

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

Name: _____

School: _____

Given

Signed/ Turned in - Entered

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

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

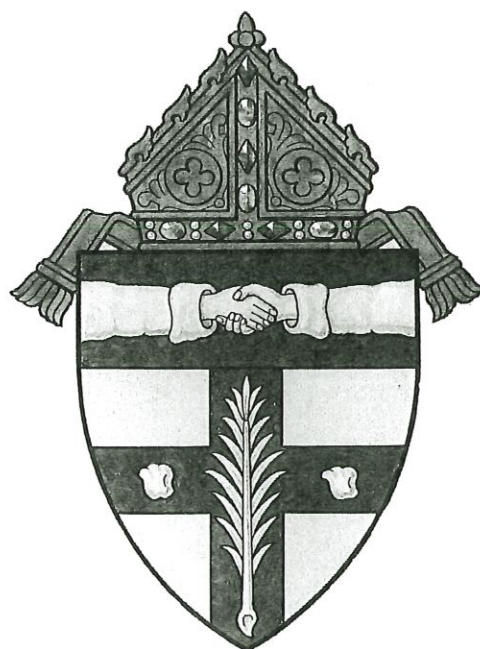
² We need a copy of your DL and SS card OR an acceptable document from the forms listed on the I-9 sheet. This is not for your background checks it is for your I-9.

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

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

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

Diocese of Owensboro
New Hire Packet



2023/2024

Roman Catholic Diocese of Owensboro
Position Description

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

Job Objective/Goal:

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

Minimum Qualifications:

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

USDA Professional Standards:

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

Knowledge of:

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

Ability to:

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

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

Physical Demands:

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

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

Evaluation:

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

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

Employee Name: _____
(please print)

Employee Signature: _____

Date Signed: _____

Witness Signature: _____

Diocese of
Owensboro
Payroll –
Required Forms
to Complete



Diocese of Owensboro
Employee Information Sheet

Personal Information

Name: _____ Hire Date _____

Address:

Cell Phone: _____ Email address: _____

Social Security #: _____ Date of Birth: _____

Emergency Contact Name and Phone # _____

Job Information

Position: _____

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

Full Time/Part Time/Temporary: _____

Starting rate of pay: _____

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

Other Information:

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

Termination Information

Date of Termination: _____

Reason for Termination:

**Diocese of Owensboro
Emergency Contact Sheet
Confidential**

Please Print

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Date of Birth: _____ Date of Employment: _____

In Case of Emergency Notify:

1) _____

Relationship: _____

Phone Number: _____

2) _____

Relationship: _____

Phone Number: _____

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

If so, whom? _____

Phone Number: _____

Personal Physician: _____

Phone Number: _____

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



DIRECT DEPOSIT WORKSHEET

Client Name: _____

Client #: _____

Employee Name: _____

☐ New Employee

☐ Existing Employee

ACCOUNT ONE

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

Attach Voided Check Here
(Deposit Slip if Savings)

Write 1 on Check

ACCOUNT TWO

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

Attach Voided Check Here
(Deposit Slip if Savings)

Write 2 on Check

ACCOUNT THREE

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

Attach Voided Check Here
(Deposit Slip if Savings)

Write 3 on Check

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

Employee Signature: _____

Date: _____

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



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code		
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number			
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.):							
		<input type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) 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)		Additional Information					
Issuing Authority							
Document Number (if any)							
Expiration Date (if any)							
Document Title 3 (if any)							
Issuing Authority							
Document Number (if any)							
Expiration Date (if any)							
						<input type="checkbox"/> 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		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND 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, gender, 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, gender, 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 <u>Section 7</u> and <u>Section 13</u> of the M-274 on <u>uscis.gov/i-9-central</u> . 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	
Acceptable Receipts			
May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">• 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.

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.

2024

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

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 most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>
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Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

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

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

KENTUCKY'S WITHHOLDING
CERTIFICATE

2024

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

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

Check if exempt:

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

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

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

Signature Date

Instructions to Employees

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

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

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

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

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

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.

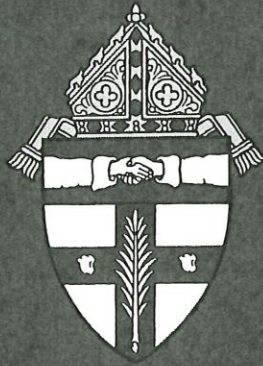
If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.

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
2023/2024

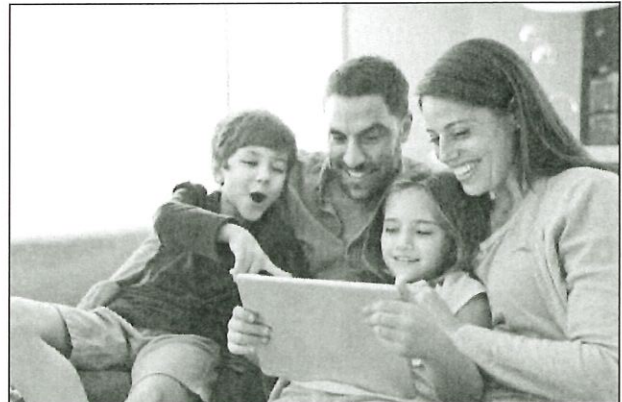
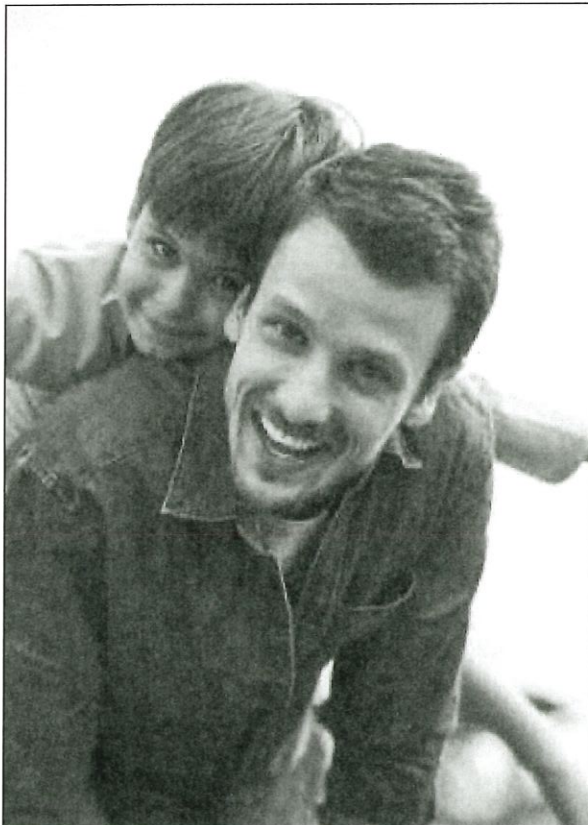


