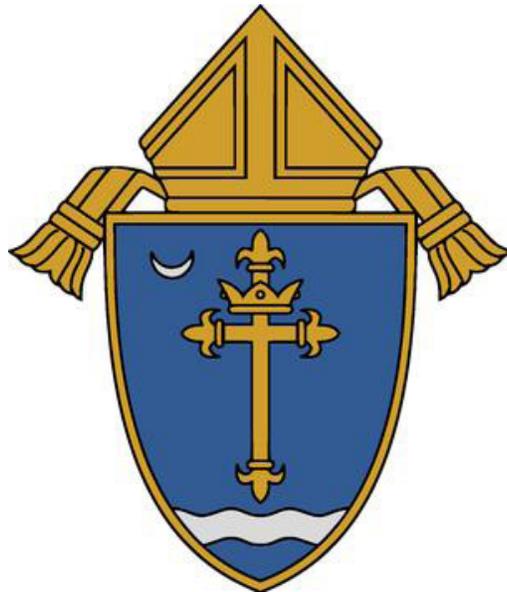


Archdiocese of St. Louis



Employee Benefit Plan Archdiocesan Benefits Administrative Manual

Archdiocese of St. Louis
Archdiocesan Benefits Administrative Manual

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As Catholics in the Archdiocese of St. Louis, in communion with the Bishop of Rome we are called by our Lord Jesus Christ to be His Church and live His Gospel. With joy, we strive to fulfill our Baptismal calling by prayer and worship, teaching and sharing our faith, serving others, and fostering unity in diversity, guided by the Holy Spirit. We commit ourselves to the responsible stewardship of all God's gifts.

Introduction

The Archdiocese of St. Louis provides a comprehensive employee benefit program for its employees. This Administrative Manual is designed to outline the important responsibilities of the Parish/Agency/School benefits administrator. The policies and procedures within this Administrative Manual should assist you in the day-to-day management of the employee benefit program. It is the primary responsibility of the Parish/Agency/School to properly administer the employee benefits for their employees. The Parish/Agency/School benefits administrator is the most important person in overseeing the smooth and proper working of the employees' benefits.

PLEASE NOTE: The Archdiocese strongly recommends that secure emails never be forwarded to and accessed on a mobile device. All parish/agency/school communications should be maintained on the parish/agency/school network/workstation.

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Benefit Program Outline

- A. All eligible employees for the Health Insurance Plan must either be enrolled in the health plan or waive coverage due to Healthcare Reform requirements. Covered employees choose a medical plan from UnitedHealthcare (UHC):

UnitedHealthcare Standard Plan OR UnitedHealthcare Premier Plan

As part of the health insurance plan, covered employees automatically receive:

Dental (Delta Dental of Missouri) and Prescription Drugs (UnitedHealthcare OptumRX). *Employees cannot select dental only benefits.

- B. All eligible employees should be enrolled for Unum Long-Term Disability the first of the month following 90 days of active employment if scheduled to work 19 hours per week or 1,000 hours annually or more.*
- C. All eligible employees should be enrolled in the Lay Retirement Plan through Prudential following one year of active employment of 1,000 hours annually or more. All eligible Catholic Charities employees should be enrolled in their retirement plan(s).*
- D. All benefit eligible employees should be enrolled for Hartford 1x Salary Life Insurance and AD&D effective as of the first date of hire.*
- E. All eligible employees should be given information on and may elect to purchase additional amounts of life insurance through the Hartford Voluntary Term Life Plan.*
- F. All eligible employees should be given information on the Flexible Spending Account and the Pre-tax Health Insurance Premium Plan offered by TRISTAR Benefit Administrators. They can waive this benefit or elect to participate.*
- G. All eligible employees should be given the brochure on the Employee Assistance Plan offered by Saint Louis Counseling.*
- H. Adoption Assistance Program: all eligible employees may utilize this program at no cost to the employee.*

**Letters B-H are only applicable to Archdiocesan employees and not Private Catholic Groups or agencies.*

Note: Be sure to verify an employee's benefits eligibility on a regular basis, at least every 12 months but preferably quarterly. You have options if an employee is regularly working a minimum number of hours that meet each benefit plan's requirement:

1. Provide the employee the opportunity to enroll in any elected benefits and automatically enroll the employee in the employer paid benefit plan, or
2. Contact the employee's supervisor to decrease their regular scheduled hours, if you do not intend the employee to be offered benefits. If you have missed adding the employee to a benefit plan; please add them retroactively back to the benefit plan's eligibility date.

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The Archdiocese Health Insurance coverage includes the following three areas:

1. **Medical:** An employee may choose to enroll in either the UnitedHealthcare Standard Plan or the UnitedHealthcare Premier Plan.
2. **Prescription Drugs:** Prescription drug coverage is provided through UnitedHealthcare/OptumRX.
3. **Dental:** All covered employees will have dental insurance coverage, which is administered by Delta Dental of Missouri. *Employees cannot select dental only benefits.

With regard to the medical coverage, each employee electing to participate must make a choice of UHC Standard Plan or UHC Premier Plan. All covered employees will have the same Dental Coverage.

Each year there is an “open enrollment” period in which covered participants may change in or out of the UHC Standard Plan and UHC Premier Plan. Also, during the annual “open enrollment” period, in the beginning of May, employees who had previously declined medical insurance coverage for themselves and/or dependents may come into the plan as late enrollees without a special enrollment event. The effective date of changes for the “open enrollment” period is July 1. The Archdiocese of St. Louis provides only a Pre-Tax Health Insurance Premium Plan. This plan processes their contributions toward their health insurance through payroll deductions on a pre-tax basis.

UHC – UnitedHealthcare Choice Plus POS (Archdiocese Self-funded Medical Program)

A POS (Point of Service) Plan is a network of physicians and hospitals that has a contract with UHC to provide benefits. Members can choose any provider for care. However, if the member chooses an in-network provider (i.e. “goes in-network”) they will receive a higher level of benefits.

Health Insurance Premiums (Effective July 1, 2019)			
Plan	Employee	Employee + 1 Spouse or Dependent (Child)	Employee + Family
UHC – Standard	\$524	\$1,156	\$1,562
UHC – Premier	\$766	\$1,538	\$1,940
Early Retiree UHC – Standard	\$524	\$1,156	\$1,562
Early Retiree UHC – Premier	\$766	\$1,538	\$1,940
Continuation UHC – Standard	\$534	\$1,179	\$1,593
Continuation UHC – Premier	\$781	\$1,569	\$1,979

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ARCHDIOCESE OF ST. LOUIS EMPLOYEE BENEFITS MAJOR PROVISIONS OF THE HEALTH INSURANCE PLAN JULY 1, 2019 – JUNE 30, 2020

Plan Features	UnitedHealthcare Medical Plan - Group #703597			
Employees must choose one of the following two medical plans: UnitedHealthcare Standard Plan or UnitedHealthcare Premier Plan	STANDARD PLAN		PREMIER PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (Individual / Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$400 / \$800	\$600 / \$1,200
Out-of-Pocket Maximum (Individual / Family) Out-of-Pocket maximum includes deductible and copayment.	\$4,000 / \$8,000	\$8,000 / \$16,000	\$1,650 / \$3,300	\$2,100 / \$4,200
Coinsurance paid by member	20%	40%	20%	40%
Office Visits	\$30 copay	40%	\$20 copay	40%
Hospital Inpatient Stay	20%	40%	20%	40%
Outpatient Surgery	20%	40%	20%	40%
Outpatient Diagnostic (lab, x-ray, mammography)	\$0 copay	40%	\$0 copay	40%
Emergency Room	\$150 copay	\$150 copay	\$150 copay	\$150 copay
Urgent Care	\$50 copay	40%	\$50 copay	\$50 copay
Mental Health and Substance Abuse – Inpatient	20%	40%	20%	40%
Mental Health and Substance Abuse – Outpatient	\$30 copay	40%	\$20 copay	40%
Home Healthcare (limit to 100 visits/calendar year)	20%	40%	20%	40%
Vision Examinations (1 exam per calendar year)	100% after \$20 copay	60% after deductible	100% after \$20 copay	60% after deductible
Prescription Benefits	STANDARD PLAN		PREMIER PLAN	
	Pharmacy Retail	Mail Order	Pharmacy Retail	Mail Order
Copays: Tier 1 / Tier 2 / Tier 3	\$10 / \$35 / \$50	\$20 / \$70 / \$100	\$10 / \$35 / \$50	\$20 / \$70 / \$100
Maximum Supply	30 days	90 days	30 days	90 days

All covered active employees in either the UnitedHealthcare Standard or Premier Plan automatically receive Delta Dental Plan and the Unum Basic Life and AD&D Plan.

Plan Features – Group #1873-1000	Delta Dental Plan	
Annual Calendar Year Deductible (Individual/Family)	\$50 / \$100	
	PPO Network	Premier and Non-Network
Preventative Care (Covered in Full – Deductible Waived)	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontia (Children to Age 19 - \$1,500 Lifetime Maximum)	50%	50%
Calendar Year Maximum (Individual)	\$1,500	

The above exhibit attempts to highlight the major provisions of the Employee Benefit Plans. Additional benefits will be found in the prospective plan brochure. In all cases, the Plan Document or Policy will serve as the legal basis for the terms and provisions of coverage. This document is for illustration purposes only.

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Rules of the Health Insurance Plan

Eligibility

Those employees eligible to join the plan must be notified at date of hire of their right to enroll. All eligible employees must either enroll in the Archdiocesan Health Insurance plan or waive coverage, due to healthcare reform requirements. Enrollment and waiver forms must be completed and submitted within 31 days of becoming eligible.

Who is Eligible?

- To be eligible, you must be considered an active employee working at least the equivalent of 1,000 hours annually. Teachers must have a half-time contract or more to be eligible.
- A religious employee on official assignment to the Archdiocese of St. Louis excluding Archdiocesan priests.
- A Permanent Deacon who is:
 - An employee working less than 1,000 hours annually for any Archdiocesan parish/organization employer;
 - A non-paid Permanent Deacon who is providing service to any Archdiocesan parish/organization;
 - The Permanent Deacon pays 100% of the premium for coverage under the plan.
- A Kenrick-Glennon Seminarian, studying for the Archdiocese of St. Louis priesthood.
- Former Employees eligible for the Early Retiree Plan or Continuation of Coverage Plan.
- Covered dependents of employees participating in this Plan. Eligible dependents are:
 - Your spouse- the person to whom the Participant is married as recognized by the laws of the Catholic Church or the laws of the State of Missouri. It is always understood for his purpose that the spouse is of the opposite sex.
 - Your child who is married or unmarried without respect to student or dependency status, until the 26th birthday
 - Your child above age 26 who is mentally or physically disabled and is principally dependent on you for support

When is an employee eligible?

An employee is generally eligible for coverage on their date of hire. For an educator under contract, the effective date of health coverage is August 1. Enrollment forms must be completed and submitted within 31 days of becoming eligible.

- Within 31 days of a Special Enrollment Period (see page 19).
- During the annual “open enrollment” period.

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Enrollment

Signing an employee up for the health insurance plan.

- Must be eligible and submit enrollment request within 31 days of eligibility date.
- Refer the employee to the benefits website: archstl.org/hrbenefits for benefit information.
- Employee must elect available options for medical coverage. (Please provide copies of **Page 4** of this manual and the Summary of Benefits for the UHC plans).
- Proper completion of the Employee Health Insurance Form must be made on a timely basis (see page 12).
- All enrollment forms should be sent to the Archdiocese of St. Louis Office of Human Resources (see page 11 for complete address).
- Employers should retain the original enrollment form in the employee medical file.
- Distribute copy of Special Enrollment Notice to employee.

When Coverage Begins

- **For Employees:** If an employee is eligible and wishes to be covered under this Plan, the employee must complete the required enrollment form and authorize any required contributions. Coverage will begin as follows:
 - If an employee completes the enrollment form on, before, or within 31 days of the date eligible, coverage begins on the date eligible.
 - For lay eligible employees, the effective date is the date of hire. For contracted educators, the effective date is August 1st.
 - If an employee completes the enrollment form within 31 days of a qualifying event, coverage will be effective on the date of the special event.

