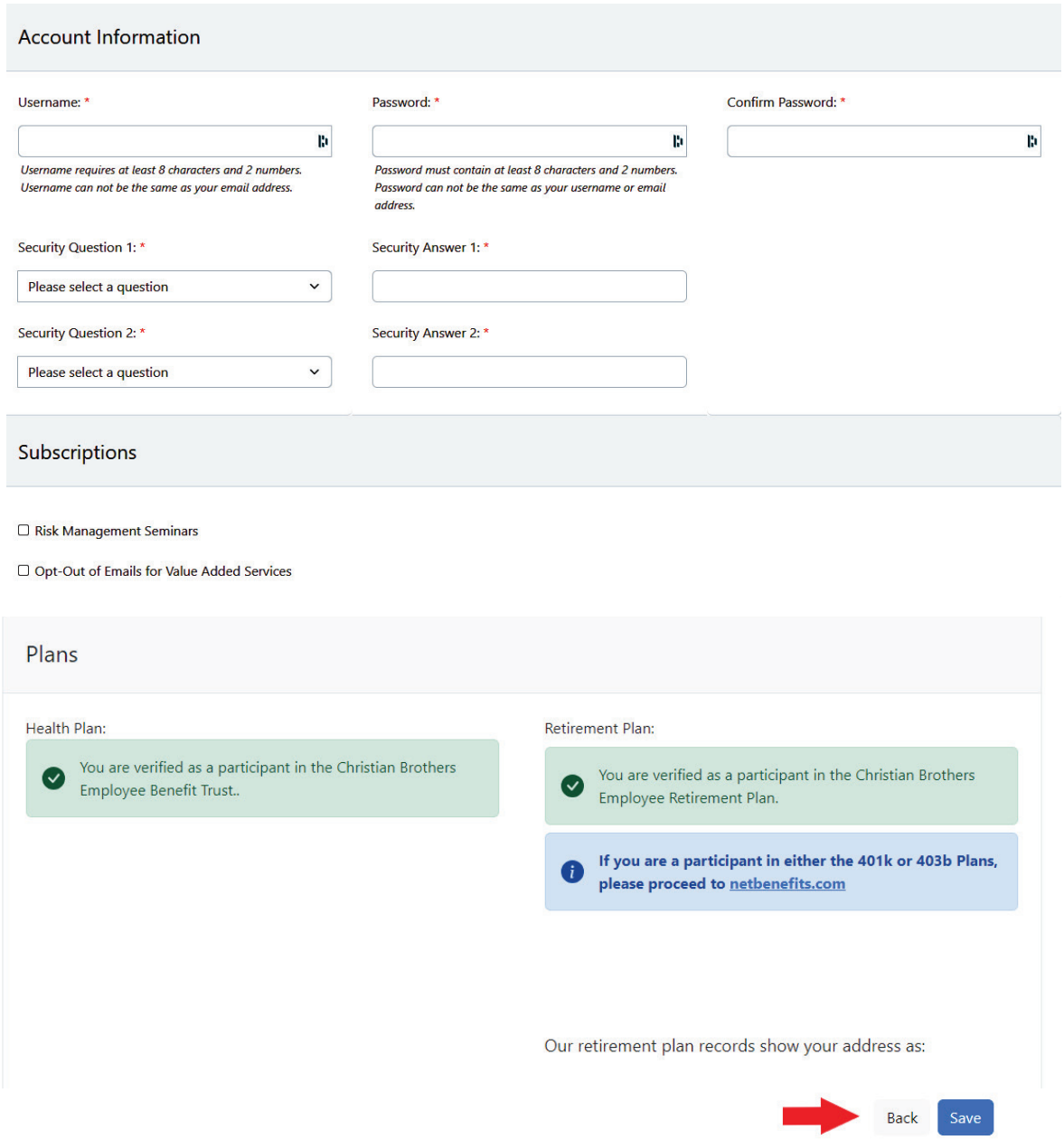


C. Create Profile

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

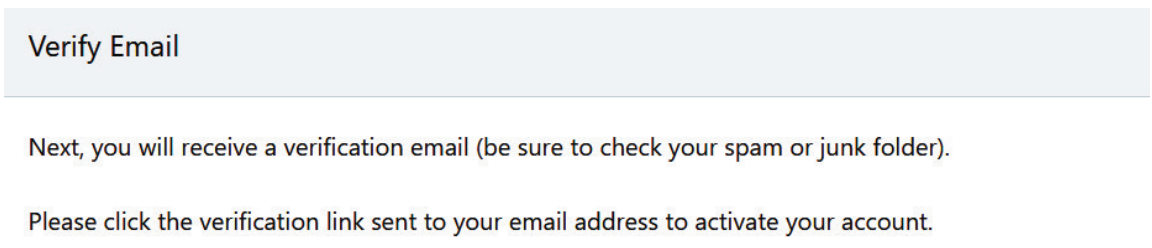


Step-by-Step Instructions to access your accounts online



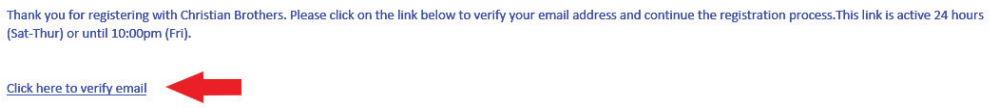
D. Verify Email

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

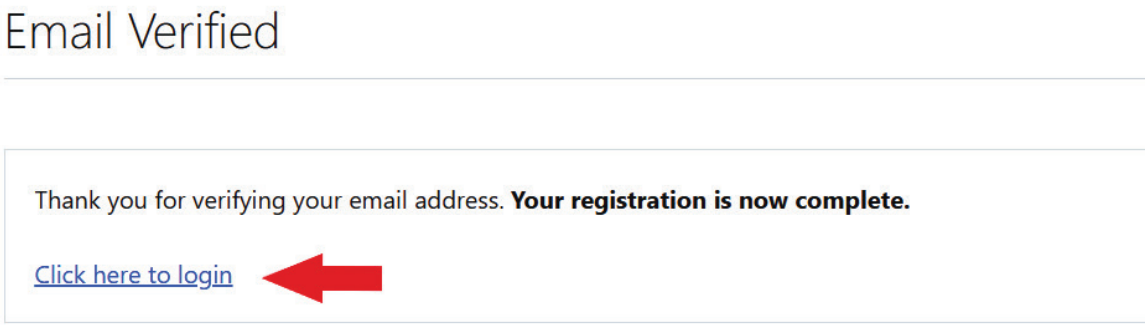


Step-by-Step Instructions to access your accounts online

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



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



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

CHRISTIAN BROTHERS SERVICES

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

Take Charge of Your Financial Future

Dear Employee:

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

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

What You Need to Do
Enrolling in the Plan is easy:

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

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

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

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

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

Sincerely,

Christian Brothers Retirement Planning Services

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	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Christian Brothers Retirement Savings Plan Highlights

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

Enroll Now!

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

Accessing your account

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

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

Para español, llame al 800-587-5282.

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

Key Features of Your Christian Brothers Retirement Savings Plan	
Eligibility	All employees are eligible to participant in the Plan except: • Employees who work less than the minimum hours per week required by their employer for Plan eligibility. • Employees who are represented by a bargaining unit that prohibits their participation. • Employees who participate in another employer-sponsored plan through this employer that allows pre-tax contributions. • Students who are enrolled in and regularly attend classes, if their institution is a school. • Academic employees scheduled to work less than the required teaching load as determined by their employer. • Employees who have not satisfied their employers probationary period, if any.
Your Contributions	Employee deferral elections are made and changed through your employer. You can contribute up to 100% of your eligible pay as pre-tax contributions up to the annual IRS dollar limits. Annual plan contribution limits, including catch-up contribution limits, are available at www.irs.gov. 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. You may also be able to make Roth contributions. Contact your employer to determine if they have elected to include the Roth option. 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.

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

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

Investing involves risk, including risk of loss.

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

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

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

775330.43.154

Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).

- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).

- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.

- **Trust** – You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.

- **Supplemental Life** is life insurance elected by you for which you pay the premiums.

- **AD&D** is Accidental Death & Dismemberment coverage.

- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.

- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.