Diocese of OWENSBORO

2023/2024 Employee Benefits Guide

 Medical  Dental  Vision  Life  Disability  Supplemental  Retirement

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



2023/2024 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. In order to complete timely issuance of insurance cards, Employees will have 31 days to complete Benefit Enrollment once he/she begins employment.

Benefit Eligibility

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

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

New Employee - Open Enrollment

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

When can I change my elections/coverage?

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

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



Preventive Care Covered at 100%


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



Medical Benefits



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

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

2023/2024 Employee Benefits Guide



Diocese of
OWENSBORO



Flexible Spending Account (FSA)



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

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



Dental Benefits



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



Provided with Medical Coverage

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



Additional Voluntary Coverage

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

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



Vision Benefits



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

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

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

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



Life Insurance



Group Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Diocese of Owensboro provides all Full-Time Employees with 150% of an Employees annual salary. For example \$10,000 annual salary, the benefit would be \$15,000. The principal sum is reduced by 35% at age 65 and reduced by 50% at age 70.

Voluntary Life Insurance

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

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



Disability Insurance



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

Voluntary Short Term Disability

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

Employer Paid Long Term Disability

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



Retirement



Defined Benefit Retirement Plan

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

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

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

403(b) Pre-Tax Savings Plan

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

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



Employee Assistance Program (EAP)



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



Supplemental Insurance



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



Cancer

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

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

Roman Catholic Diocese of Owensboro

Offers

COLONIAL LIFE & ACCIDENT VOLUNTARY BENEFITS

Page 1 of 2

Rates illustrated for Monthly pay periods

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

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

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

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

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

Base Plan Prices Shown:

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

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

Diocese of Owensboro

Offers

COLONIAL LIFE & ACCIDENT VOLUNTARY BENEFITS

Page 2 of 2

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

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

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

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

Diocese of Owensboro Retirement Forms and Information

Christian Brothers Pension Plan and 403b Plan



CHRISTIAN BROTHERS RETIREMENT SAVINGS PLAN

403(b) ENROLLMENT FORM – PLAN #83339

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"/>	Location Code	<input type="text"/>	<input type="text"/>	<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"/>	State	<input type="text"/>	<input type="text"/>	Zip	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>

Step 2: Payroll Directions

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

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

General Information

After your plan entry date, be sure to register online with Fidelity at www.netbenefits.com 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 cbsservices.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: rpccustomerservice@cbservices.org

SECTION A - EMPLOYEE INFORMATION

Last Name:	First Name:	Middle Initial:	Phone Number:
Street Address: <input type="checkbox"/> if new		City/State:	Zip Code:
Soc. Sec. No.:	Date of Birth:	Employer:	
Marital Status: <input type="checkbox"/> Married (Read and Complete Section B; complete Section D if applicable.) <input type="checkbox"/> Not Married (Read and complete Section C; complete Section D if applicable. Witness must sign in your presence)			

SECTION B - MARRIED

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

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

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

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

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

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

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

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

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

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

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

Employee Signature: _____ Date Signed: _____

Signed In the Presence Of (witness): _____

WITNESS CANNOT BE THE PRIMARY BENEFICIARY

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

Return this form to:
Christian Brothers Retirement Services
1205 Windham Parkway
Romeoville, IL 60446-1679
Fax: 630-378-2507
E-mail: rpscustomerservice@cbservices.org

Location No. _____

Employer Name: _____

City/State: _____

Zip Code: _____

Section 1 - Employee Data

Employee Last Name: _____

First Name: _____

Middle: _____

Street Address: ☐ (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) ____/____/____
(day) (mo) (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.

$2.64\% \times \$40,000 \times 5\text{yrs.}$	$=$	$\$5,280$
$2.04\% \times \$49,000 \times 15\text{yrs.}$	$=$	$\$14,994$
Total Annual Benefit after 20 Years = \$20,274		

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

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

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

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

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

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

Normal Form of Payment:

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

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

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

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

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

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

100% of reduced benefit to surviving spouse

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

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

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

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

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

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

II. SOCIAL SECURITY

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

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



Christian Brothers Retirement

Christian Brothers Retirement – Employee Website Access

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

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

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

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



CHRISTIAN
BROTHERS
SERVICES

Retirement Planning Services

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

Take Charge of Your Financial Future

Dear Employee:

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

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

What You Need to Do

Enrolling in the Plan is easy:

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

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

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

For More Information

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

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

Sincerely,

Christian Brothers Retirement Planning Services



Christian Brothers Retirement Savings Plan Highlights

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

Enroll Now!

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

Accessing your account



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



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

Para español, llame al 800-587-5282.

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

Key Features of Your Christian Brothers Retirement Savings Plan

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

Key Features of Your Christian Brothers Retirement Savings Plan

Employer Contributions	Contact your employer to determine if you are eligible for matching contributions or if your employer makes other contributions to the Plan on your behalf.
Vesting	<p>You are always 100% vested in your own contributions to your Plan account, as well as any earnings on these contributions.</p> <p>Contact your employer regarding vesting information for any employer contributions.</p>
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	<p>The Plan offers you a range of options to help you meet your investment goals.</p> <p>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.</p>
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.**

How to register for access to your account on Fidelity NetBenefits® at www.netbenefits.com.

