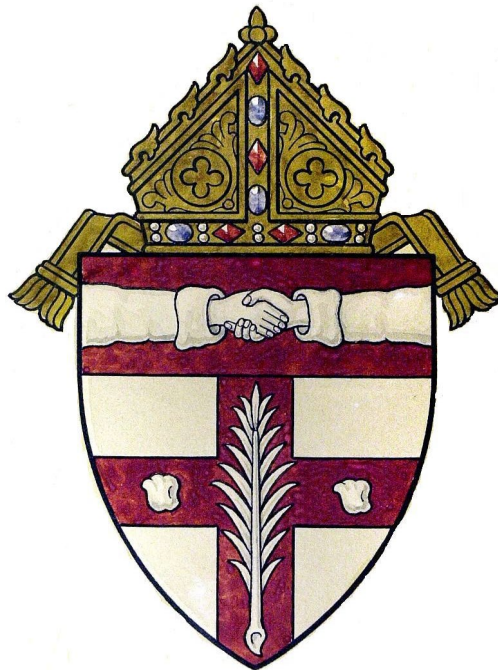


*Diocese of Owensboro*  
*New Hire Packet*



***2022/2023***

Diocese of  
Owensboro  
Payroll –  
Required Forms  
to Complete



## Diocese of Owensboro Employee Information Sheet

### Personal Information

Name: \_\_\_\_\_ Hire Date \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name and Phone # \_\_\_\_\_

### Job Information

Position: \_\_\_\_\_

Salaried Exempt ☐ Salaried Non-Exempt ☐ Hourly Non-Exempt ☐

Full Time/Part Time/Temporary: \_\_\_\_\_

Starting rate of pay: \_\_\_\_\_

Paid Monthly ☐ Paid Semi-Monthly ☐ Paid Bi-Weekly ☐

Other Information:

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

### Termination Information

Date of Termination: \_\_\_\_\_

Reason for Termination:

\_\_\_\_\_

**Diocese of Owensboro  
Emergency Contact Sheet  
Confidential**

**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

In Case of Emergency Notify:

1) \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2) \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

If so, whom? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



## DIRECT DEPOSIT WORKSHEET

Client Name: \_\_\_\_\_

Client #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

☐ New Employee

☐ Existing Employee

### ACCOUNT ONE

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

Attach Voided Check Here  
(Deposit Slip if Savings)

Write 1 on Check

### ACCOUNT TWO

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

Attach Voided Check Here  
(Deposit Slip if Savings)

Write 2 on Check

### ACCOUNT THREE

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

Attach Voided Check Here  
(Deposit Slip if Savings)

Write 3 on Check

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

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



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

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

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

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

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

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

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

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

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

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

**Preparer and/or Translator Certification (check one):**

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

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

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



Employer Completes Next Page





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

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

**Section 2. Employer or Authorized Representative Review and Verification**

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

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

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

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

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

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

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

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

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

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

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

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

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

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

**Refer to the instructions for more information about acceptable receipts.**



**Employee's Withholding Certificate**

OMB No. 1545-0074

**2022**

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

**Step 1:  
Enter  
Personal  
Information**

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

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

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

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

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

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

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

**Step 3:  
Claim  
Dependents**

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

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here . . . **3** \$

**Step 4  
(optional):  
Other  
Adjustments**

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

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . **4(b)** \$

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

**Step 5:  
Sign  
Here**

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

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

**Employers  
Only**

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

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

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

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

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

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

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

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

## Specific Instructions

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

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

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

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

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

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

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

**KENTUCKY'S WITHHOLDING  
CERTIFICATE**

**2022**

Social Security Number <div style="text-align: center; margin-top: 10px;"> <div style="display: inline-block; width: 10px; height: 10px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 10px; height: 10px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 10px; height: 10px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 10px; height: 10px; border: 1px solid black; margin: 0 5px;"></div> </div>	
Name—Last, First, Middle Initial	
Mailing Address (Number and Street including Apartment Number or P.O. Box)	
<div style="display: flex; justify-content: space-between;"> <span>City, Town or Post Office</span> <span>State</span> <span>ZIP Code</span> </div>	

All Kentucky wage earners are taxed at a flat 5% rate with a standard deduction allowance of \$2,770. 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 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 2022 if both the following apply:
  - For 2021, you had a right to a refund of all Kentucky income tax withheld because you had no Kentucky income tax liability, and
  - For 2022, you expect a refund of all your Kentucky income tax withheld.

**Income Tax Liability Thresholds**—The 2021 filing threshold amount based upon federal poverty level is expected to be \$12,880 for a family size of one (single, or married living apart from your spouse for the entire year), \$17,420 for a family of two (single with one dependent child or a married couple), \$21,690 for a family of three (single with two dependent children or a married couple with one dependent child) and \$26,500 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 2022 expires February 15, 2023.

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.