If an employee is not actively working on the date coverage begins; coverage will become effective on the date he or she returns to active work.
- **For Dependents:** If an employee wishes to provide coverage for his/her eligible dependents, the employee must enroll and authorize contributions for Dependent Benefits. Coverage for dependents will begin as follows:
 - If an employee enrolls his/her eligible dependents (spouse and/or children) at the time he or she enrolls, coverage for those dependents will begin on the date the employee's coverage begins.
 - If an employee is not married or has no children at the time he or she became covered, the employee will become eligible for dependent benefits on the date the employee acquires an eligible dependent(s) through marriage, birth, adoption or otherwise as stated under "Eligibility." Coverage for each dependent will begin on the date eligible, provided the employee has enrolled and authorized contributions for dependent benefits on or before that date. An employee will have 31 days to enroll newly acquired dependents.

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ID Card Note: Health plan and dental plan ID cards are sent to the employee's home address within 7–10 business days after eligibility or enrollment. If an employee loses their medical or dental ID cards they can call the Office of Human Resources at [314.792.7546](tel:314.792.7546) or go to www.myuhc.com to print a temporary medical ID card and www.deltadentalmo.com to print a temporary dental ID card.

IMPORTANT REQUIREMENTS

Non-Enrollment

If a new employee decides to waive individual or dependent health insurance coverage, it is required that the Parish/Agency/School does the following:

1. Complete the Employee Health Insurance Form, mark the appropriate box under the Section D entitled "Waiver of Employee Health Insurance Coverage" and have the employee sign the form.
2. File and keep the original "Waiver of Coverage" form with the insurance medical records and send a copy to the office of Human Resources.

Late Enrollment

Insurance options are available to employees/dependents who did not sign up during their eligibility period and do not have a special enrollment event. These late enrollees may sign up for the plan during the annual open enrollment period in May each year. Coverage will become effective on July 1 of that same year.

Termination

When coverage ceases for any reason.

- Coverage ends the last day of employment. For educators under contract, coverage ends at the end of contract, July 31, and contracted Principals ends June 30..
- If coverage ceases due to a "special event," documentation relevant to the event may be required with termination forms. (See page 17 for a list of special events)
- Proper completion of the health insurance termination form must be submitted on a timely basis.
- Terminating participants may elect the Continuation of Coverage provision at their cost, if they fulfill the eligibility requirements. (See page 34)

Changes to Enrollment

Covered employee who has a qualifying event (e.g. marriage, new child, legal separation, divorce). See page 16 for more details.

- New spouse/child must be enrolled within 31 days of the qualifying event or they will not be allowed to join the plan until the annual open enrollment period.
- Please complete the Employee Health Insurance Form.

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SPECIAL NOTES

Spousal Surcharge Policy

A spousal surcharge is an extra charge that an Archdiocesan benefit eligible employee will pay for electing to insure a spouse who has subsidized health insurance coverage available to them through his/her own employer. The spousal surcharge is an added charge of \$125 per month to the usual employee contribution for health insurance. Please refer to page 39 for thorough information on the Spousal Surcharge administration and policy.

Members of Religious Orders and Medicare

Special rules apply to members of religious orders who have taken a vow of poverty and who are covered under a health plan. If such persons are age 65 or older and if their order has elected to be covered by Social Security, these individuals are entitled to Medicare at age 65. However, if the individual continues in employment after age 65 Medicare will be primary or secondary depending on to whom the individual provides services. If the services are provided to the order, then Medicare will be primary. If the services are provided to another employer who offers healthcare coverage, even if the compensation for the individual is paid directly to the order, then Medicare will be secondary. Please contact Eve Baumann, Archdiocesan Benefits Coordinator, at **314.792.7545** if any of your participants fulfill any of the above criteria so that the Archdiocese can notify UHC that Medicare is primary and the Archdiocesan health plan is secondary.

Married couples who both work for the Archdiocese

Married couples eligible for the Archdiocesan Employee Benefit Plan may choose their plan coverage as one Employee + Family health plan, one Employee + One plan, or two Employee Only plans. If a married couple chooses the Employee + One or the Employee + Family plan, one spouse is responsible for paying the health insurance premium; there is no cost sharing between parishes.

Archdiocesan New Employee Orientation to Benefits Checklist

_____ Distribute the Health Insurance Form and plan information or refer employee to the benefits website: archstl.org/hrbenefits (see page 12 for instructions).

_____ *UnitedHealthcare Benefits Information.

_____ Spousal Surcharge Frequently Asked Questions Document (FAQ).

_____ *Delta Dental Benefits Information.

_____ Distribute Page 4 from the Administrative Manual comparing and contrasting the two UHC health insurance plans.

_____ Remind employee the forms need to be submitted within 31 days if they desire to participate in the benefits plan or waive the plan.

_____ Distribute Medicare Part D letter (see our Archdiocesan website for current letter).

_____ Distribute HIPAA Privacy Notice (see **Appendix I**).

The following 5 checklists are applicable only to Archdiocesan parish, agency and schools and not Private Catholic organizations:

_____ Distribute both the Hartford Voluntary Life and the Basic Life Insurance and AD&D Summary of Benefits. Give the Hartford Voluntary Life Enrollment Form and Beneficiary Designation Form to the employee.

_____ Distribute the Archdiocese of St. Louis Flexible Spending Account (FSA) Election Form to employee and the FSA Summary of Benefits.

_____ Distribute a Unum LTD Summary Plan Description booklet.

_____ Distribute an Archdiocese of St. Louis Employee Assistance Program (EAP) brochure.

_____ Give a Prudential plan 403b Lay Retirement Plan Highlights to the employee.

1. Employee contributions – Any employee with W-2 income may elect to make voluntary contributions immediately upon employment.
2. Employer contributions – Employer contributions will be made once the employee meets the eligibility requirements.

Dated: _____

Employee Name: _____
Signature of person who received above information

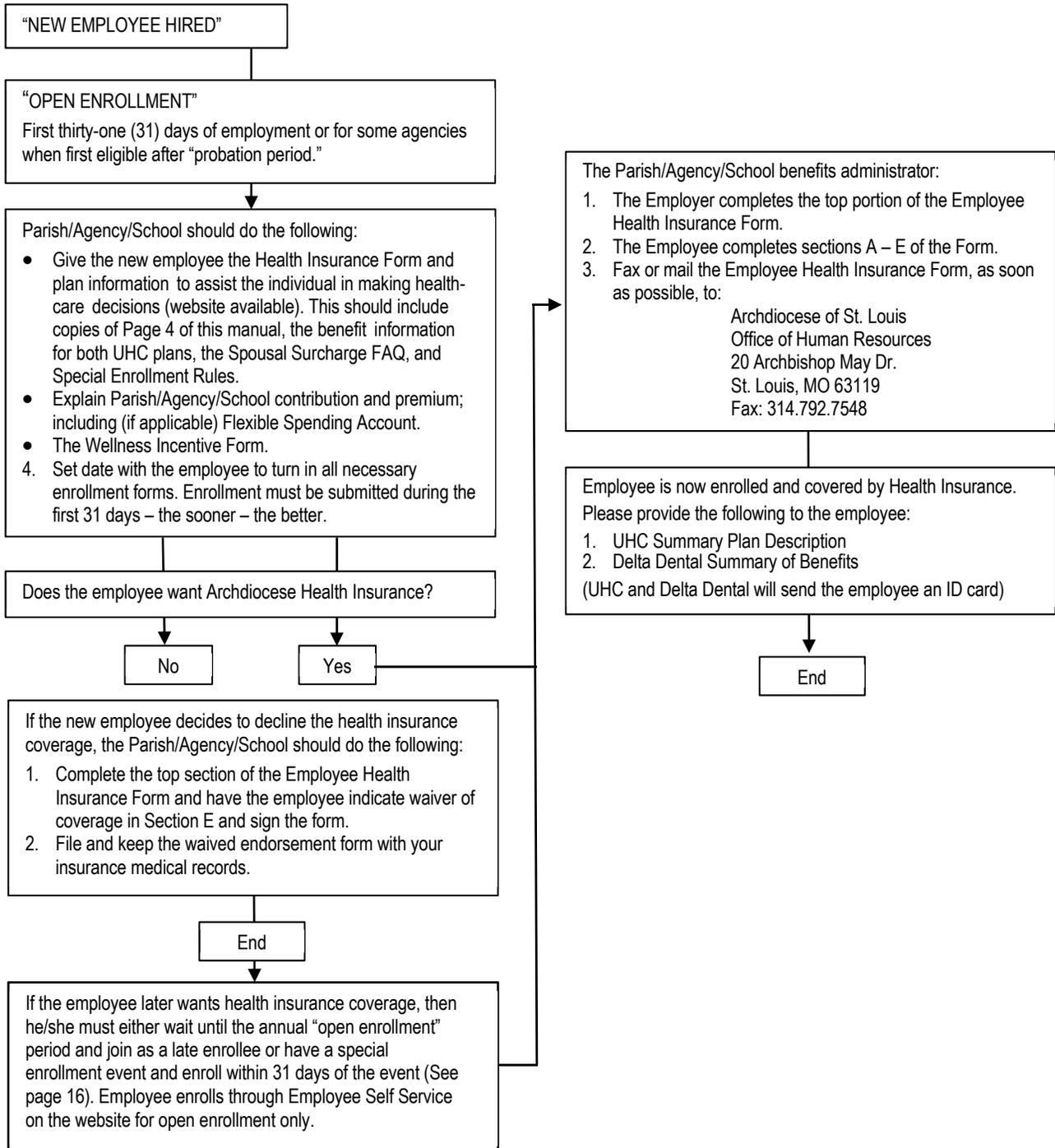
Employer Representative: _____
Signature of person who completed this checklist

FILE THIS FORM IN THE PERSONNEL FILE AT THE PARISH/AGENCY/SCHOOL

Administration

Health Insurance Enrollment Administration Flow Chart

Enrollment: Employees must be given appropriate health insurance information. Each Parish/Agency/School benefit administrator is responsible for enrollment information that is given to the employees. This responsibility rests with the Parish/Agency/School benefits administrator. For your convenience, please follow the flow chart below reflecting the enrollment process. Consult this administrative manual for complete instructions concerning the enrollment process. Please direct your new hires to the Archdiocesan website at: archstl.org/hrbenefits for all the plan information.



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Enrollment

Employees enrolling in **UnitedHealthcare Standard or Premier Plan**

Coverage Type Questions
Employee
Employee + One (Spouse or Dependent Child)
Employee + Family

A. Complete the Employee Health Insurance Form

If the employee is participating in Employee + 1 or Family coverage, review the dependents listed on the form to confirm for complete and accurate dependent information. Enrollment may be withheld until forms are accurately completed. Social security numbers are required.

See sample Employee Health Insurance Form (Appendix A). A sample Employee Health Insurance Form can be found on page 13 of this manual. Boxes are numbered for reference purposes.

A copy is to be retained for your Parish/Agency/School records in the employee medical file. The Employee Health Insurance Form is to be submitted as soon as possible to:

Archdiocese of St. Louis
Office of Human Resources
20 Archbishop May Drive
St. Louis, MO 63119
Fax: 314.792.7548

Or submit via email per instructions received from Human Resources for your parish/school/agency.

Please Note: The Employer Benefits # is found on your health insurance invoice. If you are a parish, your parish # plus a number 7 placed in front of it, is your Employer Benefits #.

B. Enter appropriate information on **Employer Information** section on the health insurance form.

C. Give employee **Schedule of Benefits, UHC Summary Plan Description, Delta Dental Summary, (employees are not given a Provider Directory – provider search is via myuhc.com), and Special Enrollment Notice** or direct the employee to the Archdiocesan website at: archstl.org/hrbenefits. UHC will send a medical ID card, and Delta Dental will send a dental ID card to the employee's home address.

Sample Employee Health Insurance Form



Archdiocese of St. Louis Health Insurance Employee Enrollment/Change/Cancellation Request Form

*This form automatically enrolls/changes/cancels you and your dependent(s) for Medical and Prescription coverage provided by United Healthcare and Dental coverage provided by Delta Dental of Missouri.

Please check one box:

Effective Date of Action: _____ **(Required)**

Enroll Change Cancel Waive *Please note that coverage ends on the last date of employment for terminations.