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

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

New user registration

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

1 Verify your identity

Enter information in the following required fields:

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

Select the **Continue** button.

1 **Verify your identity**

Before you setup online access, let's confirm some basic information about your account.

Name
First Last

Date of birth
Month Day Year

Last 4 digits of SSN

Cancel **Continue**

2 Provide your contact information

Enter information in the following required fields:

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

Select the **Continue** button.

2 **Required contact information**

Help protect your account. Accurate contact information is how we alert you - and help stop - fraudulent activity.

Contact preferences can be changed on your Profile Page after registration.

Alternatively, you may enroll in your plan or access your existing account by calling a customer service representative.

Personal email

Phone type

Phone number

Electronic disclosure

By clicking "Continue" you consent to receive communications electronically, including transaction alerts, required disclosures and educational materials. If you prefer print, or to update your communications preferences, please update your Profile Page after you register.

Important disclosure

By clicking "Continue", you provide your consent to receive electronic communications including transaction alerts, required disclosures and educational materials. This consent is effective until you change your electronic delivery

Cancel **Continue**



3 Set up your username

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

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

You may **not** use:

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

4 Create a password

Your password protects your account from unauthorized users.

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

You may **not** use:

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

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

The screenshot shows a registration form titled "Register now". Step 3, "Create a username", includes a text input field for the username and a list of requirements: 8-15 letters and numbers, 9-11 characters with at least two letters, no symbols/punctuation/spaces, and no sequences like 12345 or 111. Step 4, "Create a password", includes a text input field for the password, a "Password strength: Weak" indicator, and requirements: 6-20 characters, case-sensitive, at least one number, upper and lower case letters, and no sequences like 12345 or 111. A "Re-type new password" field is also present. "Cancel" and "Continue" buttons are at the bottom.

For illustrative purposes only.

5 New user registration confirmed

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

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

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

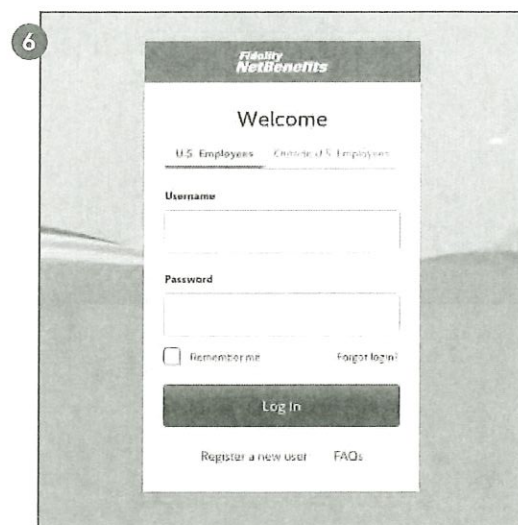
Please be assured that this information is used only to communicate with you regarding your benefits with Fidelity and will not be shared with any other parties. Fidelity Investments has always been committed to maintaining the confidentiality, integrity, and security of personal information entrusted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



6 Begin using NetBenefits

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

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

A screenshot of the Fidelity NetBenefits 'Welcome' page. At the top, it says 'Fidelity NetBenefits' and 'Welcome'. Below that, there are links for 'U.S. Employees' and 'Outside U.S. Employees'. The main section has fields for 'Username' and 'Password'. There is a checkbox for 'Remember me' and a link for 'Forgot login?'. A large 'Log In' button is centered. At the bottom, there are links for 'Register a new user' and 'FAQs'.

For illustrative purposes only.

7 Select a security question

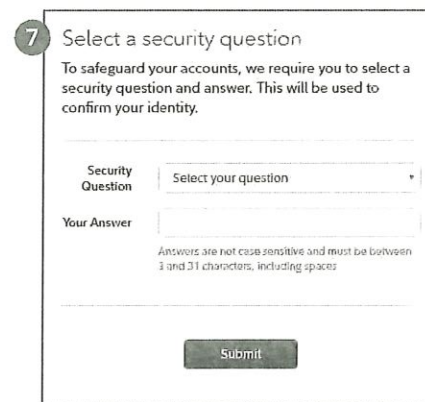
Once you log in, you will be prompted to set a security question in case you ever forget your password.

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

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

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

Select **Submit**.

A screenshot of the 'Select a security question' screen. It has a heading 'Select a security question' and a sub-heading 'To safeguard your accounts, we require you to select a security question and answer. This will be used to confirm your identity.' Below this, there is a 'Security Question' section with a dropdown menu labeled 'Select your question'. There is also a 'Your Answer' section with a text input field. A note below the answer field states: 'Answers are not case sensitive and must be between 3 and 31 characters, including spaces'. At the bottom, there is a 'Submit' button.

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

Take care of your loved ones today!

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

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

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



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

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

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

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

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

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Important Information About Designation of Beneficiaries

Beneficiary Information

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

Types of Coverage Information

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

General Information

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



KENTUCKY LAW REQUIRES EQUAL EMPLOYMENT OPPORTUNITY

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION REGARDING:

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

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BASED ON:

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

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BY:

- EMPLOYERS
- LABOR ORGANIZATIONS
- EMPLOYMENT AGENCIES
- LICENSING AGENCIES

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

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

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

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

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

Required State and Federal Forms- For your information

Included on the Diocese's HR web-page:

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

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

Notice of Privacy Practices

Kentucky Pregnancy Workers Act

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

or contact HR 270-683-1545.