# Christian Brothers Employee Retirement Plan

## Beneficiary Designation Form

Please print or type all information and return to:

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

### SECTION A - EMPLOYEE INFORMATION

Last Name	First Name	Middle Initial	
Street Address:	Check if new	City/State:	Zip Code:
Soc. Sec. No.:	Employer:		
Marital Status:	Married (Read and Complete Section B; complete Section D if applicable) Not Married (Read and complete Section C; complete Section D if applicable. Witness must sign in your presence)		

### SECTION B - MARRIED

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

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

### SECTION C - NOT MARRIED

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

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

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

### SECTION D - CONTINGENT BENEFICIARY DESIGNATION (IF APPLICABLE)

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

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

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

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

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

WITNESS SHOULD NOT BE THE PRIMARY BENEFICIARY

Diocese of Owensboro

Retirement Forms





## 403(b) Retirement Savings Plan

Plan # 093264

## ENROLLMENT FORM

## Step 1: Account Information

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

## Step 2: Payroll Directions

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

% Deferral \_\_\_\_\_ (indicate from 1% to 100%) OR \_\_\_\_\_ (dollar amount)

- ☐ I do not wish to participate in the Christian Brothers Retirement Savings Plan.
- ☐ I wish to suspend my contributions to the Plan.

## General Information

## Investments:

- Your money will automatically be invested in the Vanguard Target Date fund nearest your 65<sup>th</sup> birthday.
- If you are age 65 or older at the time of enrollment, your money will be invested in the Vanguard Target Income Fund.
- If you wish to choose your own investments, you will need to register\* with Vanguard online at [vanguard.com](http://vanguard.com) (or call Vanguard at 800-523-1188) and change the investment election. Your plan number is 093264.

## 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 enter new participant. Otherwise, please sign the form and send to Christian Brothers Retirement Planning Services. If emailing, please use our secure message center at [cbservices.org](http://cbservices.org).

Signature of Employer \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

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

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

**Section 1 - Employee Data**

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



September 2022

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

### I. CHRISTIAN BROTHERS EMPLOYEE RETIREMENT PLAN

**Trust:** Established 1964. Current Participation: 39,000 Employees/700 Employers. Funds are held by a trustee bank in an irrevocable trust. Employers have no access to the funds. The approximate value of the trust fund is currently \$1,500,000,000.

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

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

After June 30, 2014 – 2.04% of gross wages

**Example:** Employee had 10 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 \$50,000.

2.64% x \$40,000 x 10 yrs.	=	\$10,560
2.04% x \$50,000 x 15 yrs.	=	<u>\$15,300</u>
Total Annual Benefit after 20 years=		<b>\$25,860</b>

**Eligibility:** An employee must work a minimum of 20 hours per week or ½ the normal teaching load. There is no probationary period.

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

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

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

**Retirement Age:**      **Age 55** – early retirement at reduced benefits  
   **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:    **Joint and 50%** to Survivor annuity

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

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

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

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

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

- Review your annual benefit statements for up to 5 previous years
- 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.

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

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## Eligibility and Entry Dates

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

## Employee Salary Savings Contribution

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

## Changes in Salary Savings Contributions

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

## Accessing your Account

*Accessing your account is easy when you register at [vanguard.com](http://vanguard.com). You can:*