A. EMPLOYER SECTION: FOR PARISH, SCHOOL, OR AGENCY ADMINISTRATION TO COMPLETE

ATTENTION EMPLOYER REPRESENTATIVE: To ensure accurate processing of this application, 1) Please review all sections and confirm the employee completed the appropriate information, 2) Complete the information in this section and 3) Provide your signature and date of signature. Retain the original in your employee's medical file whether the employee is waiving or electing coverage. Within 31 calendar days of the hire date, qualifying event, or termination, **Please fax the completed form to 314.792.7548, mail to the Office of Human Resources at 20 Archbishop May Dr., St. Louis, MO 63119, or submit via email per instructions received from Human Resources for your parish/school/agency.**

Parish / School / Agency Name		Employer Benefit Invoice #	
<i>*Supporting documentation required for the qualified life events marked with an asterisk.</i>			
<input type="checkbox"/> New Hire Date ____/____/____ (Required for new coverage)		<input type="checkbox"/> Medicare Eligibility	
<input type="checkbox"/> Transfer from/to: _____		<input type="checkbox"/> Death of spouse/dependent:	
<input type="checkbox"/> Loss of other coverage or current enrollment in Cobra Plan*		Date of Death ____/____/____ (Required)	
<input type="checkbox"/> Spouse/dependent begins new job: Date new job begins ____/____/____ (Required) Insurance start date at new job ____/____/____ (Required) <i>Spousal Surcharge may apply.</i>			
<input type="checkbox"/> Birth of Child <input type="checkbox"/> Adoption/Placement in Employee's Home*		<input type="checkbox"/> Court Order/ Judgement/ Decree*	
<input type="checkbox"/> Marriage*		<input type="checkbox"/> Divorce/Legal Separation*	
<input type="checkbox"/> Employee/Spouse/Dependent Status Change (ex: Part Time to Full Time)		<input type="checkbox"/> Significant Cost Change (greater than 10%)	
<input type="checkbox"/> Employee/Spouse/Dependent reaching maximum dependent age		<input type="checkbox"/> Significant Coverage Decrease	
<input type="checkbox"/> Other (Describe): _____		<input type="checkbox"/> Spouse/Dependent Open Enrollment*	
		<input type="checkbox"/> Marketplace Open Enrollment*	
<input type="checkbox"/> Employee Termination:		<input type="checkbox"/> Continuation of Coverage Plan	
<input type="checkbox"/> Last date of employment ____/____/____ (Required)		<input type="checkbox"/> Early Retiree Plan	
		<input type="checkbox"/> Spousal Surcharge Status	
Employment Status: (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
EMPLOYER Signature and Position/Title:			Date:
Phone Number:		EMPLOYER Email Address:	

B. EMPLOYEE INFORMATION Check box if providing a new name and/or new address.

Last Name:		First Name:		MI:	Social Security Number:	
Address:			Apt #:	City:		State:
Phone Number:			Email Address:			
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Religious		
Who Should be Covered: (Check one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee Plus One (Spouse or Child) <input type="checkbox"/> Employee Plus Family <input type="checkbox"/> No One (Terminating All)				Health Plan: (Check one) UHC Choice Plus: Group # 703597 <input type="checkbox"/> Standard Plan <input type="checkbox"/> Premier Plan		

A:FORMSArch of St. Louis Health New Enroll.docx

C. SPOUSE AND DEPENDENT INFORMATION – Attach a separate page with additional dependents, if needed.

Check Appropriate Box	Last Name	First Name	MI	Sex	Relationship	Date of Birth	Other Insurance:	
	Social Security Number						Yes	No
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel				M <input type="checkbox"/> F <input type="checkbox"/>	Spouse*		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel				M <input type="checkbox"/> F <input type="checkbox"/>	Dependent		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel				M <input type="checkbox"/> F <input type="checkbox"/>	Dependent		<input type="checkbox"/>	<input type="checkbox"/>

A spousal surcharge is an extra charge to an employee for insuring a spouse who has coverage available through his/her own employer. For further questions, go to <http://archstl.org/spousalsurcharge>.

I acknowledge that a Spousal Surcharge fee of \$125 per month will be applied. I am not eligible for an exemption. Check the appropriate box below, if you meet the eligibility for an exemption from the \$125 monthly spousal surcharge.

Employee Attestation: I am exempt from the spousal surcharge due to the following checked box (select one):

- My spouse is not employed.
- My spouse is self-employed, does not provide themselves employer-subsidized health insurance coverage, and is not eligible for employer-subsidized health insurance.
- My spouse is employed with an Archdiocese of St. Louis parish, agency, or school.
- My spouse is employed and is not eligible for his/her employer's health insurance coverage.
- My spouse is employed and my spouse's employer does not offer health insurance coverage.
- My spouse is employed and is eligible for his/her employer's health insurance coverage but the full premium cost is paid by the employee. There is NO employer contribution toward the cost of the health insurance.

My employee attestation, as shown above, is true and complete to the best of my knowledge. I also understand that if my spouse's group health insurance status changes, it is my responsibility to notify my parish, agency, or school's benefits administrator within 31 days of such change. It is also my responsibility to ensure on a timely basis that my paycheck withholding correctly reflects my surcharge exemption. Any false statements, as it relates to my spousal health insurance information, shall be considered grounds for disciplinary action up to and including termination. I permit the Archdiocese to verify that my attestation is correct.

Check box to acknowledge you agree to the above paragraph.

D. EMPLOYEE SIGNATURE

Authorization/Release of Information: On behalf of myself and anyone enrolled on, or added to this form, I authorize my employer to deduct my contributions toward the cost of this coverage from my salary. I further authorize release of information pertaining to medical history or services rendered, or for any analytical or research purposes, from any physician, medical practitioner, hospital, and clinic, other medical or medically related facility, insurance or reinsurance company, employer or third party administrator. I understand that information used under this authorization may be used to determine eligibility for coverage and benefits for my dependents and me and that such information may be released to persons or organizations performing business or services in connection with the processing of any claims submitted under this plan.

Notice of Enrollment Rights: I understand that if I and/or my dependents (if any) waive coverage and desire to participate in the plan at a later date, coverage may be subject to treatment as a late enrollee. I further understand that if I decline enrollment for myself or my dependents because of other health coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that I request enrollment within 31 days after such coverage ends.

Notice of Termination Rights: I understand that if my health insurance premium is deducted on a pre-tax basis, then I am limited as to when I may drop coverage under this plan: during open enrollment or upon a qualifying life event.

Dependent Attestation: I certify that the documentation provided is true and correct and meets the Definition of Eligible Dependents eligibility requirements. I understand that the falsification of documents or covering of ineligible dependents may result in termination of coverage.

Employee Confirmation: I confirm that the information I have provided on this form is complete and accurate.

EMPLOYEE Signature: _____ Date: _____

A-FORMS\Arch of St. Louis Health New Enroll.docx

E. WAIVE COVERAGE

I Decline Coverage for
(Check All That Apply):

- Myself
- Spouse
- Dependent Children
- Myself and all dependents

I acknowledge that I have been offered the opportunity to enroll in health insurance coverage through my employer.
 I do NOT wish to enroll myself and/or any eligible dependent(s) in the Archdiocesan health plan at this time. I understand that I may enroll only during an annual open enrollment period or if one of my eligible dependents or I become eligible for a Special Enrollment Period as a result of a permissible change in status.

EMPLOYEE Signature:

Date:

I acknowledge that I have received the "Important Information" statement which is included with this form.

IMPORTANT INFORMATION

In order to make choices about your health care coverage and treatment, we believe that it is important for you to understand how your plan operates and how it may affect you. In an ever-changing environment, the information can never be complete and we urge you to contact us if, after enrollment, your Certificate of Coverage or other materials do not answer your questions. Further information is available at www.myuhc.com or at the toll-free Customer Care number located on the back of your identification card or on other plan materials.

1. We do not provide health care services or make treatment decisions. We help finance and/or administer the health benefit plan in which you are enrolled. That means:
 - We make decisions about whether the health benefit plan you chose will reimburse you for care that you may receive.
 - We do not decide what care you need or will receive. You and your provider make those decisions.
2. We may enter into arrangements where another entity carries out some of our duties, but those entities must operate consistently with our commitment to your plan.
3. We may use individually identifiable information about you to identify for you (and you alone) procedures, products, and services that you may find valuable.
4. We contract with networks of physicians and other providers. Our credentialing process confirms public information about the providers' licenses and other credentials, but does not assure the quality of the services provided.
5. Physicians and other providers in our networks are independent contractors and are not our employees or agents. We do not control nor do we have a right to control your provider's treatment or plan.
6. We may enter into agreements with your physician or other provider to share in the cost savings that our approach may generate. We encourage providers in our network to disclose the nature of those arrangements with you. If they do not, we encourage you to talk to your provider about these arrangements.
7. We encourage physicians and other providers to talk with you about care you or your provider think might be valuable.
8. We will use individually identifiable information about you as permitted by law, including in our operations and in our research. We will use anonymous data for commercial purposes including research.

Statement of affirmation and authorization to obtain and disclose information in connection with eligibility for coverage.

I (we) request the indicated group coverage for myself and, if the plan provides, for my dependents. I authorize any required premium contributions to be deducted from earnings.

I (we) authorize all providers of health services or supplies and any of their representatives to give the following to the HMO/insurance company(ies): any available information about the health history, condition, or treatment of any persons named in this request. I (we) authorize the HMO/insurance company(ies) to use this information to determine eligibility for health coverage and eligibility for benefits under an existing policy.

I (we) also authorize the HMO/insurance company(ies) to give this information to its (their) representatives or to any other organization for the reason notified above. I (we) agree that this authorization is valid for 30 months from the date below. I (we) know that I (we) have the right to ask for and to receive a copy of this authorization.

I understand that the Certificate of Coverage and other documents, notices, and communications regarding my health benefit plan may be transmitted electronically.

I (we) have not given the agent or any other persons any health information not included on the Request for Coverage. I (we) understand that the HMO/insurance company(ies) is not bound by any statements I (we) have made to any agent or to any other persons, if those statements are not written or printed on this Request for Coverage and any attachments.

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Special Enrollment Instructions For Qualifying Events

Included in the HIPAA (Health Insurance Portability and Accountability Act of 1996) is a provision for **Special Enrollment Periods**. It states that group health plans and insurers must offer special enrollment periods during which eligible persons are allowed on the plan without being considered late enrollees. If an employee meets the criteria listed below, they may enroll or cancel their coverage.

Eligible employees or their dependents are allowed to enroll or terminate coverage within 31 days of the following qualifying event. An employee can also switch between the Premier and Standard United Healthcare Plans. Several examples of qualifying events are listed below:

- Legal separation
- Divorce
- Death
- Loss of coverage
- Reduction in work hours
- Employer contributions toward coverage have terminated
- Exhaustion of COBRA continuation or state continuation
- Marriage
- Birth of a child
- Adoption or placement for adoption of a child

Persons enrolling under these special enrollment conditions cannot be treated as late enrollees.

For persons losing other group coverage, special enrollments are effective the date the other coverage ends. Special enrollment is not available if the previous coverage loss resulted from fraudulent activity or because the person did not pay premiums. The Archdiocese Office of Human Resources must have documentation providing marriages, divorces, legal separations, and adoptions, etc. See the next page for a list of qualified status changes and required documentation.

A group health plan must also provide a description of special enrollment rights to employees before or at the time they are eligible to enroll. The Enrollment Notice to Eligible Employees (Appendix F) should be used for this purpose. **This form should be photocopied and given to all employees at the time they are eligible to enroll.**

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The Archdiocese Office of Human Resources must have documentation for certain qualifying events. See the list below of qualifying events and any required documentation.