Diocese of Owensboro – Food Service Employee Uniform Policy Agreement

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

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

Signature: _____ Date: _____

Diocese of Owensboro Food Service

Disclosure of Free & Reduced Priced Meals & Free Milk

Student Eligibility Information

Confidentiality Agreement

I. PURPOSE AND SCOPE

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

II. AUTHORITY

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

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

Check all that apply	Program	Information authorized
<input type="checkbox"/>	<i>Medicaid or the State children's health insurance program (SCHIP), administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act.</i>	All eligibility information, unless parents elect not to have information disclosed.
<input type="checkbox"/>	<i>State health program other than Medicaid/SCHIP, administered by a State agency or local education agency.</i>	Eligibility status only; consent not required.
<input type="checkbox"/>	<i>Federal health program other than Medicaid/SCHIP</i>	NO eligibility information, unless parental consent is obtained.
<input type="checkbox"/>	<i>Local health program</i>	NO eligibility information, unless parental consent is obtained

F/R Disclosure

x	<i>Child Nutrition Program</i> under the National School Lunch Act or Child Nutrition Act Specify Program: see section III	All eligibility information; consent not required.
x	<i>Federal/State or local means tested nutrition program</i> with eligibility standards comparable to the National School Lunch Program Specify Program: see section III	Eligibility status only; consent not required.
x	<i>Federal education program</i> Specify Program: see section III	Eligibility status only; consent not required.
x	<i>State education program</i> administered by a State agency or local education agency Specify Program: see section III	Eligibility status only; consent not required.
x	<i>Local education program</i> Specify Program: see section III	NO eligibility information, unless parental consent is obtained

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

III. RESPONSIBILITIES

The Diocese of Owensboro School Food Service will:

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

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

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

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

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

Person/groups	Needs the free/reduced status information for the following reasons:
Counselor	Data entry for accountability/Grant/various reports for CO ACT & SAT allow them to waive the fee up to two times Completing DUKE TIP and other statistical reports
School Bookkeepers & Secondary School Attendance Secretaries	To have Books &/or Fee waived or reduced
Director of Assessment	Each year, during the AP Exam testing window, the AP Coordinator is expected to note which students are on F/R lunch. Students do not have to pay the exam fee and the state reimburses the school. If a student is on F/R lunch, the Coordinator must bubble that in on the student's exam form.
Assessment Secretary	Provide information for assessment for reporting to KDE, Entry of data for accountability; demographic information
Building Assessment Coordinator (BAC)	Data entry for reporting purposes
District Assessment Coordinator (DAC)	Data entry for statistical reporting purposes, Entry of data for accountability
Building Assessment Coordinator (per school) (BAC)	IEP through IDEA to track individual students that meet threshold.
Migrant Coordinator	Migrant students qualify for free/reduced lunch status. We have to verify their enrollment for a state report during the Spring Semester.
Title 1 Consultant & Secretary	Supplemental Educational Services can only be provided to students on free/reduced lunch. Since students can enroll in these services all year long, access to the free/reduced lunch list must be available for the entire school year.
Director of Secondary	Data entry for accountability purposes
Director of Elementary	Entry of data for accountability
Director of Special Education and Secretary of Special Education	Information is needed for determination of preschool eligibility and data collection for State reports.
Preschool Coordinator and secretary	IEP through IDEA to track individual students that meet threshold.

District Health Coordinator & FRYSC	The District Health Coordinator needs access to the free and reduced count for the December 1 count that determines our FRYSC grant for the next school year. FRYSC Building Coordinators would use data to refer students and families to community and school services that help reduce barriers to learning and help promote academic success
Building Principals	Assessment results/achievement gap information, data entry for accountability purposes, Grant purposes and various reports submitted to KDE, need access to work on more complete data analysis and to meet specific educational needs of students who are economically disadvantaged.
Superintendent	Student data base program for district.
Director of Instructional Technology	Student data base program for district.
Director of Student Services	Student data base program for district.
Director of Business & Finance	Student data base program for district.
Student Information Data Technician	Student data base program for district.
Computer Operations Manager	Student data base program for district.

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

Description of Procedures to Provide Access to Meal Eligibility Information

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

V. PENALTIES

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

VI. SIGNATURES

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

Requesting Agency/Program Administrator:

Printed Name: _____

Title: _____ Phone: _____

Signature: _____ Date _____

Diocese of Owensboro School Nutrition Director

Signature: _____ Date _____

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

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

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

(2) fax: (202) 690-7442; or

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

This institution is an equal opportunity provider.

Acknowledgment of Diocese of Owensboro

Catholic School's Food Service Employee Policy Handbook

July 1, 2023

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

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

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

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

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

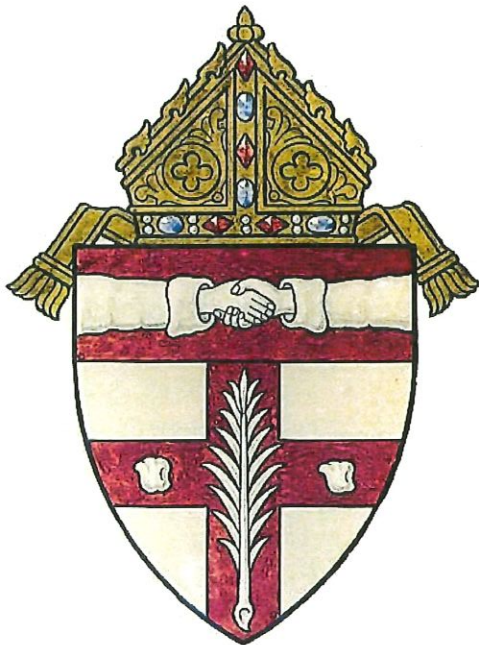
I understand I am responsible for reading and complying with the Diocese of Owensboro *Catholic School's Food Service Employee Policy Handbook*.

Employee Signature

Date

Diocese of Owensboro

Safe Environment New Hire Packet



CMGConnect

DIOCESE OF OWENSBORO



Safe Environment Compliance

Getting Started:

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

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

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

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

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

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

Example: Jason.Johnson.owb

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

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

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

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



Users with previous training:
Sign In Here

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

• **USERS WITH TRAININGS:** Click "Sign In Here" to log in with your username that is either your email address or a combination of your first name, last name, and owb (Example: Sally.Smith.owb) and the password **1234**.