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

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

## Investments

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

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

### **Tier 2:**

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

### **Tier 3:**

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

### **Tier 4:**

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

## Withdrawals

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

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

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

## Financial Hardship

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

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

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

## Vesting

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

## Administrative Expenses

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

## Other Benefits

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

## Effects on IRAs

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

## Summary of Benefits to Employees

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

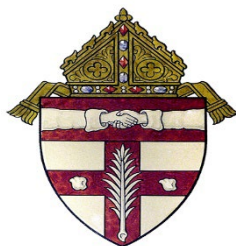


**CHRISTIAN  
BROTHERS**  
SERVICES

**Christian Brothers Services**

1205 Windham Parkway, Romeoville, IL 60446-1679

Local: 630.378.2900 Toll Free: 800.807.0700 Fax: 630.378.2507



## **Christian Brothers Retirement**

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

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

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

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

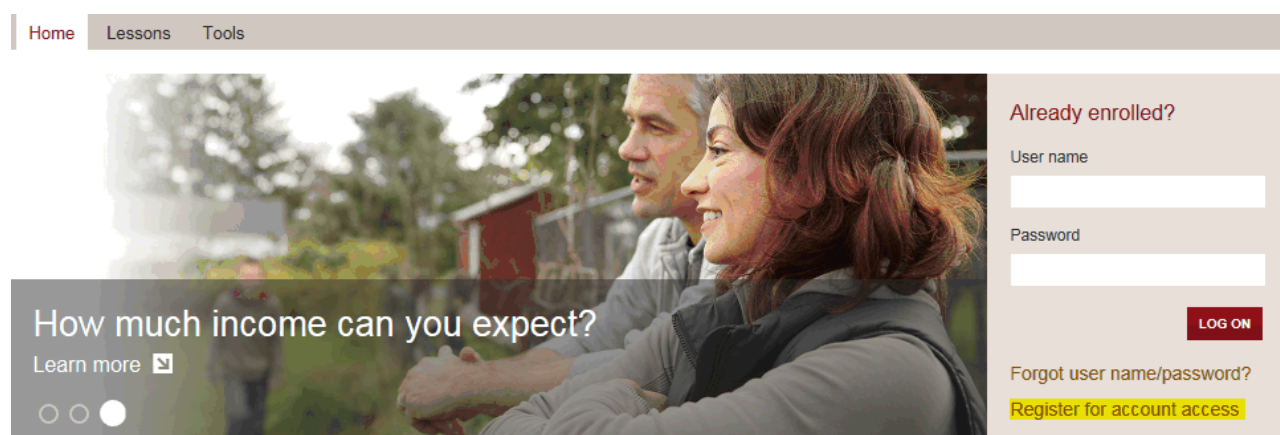
Participants will be able to view our new participant website at [www.cbsecurities.org](http://www.cbsecurities.org). If a new user, the participant should go to **Login, New Users Signup Here, Register for Participants | MyCBS** and follow registration instructions. Existing users can just log in as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

## How to Register with Vanguard

- 1) Log into [www.vanguard.com](http://www.vanguard.com)
- 2) Select "Retirement Plan Participants"

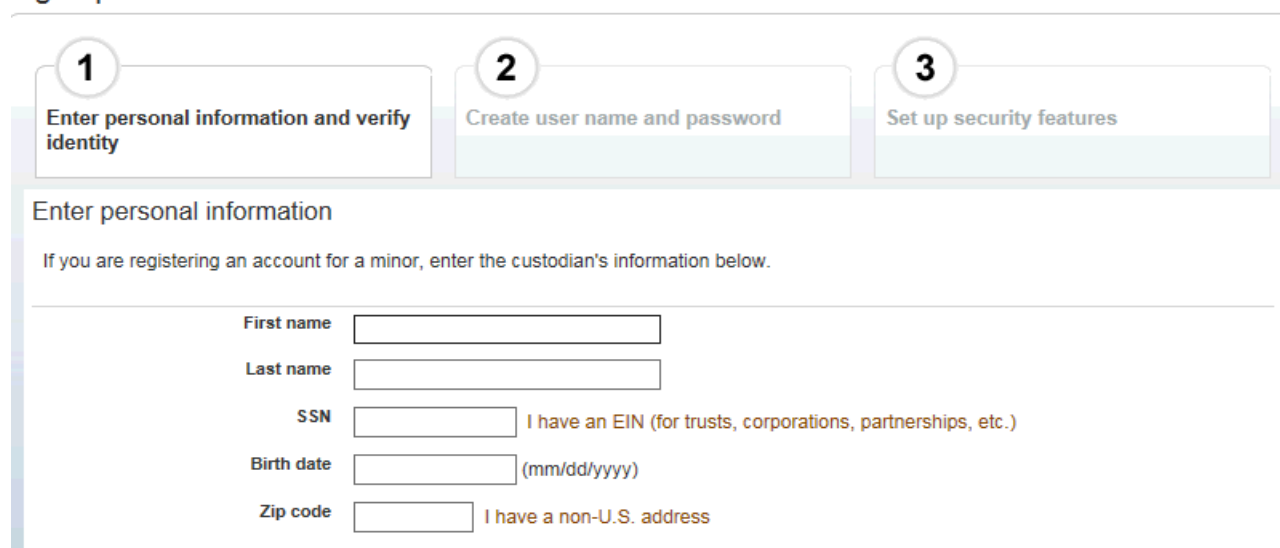


- 3) Select "Register for Account Access"



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

### Sign up for or restore account access



- 5) Create your user name and password.



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

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

## My profile overview

### Personal profile

**Address & phone**  
Update your address or phone number.

**E-mail address**  
Update your e-mail address.

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

### Account settings

**Retirement Alerts**  
Turn retirement alerts on

**Beneficiaries**  
Update your beneficiaries

**Bank information**  
Add a new bank and view

## Thank you for choosing e-delivery

Many Vanguard shareholders like you who manage their accounts online also receive their account information online. By choosing notification when your account statements, confirmations, and other account documents are available for secure access on your device and convenience and may also avoid account service fees.

You currently receive these documents via e-delivery

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

See the accounts that are affected by your mailing preferences.

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

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

## Important Information About Designation of Beneficiaries

### Beneficiary Information

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

### Types of Coverage Information

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

### General Information

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



# KENTUCKY LAW REQUIRES

## EQUAL EMPLOYMENT OPPORTUNITY

### THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION REGARDING:

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

### THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BASED ON:

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

### THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BY:

- EMPLOYERS
- LABOR ORGANIZATIONS
- EMPLOYMENT AGENCIES
- LICENSING AGENCIES

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

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

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

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

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

# Required State and Federal Forms- For your information

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**Included on the Diocese's HR web-page:**

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

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

**Notice of Privacy Practices**

**Kentucky Pregnancy Workers Act**

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

**or contact HR 270-683-1545.**