Event	Documents Required to Terminate from the Plan	Documents Required to Enroll in the Plan
Marriage	Documentation Not Required	Marriage Certificate/License with Date of Marriage
Divorce	Divorce Decree or signed Archdiocesan Forms (see Appendix N and/or O)	Divorce Decree with Date of Divorce
Legal Separation	Court's Legal Separation Agreement or signed Archdiocesan Form (see Appendix N and/or O)	Court's Legal Separation Agreement
Legal Annulment	Legal Annulment or signed Archdiocesan Form (see Appendix N and/or O)	Legal Annulment with Date of Annulment
Death	Documentation Not Required	Documentation Not Required
Birth	Documentation Not Required	Documentation Not Required
Adoption	Documentation Not Required	Legal Adoption Papers
Placement of Adoption	Documentation Not Required	Letter of Placement
Dependent Reaching 26 Years of Age*	Documentation Not Required	Documentation Not Required
Employee/Dependent Employment Status Change	Documentation Not Required	Documentation Not Required
Spouse/Dependent Begins New Job	Documentation Not Required	Documentation Not Required
Spouse/Dependent Eligibility For Health Insurance at New Job	Documentation Not Required	Documentation Not Required
Employee/Spouse/Dependent Loss of Coverage or Current Enrollment in COBRA Plan	Documentation Not Required	Letter from employer/previous employer or Archdiocese Special Enrollment Verification Form
A Spouse, Dependent or Parent's (If Under 26 Years Old) Open Enrollment	Documentation Not Required	Open Enrollment Document Information
Marketplace Open Enrollment	Documentation Required	Documentation Required
Move In-/Out-of-Network Area	Documentation Not Required	Documentation Not Required
Court Order, Judgement, or Decree	Documentation Not Required	Court Order
Medicare or Medicaid Commences	Documentation Not Required	Documentation Not Required
Leave of Absence	Documentation Not Required	Documentation Not Required
Significant Coverage Decrease	Documentation Not Required	Documentation Not Required
Significant Cost Change 10%	Documentation Not Required	Documentation Not Required

*If coverage ceases for a dependent turning 26 years of age, his/her benefit coverage ends on the last day of the birthday month.

**If our employee is not currently enrolled in the Archdiocese's plan, then a qualifying event for our employee does not apply.

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Open Enrollment Period

The “Open Enrollment Period” is when benefit eligible employees may switch from their current Archdiocesan-sponsored UnitedHealthcare (UHC) Insurance Plan to a different Archdiocesan-sponsored UnitedHealthcare Insurance Plan.

Also, the Open Enrollment Period allows “late enrollees” to come into the health insurance plan or cancel their coverage without a qualifying event. “Late enrollees” are employees, dependents, and/or spouses who did not enroll for coverage within 31 days from the time they were first eligible. Eligible employees may also decide whether or not to participate in the Flexible Spending Accounts annually each year.

The Open Enrollment Period is on May 1 through May 15 each year. Coverage will become effective on July 1 of that same year.

Open Enrollment with the Employee Self-Service Website

Your employees can handle some of their benefit changes and enrollments with the secure online Archdiocesan Employee Self-Service website. This website uses a secure method for transmitting information, which means that the data sent between your computer and our system is encrypted before it is sent across the internet/network.

Employees can only use the Employee Self-Service for benefit changes during the “open enrollment” period. Employee Self-Service may become available for “special enrollments” and “new hire enrollments” in the future. We will inform you when it becomes available.

In order to use the Employee Self-Service feature, your employees will need the following:

1. The website address: archstl.org/hrbenefits
2. Their personal **User Name**
3. Their personal **Password**
4. Internet access and a Windows PC are needed to use the Employee Self-Service website (no Mobile Devices). The employee should allow pop ups from this website, and “allow all content” if prompted. A Macintosh may be used if using the FireFox Internet Browser.

If an employee is currently using Employee Self-Service to review paychecks through the Archdiocese of St. Louis Finance Office, the employee already has a personal User Name and Password. The User Name starts with the two letters ss, followed by a number (ex: ss100111). It is not the social security number.

If an employee is not currently in the health plan or Flexible Spending Account or using Employee Self-Service, the employee needs to complete an Employee User Name Form. The eligible employee should fax this form to the Office of Human Resources at **314.792.7548**. The Human Resources Office will then create and mail a personal User Name and Password to their home address. For security purposes, each letter will be mailed separately. The employees will then be able to use the online Employee Self Service method. The Employee User Name Form is available on the Archdiocesan Benefits website at archstl.org/hrbenefits and is only necessary during open enrollment.

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There is a **Password Assistance** tool for any employees that have forgotten their password.

If your employee has trouble logging in, your employee can call the Office of Human Resources at **314.792.7540** or email humanresources@archstl.org.

During the Open Enrollment period, if an employee uses Employee Self-Service, those benefit changes and enrollments will be electronically processed. Our office will send you a report stating your employee's changes in June. You may then inform your payroll department regarding the changes to the payroll deductions.

If an employee does not have access to the Internet, you may want to assist them with Internet access at your office. The employee would hand you their User Name and Password.

Changes to Enrollment

(Online self-service changes not available. Use forms.)

- Changes must be submitted within 31 days of event (e.g. addition of new spouse, newborn, or legally adopted child, etc.).
- Because the premiums are deducted on a pre-tax basis, changes have to coincide with "special events."
- Employees who are already enrolled in the health plan wanting dependent coverage for their newborn child, must enroll the newborn within 31 days of the delivery date. Although the employee's newborn may obtain automatic four-day temporary coverage under the Newborns' and Mothers' Health Protection Act, the newborn is not automatically enrolled as a dependent of the employee's medical plan beyond the first four days of birth.
- Parish/Agencies/Schools must submit an Employee Health Insurance Form with changes to:

The Archdiocese of St. Louis
Office of Human Resources
20 Archbishop May Drive
St. Louis, MO 63119
Fax: 314.792.7548

Or submit via email per instructions received from Human Resources for your parish/school/agency.

- Dependents to be enrolled or terminated need to be listed on the Employee Health Insurance Form.

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Pre-Tax Health Insurance Premium Plan

All employees of an Archdiocesan parish, agency or school currently participating in the Archdiocese of St. Louis's Health Insurance Plan will have premiums paid through the Pre-Tax Health Insurance Premium plan, any premium paid will automatically be with **before-tax** dollars. The goal of the Plan is to provide employees with the same medical insurance coverage at a lower cost.

For the plan year (July 1 to June 30) an employee uses Employee Self-Service to enroll in the reimbursement plans.

The employee does **not** need to fill out the Archdiocese of St. Louis Flexible Spending Account Election Form to continue on a pre-tax basis. However, FSA elections should be made each year at Open Enrollment to enroll or re-enroll.

A copy of the Archdiocese of St. Louis Employee Flexible Spending Account Election Form is found as **Appendix S**.

The health insurance contributions should be automatically withheld from your employees pay **before** taxes are applied.

For additional information regarding the Plan, please contact Annie Hager of the Archdiocese Office of Human Resources at **314.792.7546** or visit the website: archstl.org/hrbenefits.

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Family and Medical Leave Act of 1993 (FMLA)

The Archdiocese of St. Louis provides FMLA which is up to 12 weeks of unpaid, job protected leave to eligible employees for certain family and medical reasons. Employees are eligible if they have worked for at least one year, and for 1,250 hours over the previous 12 months.

Contact the Office of Human Resources for the necessary forms by calling **314.792.7553**.

Reasons for Taking Leave:

Unpaid leave must be granted for any of the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's Spouse, son or daughter, or parent, who has a serious health condition;
or
- For a serious health condition that makes the employee unable to perform the employee's job.

Job Benefits and Protection:

- For the duration of FMLA leave, the employer must maintain the employee's health coverage during the leave period just as though the employee had continued working.
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Health Insurance Coverage and FMLA:

For up to three months on FMLA, the employer/employee pays the normal percentage amounts. If the employee continues to be off work due to a serious health condition after the FMLA period, your Parish/Office/Agency/School may continue the coverage for three more months due to injury, sickness, or pregnancy at the premium percentage rate the employer determines. If the employee is out due to illness more than six months or after an approved one year leave, the employee would have to take the Continuation of Coverage provision.

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Employees Health Insurance and Their Medicare Coordination

The Archdiocese of St. Louis provides a comprehensive medical and prescription plan for its employees through UnitedHealthcare Choice Plus. There are several different questions regarding Medicare coordination with our UHC medical/prescription plan as an active employee/participant or terminating employee.

An active employee enrolled or eligible for the UHC Health Insurance Plan and Medicare:

- Employees may choose to continue participating in the UHC Standard or Premier Plan while also enrolled in Medicare A, B or D. Our UHC plan is primary and any Medicare coverage is secondary. There is coordination of benefits for Medicare A and B in the event of a covered claim. There is no coordination of benefits for the UHC prescription plan and Medicare D.
- Employees becoming eligible for Medicare due to their 65th birthday may opt to stay in our plan or opt to cancel our UHC coverage effective the first of the month of the eligible birth date. Medicare eligibility is a qualifying event to cancel the UHC plan.
- An employee's/participant's spouse who is covered in our UHC plan can continue as a dependent on the employee's UHC plan, even though eligible or covered by Medicare. Medicare is secondary for the dependent spouse too.
- If employees want to cancel their UHC plan midyear (outside of the Archdiocese Open Enrollment) because they want to solely participate in their Medicare, they can make the change during the Medicare Open Enrollment period. They cannot cancel their UHC plan just any time, unless there is a qualifying event.

An employee who is terminating employment and eligible or enrolled in Medicare:

- The Archdiocese Health Insurance plan does not offer a supplemental Medicare plan for a terminating employee who is eligible for or enrolled in Medicare.
- Former employees need to contact Medicare for their Medicare enrollment. Often there is a Medicare form that is requested to be completed regarding previous health insurance coverage. You can assist the employees in completing their form and also provide them with the Medicare D Notice that is communicated each year. The Medicare D Notice is online at: archstl.org/hrbenefits, if they did not save the Medicare D Notice as instructed.
- It is not necessary to provide Continuation of Coverage Plan information to terminating employees who are 65 or older, since they are not eligible for the Continuation of Coverage or Early Retiree Plan, unless they have enrolled dependents who would be eligible to continue coverage.

Medicare and Medicare's Contact Information

The government's Medicare website for important information is www.medicare.gov. A very helpful handbook is accessible online at <http://www.medicare.gov/medicare-and-you/medicare-and-you.html>.

To contact Medicare the employee can call: **800.Medicare (633.4227)**.

UnitedHealthcare also has an excellent website, <http://www.medicaremadeclear.com> for employees who are seeking Medicare information.

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When should an employee who is eligible for Medicare enroll

When an employee is first eligible for Medicare, the employee has a seven-month Initial Enrollment Period to sign up for Part A and/or Part B. The effective date is determined by your 65th birthday, when you enroll and by Medicare at the time of enrollment.

Example

For example, if you're eligible when you turn 65, you can sign up during the seven-month period that begins three months before the month you turn 65, includes the month you turn 65, and ends three months after the month you turn 65.

If an employee does not sign up for Part A and/or Part B when first eligible, and are not eligible for a Special Enrollment Period, then employees can sign up during the General Enrollment Period between January 1–March 31 each year.

Your coverage will start July 1. Late enrollment in Part A and/or Part B may result in higher premium.

Once the Initial Enrollment Period ends, you may have the chance to sign up for Medicare during a Special Enrollment Period.

There is an eight-month Special Enrollment Period to sign up for Part A and/or Part B that starts the month after the employment ends or the group health plan insurance based on current employment ends, whichever happens first.

Usually, a late enrollment penalty does not apply when signing up during a Special Enrollment Period.

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Archdiocesan Employee Termination Form Benefits Checklist

*Follow Termination Flowchart on page 25 of the Benefits Manual.

Employee Name: _____ Termination Date: _____

_____ Give terminating employee a copy of the "Handout for Benefits Terminations" as found on page 29-31 of the Benefits Administrative Manual.

_____ Remind employees that the health plan coverage ends on the date of the last day of employment, not at the end of that month. If the employee is a contract teacher or principal, the plan coverage ends at the end of the contract period.

_____ Since the employee's health coverage is to be terminated as an active employee, complete the following steps:

- Complete the Employee Health Insurance Form
- Submit all forms together to:

Archdiocese of St. Louis
Office of Human Resources
20 Archbishop May Dr.
St. Louis, MO 63119
Fax: 314.792.7548

Or Submit via email per instructions received from
Human Resources for your parish/school/agency.

The Office of Human Resources will administer the forms and process for the Continuation of Coverage Provision, if applicable, or the Early Retiree Plan.

_____ Collect ID cards and destroy them.

The following four checklists are applicable only to an Archdiocesan Parish, Agency and School and not Private Catholic Organizations.

_____ If applicable, terminate the employee on the voluntary life insurance with Hartford Insurance Group.

_____ Remind employee to contact Gallagher Retirement Services at 314.792.7262 or 314.792.7261 regarding any questions on his/her retirement plan, if he/she was participating in the plan. Email Sharon Gogel about the terminated employee. See page 70.