• **NEW USERS:** progress through ALL three account creation screens before your registration is complete.

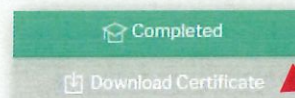
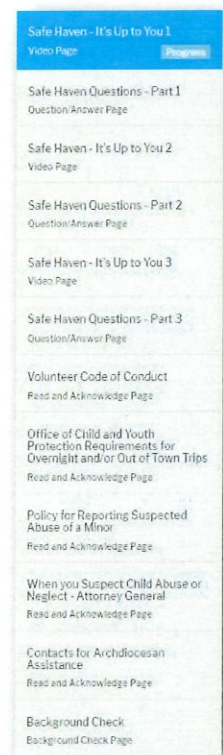
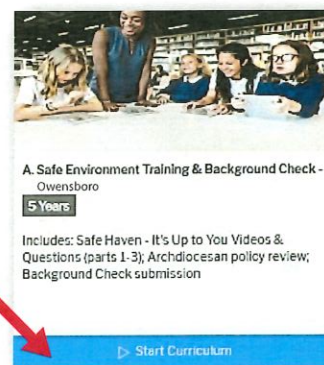
• On your main dashboard, you will click **Start Curriculum** to open up the training.

• Complete each training page—as you work through, they will show as **Done** in each box.

• When finished, click **Dashboard**. Your curriculum will show as *In Progress* on your dashboard until your background check is processed and approved. *Background checks*

• After you are certified, you can log in to your account to access your completion certificate. Click the gray **Download Certificate** button under the Safe Environment curriculum.

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

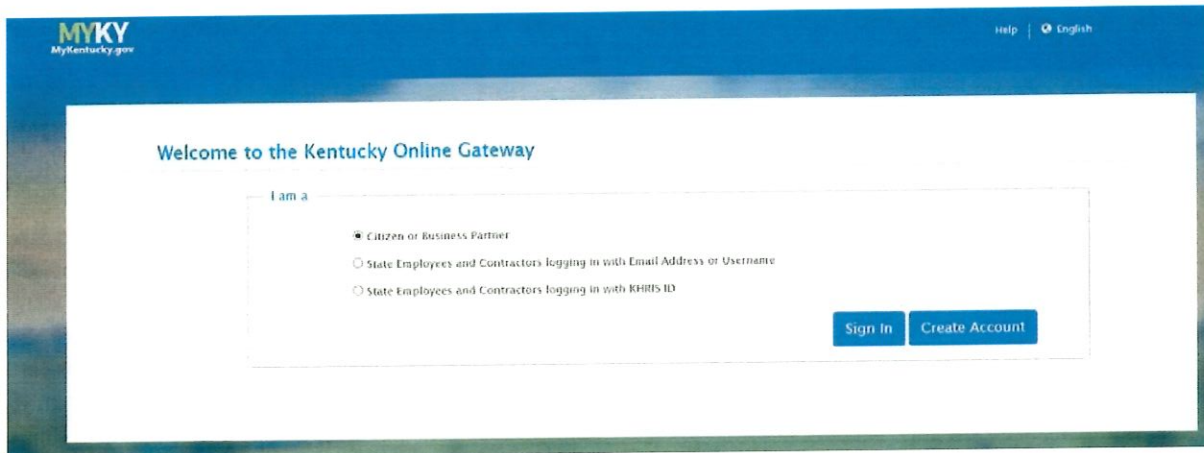


<https://owensboro.cmgconnect.org/>

08/01/2020

KOG Onboarding for CAN Check Requests

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



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

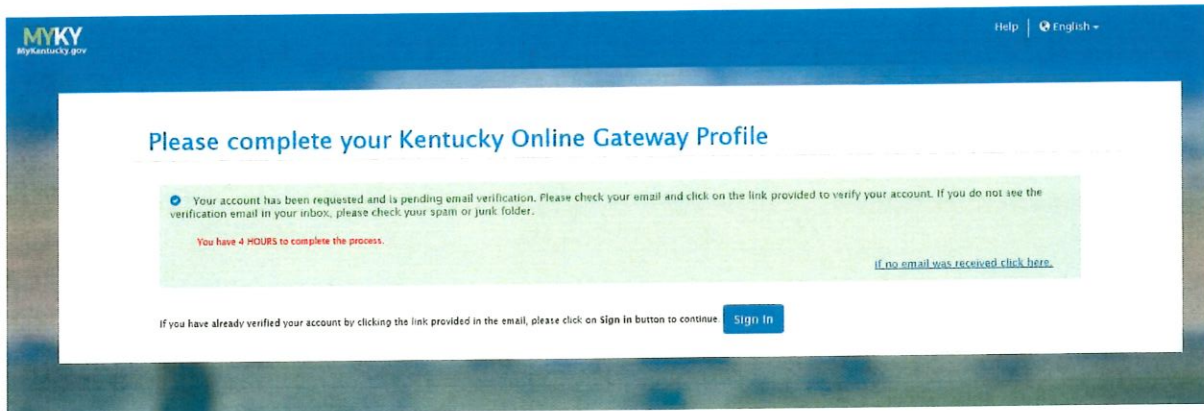
Please complete your Kentucky Online Gateway Profile