KENTUCKY LAW REQUIRES

EQUAL EMPLOYMENT OPPORTUNITY

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION REGARDING:

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

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BASED ON:

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

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BY:

- EMPLOYERS
- LABOR ORGANIZATIONS
- EMPLOYMENT AGENCIES
- LICENSING AGENCIES

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

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

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

FOR HELP WITH DISCRIMINATION, CONTACT

THE KENTUCKY COMMISSION ON HUMAN RIGHTS

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

COBRA is a Federal Law that requires employers with 20 or more employees to offer continuing coverage to individuals who would otherwise lose their health benefits.

When subject to COBRA, you must provide COBRA benefits to qualified beneficiaries. A qualified beneficiary is anyone covered under your group health plan (Medical, Dental, Vision, FSA (Medical only) and HSA on the day of the qualifying event.

COBRA Deadlines

- New Hires (Active Insureds)
  - General Notification Letter processed within **90 days** of eligibility date
- COBRA Participants with a loss of benefits
  - Per COBRA Law within **45 days** of loss of coverage
- COBRA Qualifying Events
  - Termination (Involuntary)
  - Loss of Coverage (Voluntary)
  - Reduction in Hours
  - Divorce or Legal Separation
  - Death of Employee
  - Retirement
  - Ineligible Dependent

Is there a penalty for not offering COBRA? Yes
Excise tax **penalties** of $100 per day ($200 if more than one family member is affected)
Statutory **penalties** of up to $110 per day under the Employee Retirement Income Security Act (ERISA) Civil lawsuits. Attorneys' fees and interest.

EMPLOYERS RISK SERVICES can assist you with your COBRA Administration Compliance

COBRA Timefames

- COBRA Qualifying Events
  - Termination (Involuntary) - 18 Months
  - Loss of Coverage (Voluntary) - 18 Months
  - Reduction in Hours - 18 Months
  - Divorce or Legal Separation - 36 Months
  - Death of Employee - 36 Months
  - Retirement - - 18 Months
  - Ineligible Dependent - 36 Months
  - Social Security Disability – 11 Month Extension or to Medicare Eligibility if prior to 29-month timeframe

Certain provisions for retirees age 60-65 with 4 years and 9 months of service.

Tammy Kirby COBRA Administrator Lead 270-529-1423

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your Employer, you may have other coverage options through **the Health Insurance Marketplace ("Marketplace")**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by Roman Catholic Diocese of Owensboro.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. For 2026, if your share of the premium cost of all plans offered to you through your employment is more than 9.96% (indexed annually; 9.02% for 2025) of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.02% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, the employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on

your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description (SPD) or contact your employer.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **www.HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer Name	Roman Catholic Diocese of Owensboro
2. Employer Identification Number (EIN)	45-3848250
3. Employer Address	600 Locust Street
4. Employer Phone Number	270-683-1545
5. City	Owensboro

6. State	Kentucky
7. Zip code	42301
8. Who can we contact about employee health care coverage at this job?	Mary Hall , Director of Human Resources/Benefits
9. Phone number (for contact)	270-683-1545
10. Email address	Mary.hall@pastoral.org

Here is some basic information about health coverage offered by Roman Catholic Diocese of Owensboro:

Health Plan Name: Low $1,000 deductible
Insurer: Anthem

Eligible employees are: Full Time and Part Time employees working 20 hours per week (or more)

- As your employer, we offer a health plan to: All employees
- With respect to dependents: We offer coverage to all eligible dependents.

Eligible dependents are: Legal Spouse and Dependent Child(ren), No Domestic Partner Coverage (Domestic Partner coverage not offered)

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages. *

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, **www.HealthCare.gov** will guide you through the process.

* *An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.*

Health Plan Name: High $3,500 Deductible
Insurer: Anthem

Eligible employees are: Full Time and Part Time employees working 20 hours per week (or more)

- As your employer, we offer a health plan to: All employees
- With respect to dependents: We do not offer coverage to dependents.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages. *

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, **www.HealthCare.gov** will guide you through the process.

* *An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.*

Required State and Federal Forms- For your information

Included on the Diocese's HR web-page:

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

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

Notice of Privacy Practices

Kentucky Pregnancy Workers Act

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

or contact HR 270-683-1545.