_____ If applicable, terminate the employee from the Unum Long-Term Disability Plan

_____ If applicable, terminate the employee on the Flexible Spending Account Enrollment Update Form.

Dated: _____

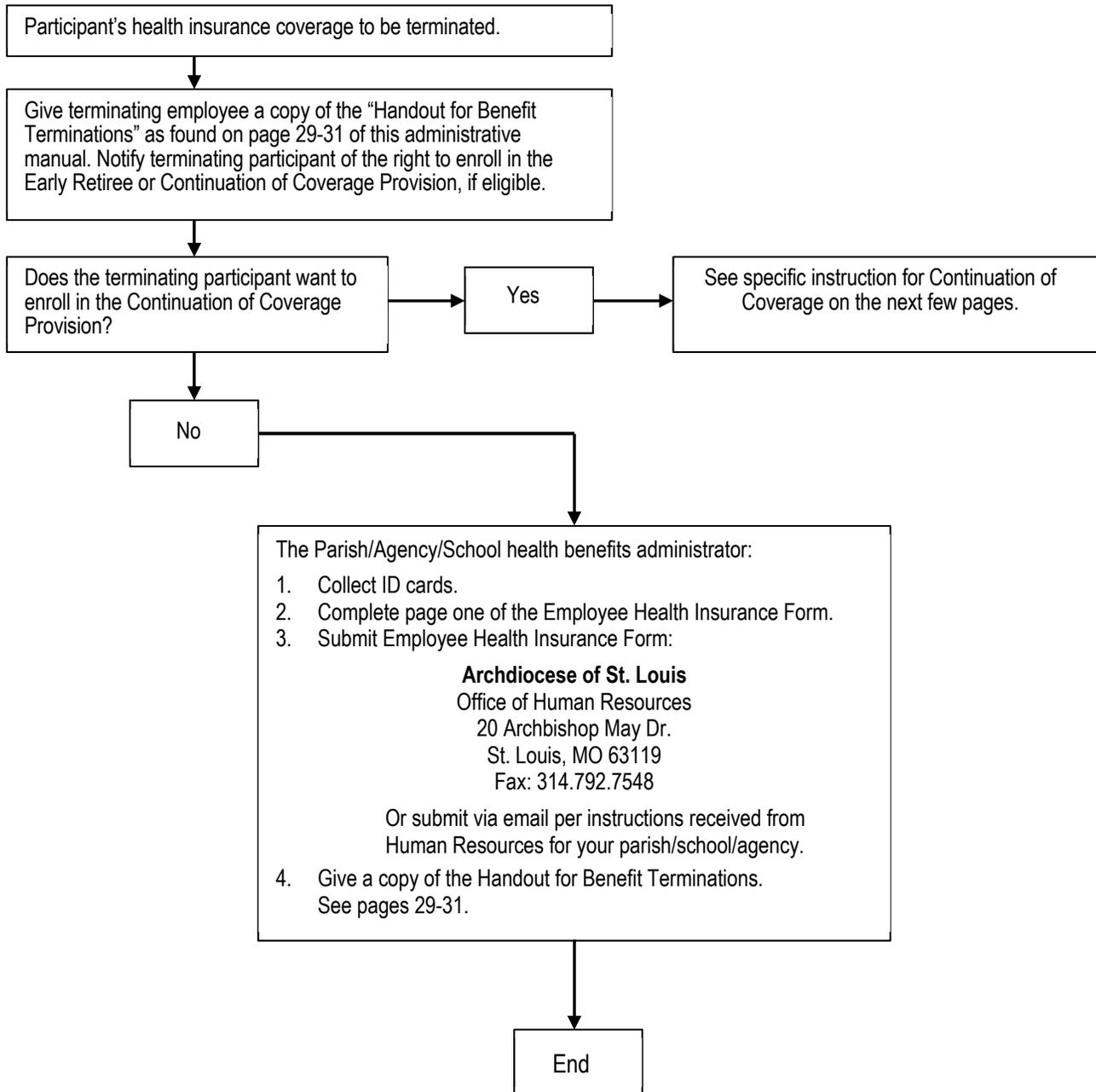
Employer Representative: _____

Signature of person who completed this checklist.

FILE THIS FORM IN THE PERSONNEL FILE AT THE PARISH/AGENCY/SCHOOL.

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Health Plan Termination Flow Chart



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Termination

When coverage ends for health insurance:

1. If an employee terminates employment, the coverage will end on the last date of employment.
2. If a teacher or Principal terminates employment, the coverage will end at the end of the contract.
3. If a teacher terminates midyear, the coverage will end on the last date of employment. (The last paycheck does not determine the last date of employment.)
4. If an employee cancels coverage due to a qualifying event, coverage ends on the date of the qualifying event.
5. If an employee's dependent turns 26 years old, the coverage will end on the last day of the birthday month.

If an active participant in UHC is terminating employment, adhere to the following instructions:

1. Please make a copy of the handout for Benefit Terminations found on pages 29-31 of this manual and give it to the terminating employee.
2. To terminate your employee's participation as an active employee in the health insurance plan, please follow these procedures:
 - A. Complete page one of the Employee Health Insurance Form and mark the Cancel box.
 - B. Please fax or mail the Employee Health Insurance Form to:

Archdiocese of St. Louis
Office of Human Resources
20 Archbishop May Drive
St. Louis, MO 63119
Fax: 314.792.7548

Or submit via email per instructions received from Human Resources for your parish/school/agency.

The Office of Human Resources will provide all Continuation of Coverage and Early Retiree information and forms to the terminated participant once we receive your forms. The Continuation of Coverage and Early Retiree Provisions and Costs are on the Archdiocesan HR/Benefits website in your Employer section.

Please Note: The employer benefits # is your Parish/Agency/School employer benefits number as found on your health insurance billing statement, not your Archdiocesan parish #.

Note: COBRA, a law regarding temporary continuation of coverage for qualified employees/dependents, is not applicable to church plans. It has no bearing on this plan or the Archdiocese of St. Louis. In its place, however, please see the provisions for the Continuation of Coverage Plan detailed on pages 33-34.

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Special Termination

1. Divorce or Separation

The Archdiocese Employee Benefit Plan follows the Missouri Statute 452.317. The statute states the following:

Missouri Statute 452, Section 452.317 states that Termination of Insurance prohibited, when...

452.317. From the date of filing of the petition for dissolution of marriage or legal separation, no party shall terminate coverage during the pendency of the proceeding for any other party or any minor child of the marriage under any existing policy of health, dental or vision insurance.

Special Note: The Archdiocese may allow a termination of insurance for a dependent spouse and or dependent children during the pendency of the proceedings, if the employee and/or spouse signs the **Missouri Statute 452 Waiver Form** to the Archdiocesan Employee Benefit Plan. **(See Appendix N or Appendix O.)**

Special Note Regarding Step Children: If the employee is covering the spouse and step children, once the divorce is final, all coverage for the ex-spouse and step children is terminated on the date that the divorce is final.

2. Death of Employee

Dependents may be covered 12 months after the death of a covered participant provided the dependent spouse or child is otherwise an eligible dependent and required contributions are made. At the end of the 12 months (or earlier if the dependent ceases to be an eligible dependent), Continuation of Coverage may be applied for the dependent's coverage and may be continued for up to 36 months, excluding surviving spouses who are Medicare eligible.

In the Event of an Employee's Death

Review all current benefits for the employee at the time of death

1. Health Insurance
2. Voluntary Life Insurance and Basic Life Insurance
3. Any Employer Paid Life Insurance
4. Retirement Plan
5. Flexible Spending Accounts

Who to contact regarding the individual benefits?

- **Hartford Voluntary and Basic Life Insurance:** Linda Lenz at **314.682.0254** or linda.lenz@thehartford.com.
- **Arthur J. Gallagher & Co.:** Sharon Gogel at **314.792.7261** or Mike Eagen at **314.792.7262**.
- **Mass Mutual Retirement Plan:** The office of Human Resources for Cardinal Ritter Senior Services at **314.961.8000**.

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- **FSA Medical or Dependent Care Accounts:** Tristar at **800.456.4584** or **flex@trstargroup.net**.
- If you need further assistance, contact the Office of Human Resources at **314.792.7546**.

Note: Cancel the appropriate benefits by the normal process of terminating coverage for any of your employee's effective date of the death.

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Handout for Benefit Termination 2019-2020

When your coverage terminates through one of the Archdiocese of St. Louis benefit plans, you have some options of coverage. The illustration below is designed to help you through the options that are available to you.

Coverage	Options at Termination
Hartford Basic Life Insurance and AD&D Policy	<p>If your Basic life insurance plan is terminating, you may Convert to an individual policy. No medical certification is needed. To Convert coverage, you must apply for a Conversion policy and pay the first premium payment within 31 days after your group coverage ends. Portability coverage and Converted policies are subject to certain benefits and limits as outlined in your group policy and Notice of Conversion or Portability form which may be requested as needed. Premiums will change at this time. For additional information, contact your Benefit Administrator or Hartford’s Customer Service at 800.523.2233 or gbdcustomerservice@thehartford.com. Conversion is not available for Accidental Death & Dismemberment (AD&D) benefits.</p>
United Healthcare (UHC) – Standard Plan (Medical, RX and Dental only)	<p>If your medical coverage is terminating from UHC, you may elect to be covered by the Continuation of Coverage provision. You must pay the monthly premium by automatic withdrawal by the 18th of each month. Effective July 1, 2019, the monthly UHC Standard premium will be \$534 for Employee, \$1,179 for Employee + One, and \$1,593 for Employee + Family coverage. These premiums may change 7/1/2020. If you are eligible for Medicare, you are not eligible for this provision. The Office of Human Resources will be providing you with important information and forms regarding the Continuation of Coverage provision.</p>
United Healthcare (UHC) – Premier Plan: (Medical, Rx and Dental only)	<p>If your medical coverage is terminating from UHC, you may elect to be covered by the Continuation of Coverage provision. You must pay the monthly premium by automatic withdrawal by the 18th of each month. Effective July 1, 2019, the monthly premium will be \$781 for Employee, \$1,569 for Employee + One, and \$1,979 for Employee + Family coverage. These premiums may change 7/1/2020. The Office of Human Resources will be providing you with important information and forms regarding the Continuation of Coverage provision.</p>

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Coverage	Options at Termination
Hartford Life: Voluntary Life Insurance	<p>If you participated in the voluntary life insurance plan and your group life insurance coverage is reduced or ends, you may Port or Convert coverage to an individual policy. No medical certification is needed. To Port or Convert coverage, you must apply for Portability or Conversion and pay the first premium payment within 31 days after your group coverage ends. Family members may Port or Convert their coverage as well. Portability and Conversion are subject to certain benefits and limits as outlined in your group policy and Notice of Conversion or Portability form which may be requested as needed. Premiums will change at this time. For additional information, contact your Benefit Administrator or Hartford's Customer Service at 800.523.2233 or gbdcustomerservice@thehartford.com.</p>
Unum Long-Term Disability	<p>The Long-Term Disability Benefit ends on the last day of employment. There is no conversion policy for the Long-Term Disability Plan.</p>
Tristar Flexible Spending Accounts	<p>If you participated in one or both of the Flexible Spending Reimbursement Accounts, your salary reductions will terminate. You will not be able to receive reimbursements for Medical Care and/or Dependent Care expenses incurred after your date of termination. However, you may claim reimbursement for any Medical Care or Dependent Care expenses incurred during the period of coverage prior to termination, provided that you file a claim within 30 days following the close of the Plan Year in which the expense arose. For additional information, you can contact Tristar directly at 800.456.4584.</p>
403(b) Lay Retirement Plans	<p>If you participated in the lay employee 403(b) retirement plan, contact your 403(b) administrator for your options. For the Prudential Retirement Plan contact a Gallagher representative at 314.792.7261. For the Mass Mutual Retirement contact the office of Human Resources for Cardinal Ritter Senior Services at 314.961.8000.</p>

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For Further Inquiries:

Contact the Office of Human Resources at the following:

Phone: **314.792.7546**

E-mail: **Benefits@archstl.org**

For Further Information:

Open Enrollment: Participants enrolled in the Continuation of Coverage Provision are able to switch plans during the open enrollment period which takes effect every July 1.