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

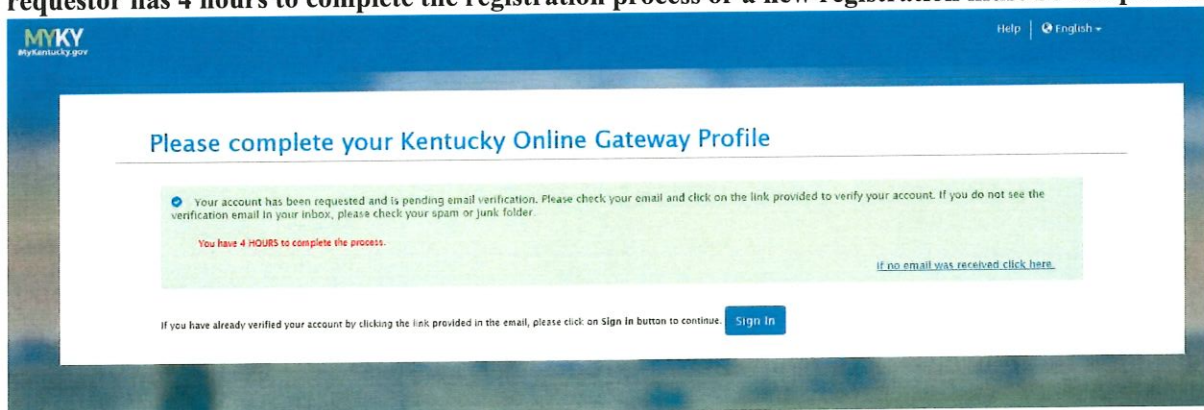
Please fill out the form below and click **Sign Up** when finished.
All fields with * are required.

* First Name	Middle Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* E-Mail Address	* Verify E-Mail Address	
<input type="text"/>	<input type="text"/>	
* Password	* Verify Password	
<input type="text"/>	<input type="text"/>	
Mobile Phone	Language Preference	
<input type="text"/>	<input type="text" value="English"/>	
Street Address 1	Street Address 2	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text" value="Kentucky"/>	<input type="text"/>
Question	* Answer	
<input type="text" value="In what city were you born? (Enter full name of city only)"/>	<input type="text"/>	
Question	* Answer	
<input type="text" value="What was the name of your first pet?"/>	<input type="text"/>	
		<input type="button" value="Cancel"/> <input type="button" value="Sign Up"/>

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



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



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

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

Your Citizen account username [REDACTED]

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

<https://kog.chfs.ky.gov/public/fwlink/?linkid=14408a3f-4cdd-4c0f-8332-67b8d1b83a3>

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

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

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

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

The screenshot shows the 'Didn't receive an account verification email?' page. It includes instructions for checking spam folders and asking for a new verification email. A text input field for the 'E-Mail Address' is present, followed by a 'VERIFY' button and a 'Sign In' button. A red message states: 'You will have 4 hours to verify your account.'

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

The screenshot shows the 'Validate New Account' page. It features a green message box with the instruction: 'Click on the button below to Sign In now and complete the final step of the account creation process.' A 'Continue to Sign In' button is located at the bottom right.

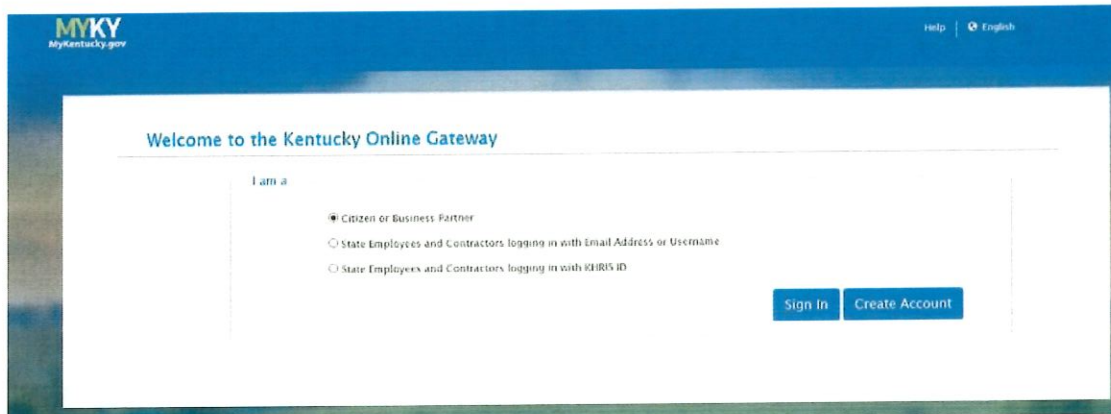
User will be redirected to the **KOG External Gateway Log In** screen. (You may want to save the URL to your Favorites.) Enter your username and password and click **Sign In**.

The screenshot shows the 'KOG External Gateway Log In' screen. It includes a notice about the login requirements as of March 30, 2019. The main section is titled 'Citizen (or) Business Partner Sign In' and contains fields for 'Email Address' and 'Password', along with a 'Forgot/Reset Password?' link and a 'Sign In' button. A 'Resend Account Verification Email' link is also present. A 'WARNING' box on the right states that the website is the property of the Commonwealth of Kentucky and that unauthorized access is prohibited. At the bottom, there is a 'Create An Account' button and a link to 'Click here to select your account type'.

CAN Check Request User Guide

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

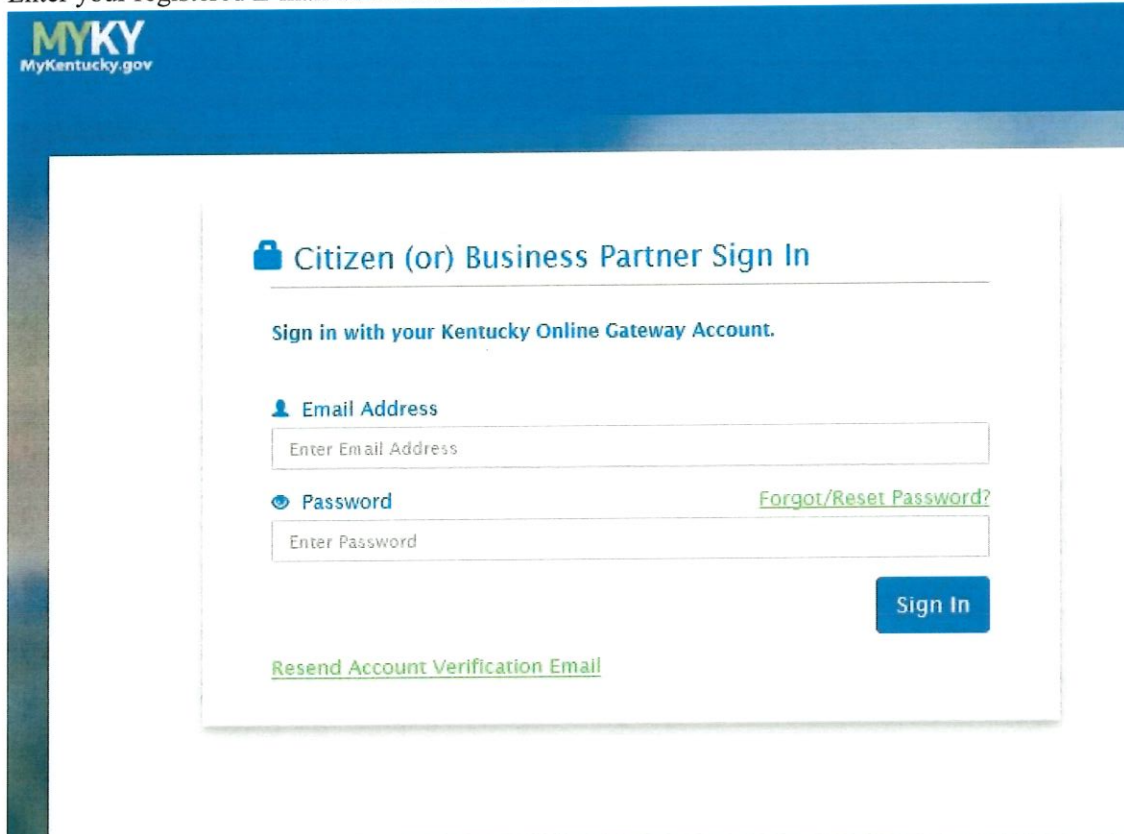
Select **Citizen or Business Partner** and Select **Sign In**



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

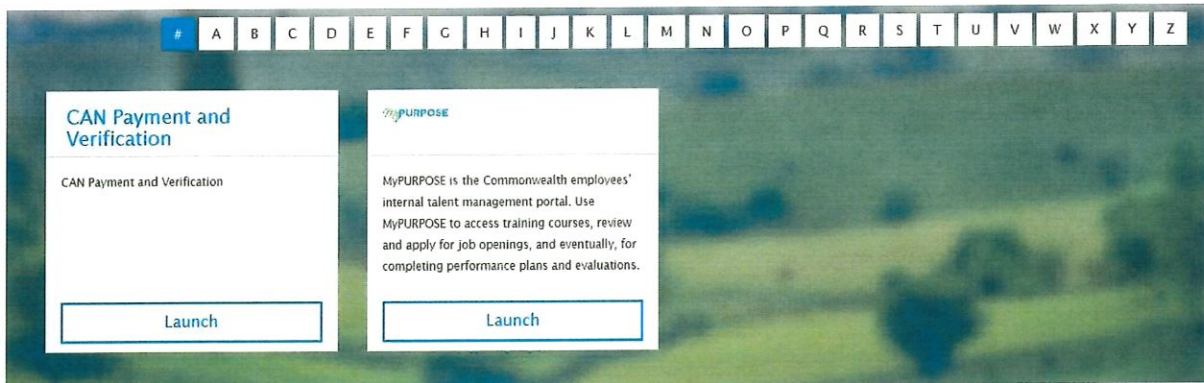
Refer to the **KOG Onboarding for CAN Check Requests Guide** if you do not have a Kentucky Online Gateway account.

Enter your registered E-mail address and Password.

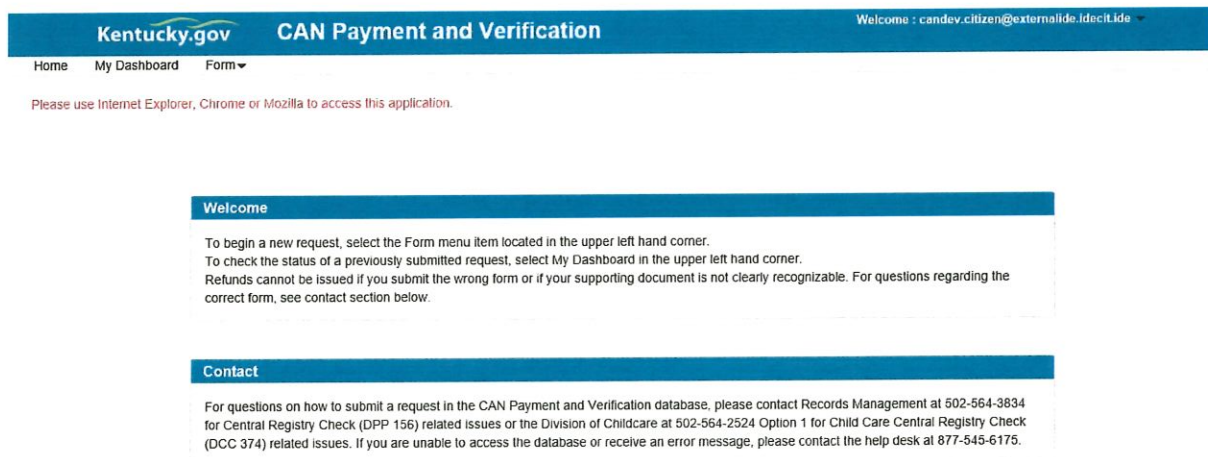


The screenshot shows the 'Citizen (or) Business Partner Sign In' page on MYKY. The heading is 'Citizen (or) Business Partner Sign In' with a lock icon. Below the heading is the instruction 'Sign in with your Kentucky Online Gateway Account.' There are two input fields: 'Email Address' with the placeholder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