Early Retiree Provision: When your employment ends, you may be eligible to continue your health insurance coverage under the Early Retiree Coverage Provision instead of the Continuation of Coverage Plan. Please see the following eligibility requirements:

- Age 55 or older
- Not yet eligible for Medicare, unless covered under a separation/severance agreement for that limited period of time.
- Employee must either have been a half-time or more teacher as defined by Archdiocesan Policy or worked for 1,000 hours or more annually for ten of the prior twelve years to retirement.
- Employment must have been with a parish, school or agency of the Archdiocese of St. Louis or a private Catholic organization with the Archdiocesan healthcare coverage.

Please contact the Office of Human Resources for further information at **314.792.7546**.

Decisions: As you can see, there are many options for you when you terminate your standard coverage. It is your responsibility to decide which option is best for you.

Medicare Eligibility: Please contact the official U.S. government website for Medicare at **www.medicare.gov** or call for further information at **800.772.1213**.

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Early Retiree Health Insurance Provision

An employee and/or his or her enrolled dependents in the Archdiocese of St. Louis Health Insurance Plan may continue full health/dental coverage in the Early Retiree Plan if the following eligibility requirements are met by the employee at the time their employment ends:

- Age 55 or older.
- Not yet eligible for Medicare.
- Employee must either have been a half time or more teacher as defined by the Archdiocesan Policy or worked for 1,000 hours or more annually for ten of the prior twelve years to retirement.
- Employment must have been with a parish, school, or agency of the Archdiocese of St. Louis or a private Catholic organization with Archdiocesan healthcare coverage.

An employee who meets the above criteria is able to continue coverage in the Early Retiree Health Insurance Plan until he or she is eligible for Medicare health insurance coverage.

A covered spouse enrolled as a dependent is able to continue coverage as a dependent in the Early Retiree Plan for five years from the date the employee's employment ended or until they become eligible for Medicare, whichever comes first.

A covered child enrolled as a dependent is able to continue coverage as a dependent in the Early Retiree Plan for five years from the date the employee's employment ended or until they reach 26 years of age, whichever comes first.

Please note the following if an employee meets the aforementioned Early Retiree criteria but is eligible for Medicare at the time their employment ends:

- Their covered spouse is eligible to enroll in the Early Retiree Plan and continue coverage for five years or until their own Medicare eligibility date, whichever comes first.
- Their covered dependent child is eligible to enroll in the Early Retiree Plan and continue coverage for five years or until they reach 26 years of age, whichever comes first.

Should an Early Retiree participant obtain dependent(s) and wish to enroll the dependent(s), he or she would have thirty one (31) days from the date of the event (marriage/adoption/birth) to submit the request to add the new dependent(s).

The Early Retiree participant will be responsible for paying (100%) of the then current premium, plus any regular future premium increases, on a monthly basis. The participant will receive a monthly health insurance invoice via email and will pay the premium via automatic withdrawal from their designated bank account.

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If a participant of the Early Retiree Plan terminates coverage, he or she will not be eligible to enroll back into the Plan at a later date. If a retiree's former employer terminates participation with the Archdiocese Health Insurance Plan, coverage with the Archdiocese will also terminate. The eligibility requirements, availability, and the terms of the Early Retiree healthcare provisions are subject to change by the Archdiocese of St. Louis.

Effective 7/1/2019 – 6/30/2020, please see the table below for the monthly premium cost for Early Retiree health insurance coverage.

Health Plan	Participant Monthly Cost	Participant + 1 Dependent Monthly Cost	Participant + Family Monthly Cost
United Healthcare Standard Plan Total Monthly Premium	\$524	\$1,156	\$1,562
United Healthcare Premier Plan Total Monthly Premium	\$766	\$1,538	\$1,940

If you have any questions, please contact Eve Baumann at **314.792.7545** or EveBaumann@archstl.org.

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Continuation of Coverage Provision

Who May Continue Coverage, When, and for How Long?

Any individual who has been covered under this Plan for three months or longer may elect to continue coverage. Anyone who is covered under another group healthcare plan at the time he or she becomes eligible for continuation or if covered by Medicare when he or she becomes eligible for continuation cannot participate in this Continuation of Coverage Plan. Anyone who is covered under a signed separation/severance agreement can participate in this Continuation of Coverage Plan for the limited time of the agreement. You may continue medical, prescription and dental coverage under the Plan for yourself and your dependents for up to 18 months if your coverage terminates for any of the following reasons:

- If your employment terminates for any reason other than your gross misconduct or
- If your working hours are reduced and you are no longer considered eligible for coverage under the Plan.

Continuation of Coverage may extend from 18 months to 29 months for a participant and/or dependent who is disabled (as defined by the Social Security Administration) at the time of termination or reduction of hours, provided that such participant and/or dependent has given notice of the disability within 60 days of the Social Security determination and requested the extended continuation period before the end of the first 18 months.

Your dependents' coverage may be continued for up to 36 months if their coverage terminates for any of the following reasons:

- If you should die; or
- If you become divorced or legally separated from your spouse; or
- If your dependent child no longer meets the definition of an eligible dependent child under the Plan.

If the employee terminated after Medicare entitlement, the spouse/dependents are entitled to Continuation of Coverage for the longer of:

- 18 months from the date of the qualifying event (employee resignation/termination)
- 36 month from the date the employee became entitled to Medicare.

However, if the employee terminates employment just one month before Medicare entitlement, the spouse and dependents are entitled to Continuation of Coverage for up to 18 months.

When Continued Coverage Ends

The continued coverage will end for any person when:

- The cost of continued coverage is not paid on or before the date it is due; or
- That person becomes entitled to Medicare; or
- That person is covered or becomes covered under another group healthcare plan; or
- The Plan terminates for all employees; or
- That person has been in the continued coverage plan for applicable maximum time frame.
- That person submits a cancellation form indicating the termination date of coverage.

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Coverage Change Due to a Qualifying Event

There are a limited number of qualifying events under the Continuation of Coverage Provision. You are eligible to change your coverage only when you experience one of the qualifying events listed below.

- Marriage
- Divorce/Legal Separation/Legal Annulment
- Death of Spouse/Dependent
- Dependent child reached 26 years of age
- Dependent begins a new job
- Birth of a Child
- Legal Adoption/Placement of Adoption
- Court Order, Judgment, or Decree
- Medicare commences
- Dependent loss of coverage

Notice Responsibilities

Within 60 days of termination or the qualifying event, it is your responsibility to notify the Archdiocesan Office of Human Resources at benefits@archstl.org or **314.792.7546** of whether or not you intend to enroll in the continued coverage provision plan. Regardless when enrollment paperwork is submitted. The Early Retiree/Continuation of Coverage is effective the date after active employee coverage ends. Coverage and premiums are retroactive to that date. It is your responsibility or that of your spouse to notify the Archdiocesan Office of Human Resources, if you become divorced or legally separated. It is your responsibility or that of your covered child to notify the Office of Human Resources if your dependent child no longer qualifies as a covered dependent under the Plan. *If you, your spouse, or child, fail to properly notify the Office of Human Resources within the 60 day period, you, your spouse, or your dependent child will be unable to purchase continued coverage.*

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Billing for Health Insurance Premiums

The Parish/Agency/School benefits administrator will receive the health insurance invoice during the second week of the month via email. The invoice date will always be the first of the month. Payment is due on the 18th of the month. **Every month the Parish/Agency/School benefits administrator should verify the invoice for complete accuracy of the employee’s health insurance coverage.** Please note that the invoice will reflect each employee’s current benefit plan and premium as of the first day of the month. The Archdiocese does not prorate for additions, changes, or terminations for the monthly premiums. The coverage type/tier that an employee has on the 15th of the month is the coverage type/tier that will be billed for that month.

If an employee is employed by more than one Archdiocese employer, the employers would need to decide on which health insurance invoice the employee is billed. An employee is not able to be billed on two different invoices. It is up to each employer to agree on the proper percentages that each employer pays for the employer portion of that employee’s health insurance premium. One employer would reimburse the other employer for the correct percentage each month. Employers may contact the Parish Support Office at **314.792.7716** for bookkeeping assistance in handling the health insurance billing for a shared employee.

Health Insurance Premium Billing Rules

New Enrollments: Employees/dependents enrolled with an effective date between or including the 1st and the 15th of the month are charged a full month’s premium. Employees/dependents with an effective date after the 15th of the month through the 31st are not charged premiums for that month.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Effective dates within the gray shaded calendar days indicate premium due for new enrollments.

Terminations: If an employee terminates between or including the 1st and the 15th of the month, then no premiums are charged for that month. If an employee terminates between or including the 16th and 31st of the month, then the Parish/Agency/School is charged a full month’s premium for the employee. Retroactive termination adjustments will not be credited for more than two months.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Effective dates within the gray shaded calendar days indicate premium due for terminated participants.

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Changes: For any transferring employee or employee tier changes, the employee/employer will be charged the full premium amount if the employee is covered on or before the 15th of the month. **The employer who employs the transferring employee on the 15th of the month is billed for that month's premium. The coverage type/tier that an employee has on the 15th of the month is the coverage type/tier that will be billed for that month.**

The health insurance remittance will be processed by automatic withdrawal by the Archdiocesan Finance Office, unless an approved exemption allows for other types of remittance.

Only if remitting by check, payments should be sent to the following address:

Archdiocese of St. Louis
Mail Stop 170001
P.O. Box 798307
St. Louis, MO 63179-8000

The invoice does not reflect payments received or past due amounts for health insurance. If the Parish/Agency/School has any past due health insurance amounts, the amounts will only be shown on the monthly Consolidated Statement that the Parish/Agency/School benefits administrators receive from the Archdiocesan Finance Office.

Health Insurance Invoice Premium Billing Changes

Please fax or mail to:

Employee Health Insurance Form (keep a copy for your medical files).

Archdiocese of St. Louis
Office of Human Resources – Benefits
20 Archbishop May Drive
St. Louis, MO 63119
Fax: 314.792.7548

Or Submit via email per instructions received from Human Resources for your parish/school/agency.

The form must be completed and sent promptly to the Office of Human Resources in order to assure quality and timely administration of your Parish/Agency/School employees' health benefits and proper premium activity.

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Catch-Up Employee Benefit Premium Payments

Employees who enroll in health insurance or other benefits who are within a time period of zero payroll remittance (ex: FMLA, school year summer time off, or as a new hire without a first payroll deposit/deduction), please see the recommended best practices below for an employer to collect the employee's contribution for benefits.

1. School year employees off in the summer – two recommended options:

- The employer requests the employee pay the employee's contribution by check at least monthly by the first of the month of coverage. The employer is recommended to terminate the employee's health insurance should the employee not pay the premiums timely.

or

- The employer creates an adjusted 9 or 10 month premium increase based on the employee's payroll benefit deduction in order to pre-pay the summer month's premiums when the employee is without a payroll deposit.

2. New hire employee with a delay in first employee payroll contribution for benefits:

- For a new hire enrolling in the health insurance between the 1st and the 15th of their first month at work, he or she is responsible to pay for the whole month benefit coverage. The employer is recommended to have the employee sign the Promissory Note (see Appendix P) to have the employee promise to pay any past due premium, in the case their first payroll does not cover the premiums.

or

- The employer creates an adjusted 9 or 10 month premium increase based on the employee's payroll benefit deduction until the missing months of the employee contribution for premium has been collected by the employer.

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Health Insurance Premiums for Classification of Employees

Effective July 1, 2019	Full-Time	Part-Time	Non-Eligible
Teachers and Learning Consultants/Full-Time (Nine months out of the year)	X		
Teachers and Learning Consultants/Half-Time or more (yet less than full-time for nine months)		X	
Teachers and Learning Consultants (Nine months out of the year, less than half-time and works less than 2½ days a week)			X
School Year Employees who work nine months, five days a week for full school day (ex: School Secretaries, Maintenance, Teacher's Aide, Pre-School Teacher, Cafeteria, Cooks who are non-contract)	X		
School Year Employees who work more than 1,000 hours, but less than 1,820 hours annually and less than five full school days per week		X	
School Year Employees who work less than 1,000 hours annually and less than five full school days per week (ex: Bookkeeper, Maintenance, Clerical, Youth Minister)			X
Parish Employees who work more than 1,000 hours and less than 1,820 hours annually (yet not full-time)		X	
Parish Employees who work less than 1,000 hours			X

Health Insurance Premiums for Full-Time Employees and Educators

Effective July 1, 2019 through June 30, 2020	Employee Only	Employee + One Dependent*	Employee + Family*
Standard Plan – UnitedHealthcare			
Employee Contributions	\$78.60 (15%)	\$289.00 (25%)	\$390.00 (25%)
Employer Contributions	\$445.40 (85%)	\$867.00 (75%)	\$1,171.50 (75%)
Total Monthly Premium	\$524.00	\$1,156.00	\$1,562.00
Premier Plan – UnitedHealthcare			
Employee Contributions	\$114.90 (15%)	\$769.00 (50%)	\$970.00 (50%)
Employer Contributions	\$651.10 (85%)	\$769.00 (50%)	\$970.00 (50%)
Total Monthly Premium	\$766.00	\$1,583.00	\$1,940.00
Health Insurance Premiums for Part-Time Employees (1,000 hours or more per year) and Less than Full-Time Educators (work Half-Time or more and less than Full-Time)			

Effective July 1, 2019 through June 30, 2020	Employee Only	Employee + One Dependent*	Employee + Family*
Standard Plan – UnitedHealthcare			
Employee Contributions	\$78.60 (15%)	\$289.00 (25%)	\$390.00 (25%)
Employer Contributions	\$445.40 (85%)	\$867.00 (75%)	\$1,171.50 (75%)
Total Monthly Premium	\$524.00	\$1,156.00	\$1,562.00
Premier Plan – UnitedHealthcare			
Employee Contributions	\$114.90 (15%)	\$769.00 (50%)	\$970.00 (50%)
Employer Contributions	\$651.10 (85%)	\$769.00 (50%)	\$970.00 (50%)
Total Monthly Premium	\$766.00	\$1,583.00	\$1,940.00

*A Spousal Surcharge of \$125 a month may apply.

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Spousal Surcharge Policy and Administration

A spousal surcharge is an extra charge that an Archdiocesan benefit eligible employee will pay for electing to insure a spouse who has subsidized health insurance coverage available to them through his/her own employer. The spousal surcharge is an added charge of \$125 per month to the usual employee contribution for health insurance.

Communication: It is very important to communicate the Spousal Surcharge Policy to your benefit eligible employees, especially those with a spouse. The best method of communication is to provide them the [Spousal Surcharge Frequently Asked Questions](#) and directions to the Archdiocesan website: <http://archstl.org/hrbenefits>. This website provides the most current information. The document, the Spousal Surcharge Frequently Asked Questions, is attached as **Appendix Q** for you to read thoroughly for more in depth education.

The Health Insurance Form has been revised as of 2017 to include a section for an employee to make an exemption via the Health Insurance Form instead of online.

Billing: Please contact Parish Support Office on questions for applying an employee's Spousal Surcharge Fee for parishes using QuickBooks.

Effective Dates: The employee seeking a spousal surcharge exemption will need to complete the Health Insurance Form, as new hire, and/or for a qualifying event within 31 days of the effective date.

If the employee is a new hire, not exempt from the surcharge, and the employee is covering the spouse in the Archdiocese Health Insurance plan, the effective date of the surcharge fee would be the same as the effective date of the employee's health insurance coverage.

For the employee's payroll deduction, the rule for the spousal surcharge would be the same as the rule for the employee contribution to the health insurance premium:

- If the effective date of the employee's health insurance enrollment is prior to the 16th of any given month, the employee owes the full health premium and the spousal surcharge fee for that month.
- If the effective date of the employee's health insurance enrollment is on or after the 16th of any given month, the employee does not owe any health insurance premium or spousal surcharge for that month.
- There is no prorating of the health insurance premium or the surcharge.
- The Archdiocese will not be retroactively reimbursing anyone for surcharge amounts already paid.

If you have a qualifying event for your Archdiocesan health insurance coverage, the effective date of the employee spousal surcharge would be the date of the qualifying event. A few of the more common qualified events include: marriage, divorce, birth of a baby, change in status such as part-time to full-time, etc. (For example, marriage is a qualifying event where the effective date of the surcharge is the date of the marriage.)

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Exemption Status:

In general, the spousal surcharge will not be added if the Spousal Surcharge exemption is submitted within 31 days of the effective date and the enrolled spouse is one of the following:

- My spouse is not employed.
- My spouse is self-employed, does not provide themselves employer-subsidized health insurance coverage, and is not eligible for employer-subsidized health insurance.
- My spouse is employed with an Archdiocese of St. Louis parish, agency, or school.
- My spouse is employed and is not eligible for his/her employer's health insurance coverage.
- My spouse is employed and my spouse's employer does not offer health insurance coverage.
- My spouse is employed and is eligible for his/her health insurance coverage but the full premium cost is paid by the employee. There is NO employer contribution toward the cost of the health insurance.

In the event the spouse's exemption status changes, it is the employee's responsibility to complete a Health Insurance Form marking the different exempt status.

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Transferring an Employee

The goal for transferring employees is to continue the employee's existing benefit coverage while waiting for the Employees Benefits Information Forms from both employers.

When an employee transfers to your Parish/Agency/School from another Archdiocesan Parish/Agency/School, the new employer to which he or she transferred to must add the employee. The employer should ask the new transferring employee which health plan (UHC Standard or UHC Premier) did the employee belong to at his/her prior Archdiocesan employer. Although most transferring employees want to continue in the same health plan as with his/her prior Archdiocesan employer, an employee can elect to change health plans at this time for the new Archdiocesan Parish/Agency/School. Please make sure to enroll the employee into the correct plan. Fill out an Employee Health Insurance Form and check applicable boxes "Enroll," "New Enrollment/Additions/Changes" and "Location Transfer." Please enter the prior location (employer name) in the space provided.

When an employee transfers from your Parish/Agency/School to another Archdiocesan Parish/Agency/School, the Parish/Agency/School to which he or she transferred from must terminate the employee from their location. Fill out an Employee Health Insurance Form and check applicable boxes "Cancel", "Cancellations" (include last date of employment) and "Location Transfer" to.

The two parishes/agencies/schools involved with a transferring employee must coordinate the effective date of coverage (terminate/add) in order to provide continuance of health coverage for the transferring employee. Please review all the benefits for the transferring employee in order to assure continuation of benefits.

Health Insurance Billing for Transfers:

The employer who employs the transferring employee on the 15th of the month is billed for that month's premium. It is up to each employer to reimburse any agreed upon premiums during the month an employee was shared by two employers.

If our office receives the termination forms first from the former Parish/Agency/School before the enrollment form from the new Parish/Agency/School, the invoice will continue to keep that transferring employee on the former employer's invoice, even after the termination date, yet charging zero premiums. Once the enrollment form has been sent by the new Parish/Agency/School, the transferring employee's coverage and premium will be on the new employer's invoice.

If our office receives the new enrollment form prior to the effective date of the transfer and has not received the termination transferring form, the transferring employee's coverage and premium will be on the new Parish/Agency/School's invoice. Please continue to send in the termination forms even though the participant no longer reflects on the former Parish/Agency/School's invoice.

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Transferring Archdiocesan Employee with a Gap in Health Insurance Coverage

Employees transferring from one Archdiocesan parish/agency/school to another Archdiocesan parish/agency/school sometimes have a gap in employment which would result in a gap in health insurance coverage.

Please see the following billing and coverage rules in order to ensure seamless health insurance coverage between the end date at the former parish/agency/school and the start date at the new parish/agency/school:

- The former employer should complete the employer and employee sections on page one of the Health Insurance Form as they would for any transferring employee.
- The Office of Human Resources will handle the Continuation of Coverage enrollment and billing for the transferring employee.
- The transferring employee's Continuation of Coverage cost, during the gap in coverage, will be limited to their employee contribution for health insurance that they were paying when their employment ended at the former parish/agency/school plus any premium increases effective July 1. (Ex: The transferring employee pays \$700.60 per month for the Employee Only/Standard Plan Continuation of Coverage premium during the gap).
- The Archdiocese Employee Benefit Plan will fund the remaining Continuation of Coverage premium cost. (Ex: The Archdiocese Employee Benefit Plan pays \$445.40 per month for the Employee Only/Standard Plan Continuation of Coverage premium during the gap).
- The transferring employee's GAP Continuation of Coverage policy will cease the earlier of 60 days or the 1st date of health insurance eligibility at their new parish/agency/school.

If the Transferring Employee:

- Leaves employment at a Archdiocesan parish/agency/school

AND

- Has a gap in employment/health insurance coverage

AND

- The employee's last date of employment at their former Archdiocesan parish/agency/school is before the 16th of the month

THEN

- The employer will not be billed for the employee's coverage that month and the Office of Human Resources will bill the employee directly for that month.

If the Transferring Employee:

- Leaves employment at a Archdiocesan parish/agency/school

AND

- Has a gap in employment/health insurance coverage

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AND

- The employee's last date of employment at their former Archdiocesan parish/agency/school is on or after the 16th of the month.

THEN

- The former employer will be billed the entire monthly premium for the employee's coverage that month and the employee should have their usual paycheck deduction(s) to cover their entire monthly premium. It is the employer's responsibility to ensure the employee pays their usual employee portion for that month.
- The billing for Continuation of Coverage with the employee paying their active-employee portion (no charge to the former employer) would begin the 1st of the following month.

Transfer information for the Retirement Plan:

When an address is updated in Human Resources database, the system automatically sends Prudential an address update if the employee is enrolled in the Retirement Plan.

Transfer information for the Flexible Spending Account:

The Flexible Spending Account participation and annual election could remain unchanged. Upon the transfer to another Archdiocese employer, the balance of the annual contribution election not yet deducted from the pay would be withheld evenly over the remaining paydays with your new employer. The two parishes/agencies/schools involved with a transferring employee must coordinate the pledge amount for the year and the remaining pay periods. (The transfer is a qualified "special event," so therefore the employee could change their pledge amount, via a new election form.) The employee may continue to request reimbursements from your medical and/or dependent care spending accounts throughout the Plan Year.

Transfer information for the Hartford Voluntary Life Insurance Plan:

The two parishes/agencies/schools involved with a transferring employee must communicate the per pay period deductions for the life insurance. If you are a parish using QuickBooks, please call Hartford Customer Services at **800.523.2233** to inform Hartford of the location change in order to remove the employee from the former employer's invoice and add the employee into the new employer's invoice.

Address Changes

It is very important to communicate to all the benefit plans of your employee's address changes. Explanation of Benefits (EOBs), Health Statements, and important letters should reach your employees on a timely basis, so please submit the appropriate change forms.

- Health/Dental Insurance – Use Employee Health Information Form or Employee Self Service (benefits website)
- Retirement Plan – When address is updated in Human Resources database, the system automatically sends Prudential an address update if the employee is enrolled in the Retirement Plan.

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- Hartford Life Insurance – not necessary.
- Flexible Spending Account – When an address is updated in Human Resources database, the system automatically sends Tristar an address update if the employee is enrolled in the Flex Plan.

Claim Filing Procedures

- **Medical Claims (UnitedHealthcare Choice Plus)**

All in-network providers are set up to bill UHC directly, however, as a Parish/Agency/School Benefits Administrator, you are responsible for keeping a supply of UHC claim forms on hand for employees for any out-of-network services. Out-of-Network providers often bill the employee. The UHC claim forms are available on the Archdiocese Benefits Website or on the UHC website at www.myuhc.com.

Claims should be sent to:

UnitedHealthcare

PO Box 30555
Salt Lake City, UT 84130-0555

UHC will process the claim upon receipt.

- **Dental Claims (Delta Dental of Missouri)**

Regardless of which medical plan an employee enrolls in, the dental coverage is always provided through Delta.

Claims should be sent to:

Delta Dental of Missouri

12399 Gravois Road
St. Louis, MO 63127-1702

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Employee Wellness Programs

The Archdiocese of St. Louis deeply cares about you and your employee's health and well-being. Annually the Employee Benefit Plan provides to all employees the flu vaccine program. It also provides benefit eligible employees an annual H&H Wellness Screening. For more wellness information, please access the Archdiocese website: <http://archstl.org/wellness>.

Employee Wellness Incentive Program

Benefit eligible employees, with at least one year of service and either working a minimum of 1,000 hours annually or a teacher with a half-time or more contract, may annually complete one of the following in order to receive an Archdiocesan paid, \$250.00 contribution to their Archdiocese of St. Louis sponsored 403(b) retirement plan:

- A. Receive an annual wellness exam with their physician of choice between May 1, 2019 and April 30, 2020 and submit the Employee Wellness Form (Appendix E) to H&H Health Associates. The deadline for H&H to receive this form is May 7, 2020.