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



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



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

Kentucky.gov

CAN Payment and Verification

Welcome : candev.citizen@externalide.idc.it.ife

Home

My Dashboard

Form

Please use Internet Explorer

Child Care Central Registry Check (DCC-374)

Central Registry Check (DPP-156)

Welcome

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

Contact

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

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

CHILD CARE CENTRAL REGISTRY CHECK

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

☐ A Licensed Child-Care Center Employee, Volunteer, or Adult Household Member (922 KAR 2:090)

☐ A Certified Family Child-Care Home Employee, Volunteer, or Adult Household Member (922 KAR 2:100)

☐ A Registered Child Care Provider Applicant or Adult Household Member (922 KAR 2:180)

☐ Private Child Care Employee (KRS 199.466)

☐ Out of State Child Care Employee (42 U.S.C. 9859f, 45 C.F.R. 98.43)

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

CENTRAL REGISTRY CHECK

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

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
- ☒ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)
- ☐ Michelle P. Waiver (Required by 907 KAR 12:010)
- ☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- ☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- ☐ Children's Advocacy Center (Required by 922 KAR 1:580)
- ☐ Court Appointed Special Advocate(CASA) (Required by KRS 620.515)
- ☐ Personal Care Attendant (Required by 910 KAR 1:090)

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

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

Personal Information

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

* First Name

Ex. John

* Last Name

Ex. Smith

* Middle Name

Ex. Jones

* Maiden/Nick Name/Other

Ex. Dave

* Sex

-- Please select a Sex --

* Race

-- Please select a Race --

* Date of Birth

MM/DD/YYYY

* Social Security/Individual Taxpayer Identification #

XXX-XX-XXXX

* Date of Initial Hire

MM/DD/YYYY

All **Current Address** fields are required except **Address Line 2**.

Current Address		
* Address Line 1 Ex 123 Main St	Address Line 2 Ex Apt 10 Or Suite 200	
* City Ex. Frankfurt	* State -- Please select a State --	* ZipCode Ex. 12345
* Living at the current address longer than 5 Years? <input checked="" type="radio"/> Yes <input type="radio"/> No		

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

Employer / Agency Information	
<input type="checkbox"/>	In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency

The following will be displayed. Complete the required fields.

Employer / Agency Information		
<input checked="" type="checkbox"/> In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency		
Name Employer / Agency Name goes here... Diocese of Owensboro SFS		
Address Line 1 Ex. 123 Main St	Address Line 2 Ex Apt 10 Or Suite 200	
400 Locust St.		
City Ex. Frankfurt	State -- Please select a State --	ZipCode Ex 12345
Owensboro	KY	42301

Email: hannah.white@pastoral.org

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

View / Upload Documents

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

* Document Description

Please enter supporting document name

Browse...

Upload

Save And Add Applicant

Save

Submit

[Go To Dashboard](#)

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

View / Upload Documents

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

* Document Description

driver's license

Z:\Drivers License.pdf

Browse...

Upload

Save And Add Applicant

Save

Submit

[Go To Dashboard](#)

08/01/2020

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

View / Upload Documents

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

*** Document Description**

Please enter supporting document name

Browse...

Upload

Document Desc	View	Delete
driver's license	View	Delete

Save And Add Applicant

Save

Submit

[Go To Dashboard](#)

After uploading the required document(s), press:

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

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

Confirm Submit

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

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

Cancel

Submit

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

Customer

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

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

[Proceed to E-Sign](#)

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

Customer

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

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

Select customer type -- Please Select Customer Type --

Agency Payment Code Please enter coupon code here

[Proceed to E-Sign](#)

Payment Processing for an Individuals (Non-Agency Requests)

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

E-Signature

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

Signature candev citizen

Date and Time 1/23/2020 8:39:54 AM

[Go To Dashboard](#) [Sign & Pay](#)

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

CHFS Child Abuse & Neglect (CAN) Checks

Select Payment Type



Summary

CAN Application Fee \$10.00
Item Price: \$10.00
Quantity: 1

Sub Total \$10.00

Total \$10.00

Card Details

Card Number (required)

Expiration Date (required)

01 ▼ 2020 ▼

Security Code (required)

No spaces or dashes, please.

[Help](#)



Cardholder Details

Name (required)

Country (required)

United States ▼

Address Line 1 (required)

Address Line 2

City (required)

State (required)

KY ▼

Zip Code (required)

Email Address

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

NEXT

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

CHFS Child Abuse & Neglect (CAN) Checks

Visa Card Details

EDIT

Card Number *****1111

Expiration Date 6/2020

Cardholder Details

EDIT

John Doe
1234 Main Street
Frankfort, KY 40601 United States

PAY NOW

Summary

CAN Application Fee

\$10.00

Item Price: \$10.00

Quantity: 1

Sub Total


\$10.00

Total

\$10.00

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

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


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Kentucky.gov

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

CHFS Child Abuse & Neglect (CAN) Checks

Thank you for your payment!

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

Summary

PRINT

EMAIL

Confirmation Number

49574426

Payment Made: 01/23/2020 09:11 AM EST

Payment Method: Visa Credit Ending With 1111

Account Holder Details

john doe
123 main street
frankfort KY 40601

Cart Items

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

COMPLETE PAYMENT AND RETURN TO CAN

08/01/2020

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

CHFS Child Abuse & Neglect (CAN) Checks

Thank you for your payment! Your payment is confirmed

SummaryPrint

Confirmation Number **49636080**

Account Holder Details

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

John Doe
1234 Main Street
Frankfort KY 40601

Cart Items

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

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

Cart Items

#	Case Number	First Name	Last Name
1	CHRS20200000013	Jonathan	Vandiver

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

Go To Dashboard

Payment Processing for Agencies

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

E-Signature

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

Go To DashboardSign & Pay

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

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

Prepare to register.

You'll need the following items to register.

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

Start your registration.

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

Your access code
is

69269

Tell us who you are.

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

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

Create your account.

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

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

Complete your registration.

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

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