OR

- B. Participate in the Archdiocesan paid, confidential H&H Health Associates health screening between May 1, 2019 and April 30, 2020.

Important Notes:

- Participation in the health insurance plan is not a requirement to be eligible to receive the \$250 retirement contribution.
- If your employees were hired on or before May 1, 2019, and have been working either a minimum of 1,000 hours annually or a teacher with a half-time or more contracts, they have fulfilled the one year of service requirement.
- If your employees participate in an H&H health screening, they do not need to submit this form.
- The \$250 retirement plan contribution will be processed on or near the end of July, 2020, if the employees completed the above criteria.

Employer Responsibilities:

- Review the Employee Wellness Frequently Asked Questions on page 46-48 of this manual.
- Please keep your employees informed of this great wellness incentive program. You are not responsible for their participation. Communication and reminders are important. The employees were informed in their Open Enrollment 2019 Benefits Guide.
- Direct them to the Archdiocesan website on Wellness at www.archstl.org/hrbenefits.

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Frequently Asked Questions on the Archdiocese Employee Wellness Incentive 2019-2020

The \$250 Retirement Plan Wellness Incentive

Q How do I know if I am an eligible employee for the Wellness Incentive?

A. A benefit eligible employee with at least one year of service, working 1,000 hours annually or a teacher with a half time or more contract, can participate in the Wellness Incentive Program to receive a \$250 wellness contribution into the Archdiocese of St. Louis sponsored 403(b) employer retirement account. An eligible employee is not required to be a participant in the Archdiocesan Health Insurance Plan. If you were hired on or before May 1, 2018, and have been working either a minimum of 1,000 hours annually or a teacher with a half-time or more contract, you have fulfilled the one year of service requirement. If an employee has less than one year of service, the employee can still receive an Archdiocesan-paid H&H Health Associate health screening.

Q. What is the date range I need to have the wellness exam/screening for the 2019-2020 plan year, if I want to receive the \$250 retirement plan contribution on or near the end of July, 2020?

A. Between May 1, 2019 and April 30, 2020.

Q. If I complete a wellness exam/screening, how will I receive the \$250 retirement plan contribution?

A. \$250 will automatically be deposited in your Archdiocese of St. Louis sponsored 403(b) employer retirement account on or near July 15. The contribution is in addition to your normal monthly employer percentage contribution amount.

Q. How will the \$250 contribution be invested?

A. If you have designated an investment allocation, then the contribution will be invested according to your designated investment election. If you do not have a designated investment allocation, then the contribution will be invested in the default fund. You can adjust your investment funds at any time.

Q. If I complete a wellness exam/screening, when will I receive the \$250 retirement plan contribution?

A. On or near July 15, 2020.

Q. If I participate in both the voluntary and employer retirement account, can I designate which account to deposit the \$250?

A. No. The wellness incentive contributions will be deposited as employer retirement account contributions.

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- Q. Can I get the \$250 contribution in cash instead of being deposited in the lay employer retirement account?*
- A. No. The incentive can only be received as a contribution to your Archdiocese of St. Louis sponsored 403(b) employer retirement account.
- Q. Can I opt out of receiving the \$250 contribution?*
- A. No.
- Q. Will a vesting schedule apply to the \$250 contribution?*
- A. No, as with all contributions to the 403(b) retirement plan, the contribution will be 100% vested immediately.
- Q. If I terminate my employment and have completed the wellness program, will I still receive the \$250 retirement contribution?*
- A. No. The wellness contribution is for active employees.
- Q. Can I get the wellness exam/screening if I am not in the UnitedHealthcare (UHC) Premier or Standard Plan?*
- A. Yes. The benefit of the exam/screening is to identify health risk factors early to be engaged in good health practices.

Other related questions regarding the Wellness Screening/Exam

- Q. Can we get the health screening any time during the year or just in September and March?*
- A. For your convenience, you can get the screening anytime between May 1, 2019 and April 30, 2020. The screening must be scheduled through H&H Health Associates (**314.845.8302**). You will be directed to an H&H approved lab close to your home or work. The Archdiocese will sponsor onsite H&H Health screenings at multiple locations during the months of September 2019 and March 2020.
- Q. How can I register for the H&H wellness screening?*
- A. Simply click on the following link <https://wellness.hhhealthassociates.com?companyCode=archdiocese> to register or call H&H Health Associates at **314.845.8302**.
- Q. Will my health results of my exam/screening be sent to the Archdiocese or my employer?*
- A. No. Individual health data will not be shared with your employer, the Archdiocese, our insurance provider, or any other entity. The alternative health screening is being conducted by H&H Health Associates or an H&H approved lab and will be managed in a completely confidential, HIPAA compliant manner. If you choose to have a wellness exam with your physician, only the Employee Wellness Form will be submitted to H&H Health Associates.

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Q. If I receive a serious diagnosis, will you terminate my health insurance plan?

A. No. Your health insurance continues and we have no knowledge of any diagnosis. We only want to encourage all eligible employees to receive a wellness exam/screening to be engaged in good health practices.

Q. Does the physician who conducts my wellness exam have to be my primary care physician?

A. No. Any physician you choose, who meets the definition of a physician under the UHC health plan, can conduct your wellness exam.

Q. Does the annual wellness exam require an employee copayment or coinsurance?

A. Maybe. The UHC plan generally covers preventive services, as specified in the healthcare reform law, at 100% without charging a copayment, coinsurance or deductible, as long as they are received in the UHC health plan's network. UHC covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage. Medical treatment for specific health issues or conditions, on-going care, laboratory tests, or other health screenings necessary to manage or treat an already-identified medical issue or health condition are considered diagnostic care, not preventive care.

Q. If I do not complete the wellness exam/screening for the 2019-2020 plan year, do I need to do anything?

A. No.

Q. If I get the H&H Health Associates screening, do I need to complete the Employee Wellness Form?

A. No. H&H Health Associates will have a record that you had a screening. Your personal health screening results are confidential and are not given to the Archdiocese, our insurance provider or any other entity. H&H Health Associates will inform the Archdiocese Employee Benefit Plan that a screening was completed within the appropriate time period.

Q. Can my spouse/child participate in the employer paid H&H wellness screening?

A. No. The H&H screening only applies to you, the employee; however, when your spouse/child sees the Physician for a wellness exam, the UHC plan typically covers preventive services. The wellness exam/screening only applies to employees.

Q. If I fail to have a wellness exam/screening prior to April 30, 2020, can I ask for extra time to get the exam?

A. No. You had a full year notice, from May 1, 2019 to April 30, 2020 to complete the wellness choice. Extra time allowances will not be offered due to administrative requirements.

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Q. May I receive both an annual wellness exam from a physician and a health screening from H&H Health Associates?

A. Yes. You may receive both an annual wellness exam and health screening.

Q. Should I get an H&H screening in lieu of an annual wellness exam by a physician?

A. While the H&H screening is a good wellness tool, it does not replace the importance of a comprehensive wellness exam, including lab work, by a physician on a regular and long-term basis. We encourage you to develop a physician/patient relationship to enhance your quality of life. Your decision on receiving a screening in lieu of a comprehensive physician wellness exam is your prerogative.

Important:

This guide's Frequently Asked Questions and Description is intended to give you an overview of the Employee Wellness Incentive Plan offered by the Archdiocese of St. Louis. Any of the benefit plans offered by the Archdiocese of St. Louis may be amended, revoked, suspended, or terminated at the Archdiocese's sole discretion at any time.

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Websites

UnitedHealthcare

WEBSITE: www.myuhc.com

As a participant of UnitedHealthcare, members get online self-service access to their health information. They can:

- Request ID cards.
- Search for a doctor or hospital in their area.
- View their claims.
- Take an online Health Assessment to obtain immediate, confidential results about their overall health.
- Use the Personal Health Record to keep track of health conditions, medications, lab results, and appointments.
- Take advantage of Online Programs designed to help them achieve health and wellness goals.
- Improve their health by subscribing to a free Healthy Mind Healthy Body personalized e-newsletter, by choosing the topics that are of interest to them.
- Use the Quicken Health Expense Tracker to see a clear breakdown of their medical claims, access medical records back to 18 months, and pay bills in a safe secure environment.

Participants can register for immediate access:

- Go to www.myuhc.com
- Click on the “Register Now” button
- Enter your Personal information (found on your ID Card)
- The UHC plan is the UnitedHealthcare Choice Plus Plan, policy #0703597
- Choose your own User Name and Password
- Start using myuhc.com

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Archdiocesan HR/Benefits

The Office of Human Resources of the Archdiocese of St. Louis provides a benefits website for obtaining and communicating benefit information for you and your employees. <http://archstl.org/hrbenefits>

This website includes information as the most current benefit forms, benefit booklets, ID cards, and benefit plan descriptions. By clicking on the appropriate link, you can print out the desired material quickly and easily, when you need it.

Flexible Spending Account (FSA)

Tristar Group Website

Regarding the Archdiocesan FSA plan, if employees have any funds remaining in their account, they can file a claim online directly to Tristar for reimbursement medical claims. They go to <https://www.myrsc.com>. If they do not remember a Tristar username and password, they can contact Tristar at **800.456.4584** or flex@tristargroup.net.

Once they are logged in, click on the “Online Claims Entry” tab at the bottom left side of the screen. Click again on “Start New Claim Form.” Follow the steps to enter the claims. They can upload saved receipts or copy their receipts and then fax or mail receipts to Tristar Group.

Delta Dental of Missouri

Employees or you can go online at <https://deltadentalmo.com>. They can order Delta Dental ID cards online and print temporary ID cards.

1. Select “Members” and Sign In.
2. Select “My Benefits”
3. Select Benefits/24 “View general benefits”
4. Enter SSN, last name and DOB then “Login”
5. Select “Request an ID Card”
6. Mailing address will be displayed, select “Submit Request”
7. Participants should receive card within 15 calendar days.

Delta Dental contact information is the following: local **314.656.3001**, Toll-Free **800.335.8266**, or service@deltadentalmo.com.

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Employer-Paid Basic Life and AD&D Insurance – Hartford

Important: The Basic Employer Paid life insurance benefit is only applicable to eligible employees of parishes/agencies/schools of the Archdiocese of St. Louis. Private Catholic organizations, which are not owned by the Archdiocese, do not participate with this voluntary term life insurance plan.

Parish, school, office and agency employers of the Archdiocese of St. Louis will provide employees an employer paid Basic Life Insurance and Accidental Death & Dismemberment (AD&D) benefit plan, administered by Hartford Life.

Billing Information for the Life and AD&D Insurance:

The Hartford Life Insurance cost is \$83.00 per year per eligible employee. The cost will be invoiced through Archdiocesan consolidated billing just as the Flexible Spending Account (FSA) and the Employee Assistance Programs (EAP) billing. If a benefit eligible employee works at two or more Archdiocesan locations, the employer who has the employee working the greatest number of hours, pays the full \$83.00 cost. There is no prorating between employers. There are no payroll deductions, since it is an employer paid benefit.

Who is eligible for the life insurance?

All benefit eligible active lay and deacon employees working a minimum of 1,000 hours annually or a teacher with a half-time or more contract are eligible for the Hartford Basic Life Insurance and AD&D benefit. The Life and AD&D benefit is one times the employee's basic annual earnings.

When is the employee enrolled for the life insurance?

New hires will receive this benefit the first day of active employment.

What do you need to do?

1. Provide your employee the Hartford Life Insurance and AD&D Letter and Summary of Benefits and a Hartford Life Beneficiary Designation Form (Appendix C). Your employees are instructed to complete and to fax to you or give you their form.
2. Make a copy of the completed beneficiary form for your employee's file.
3. Please send a copy of the employee's completed beneficiary designation form to the Office of Human Resources

Fax: 314.792.7548

Mail: Archdiocese of St. Louis

Office of Human Resources

20 Archbishop May Drive

St. Louis, MO 63119

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Beneficiary Information:

If your employee currently participates in the Hartford Voluntary Life Insurance plan, the employee's beneficiary designation will apply to both the Hartford Voluntary Life and the Hartford Basic Life plans.

In the event of your employee's death and if there is no beneficiary designation, the life insurance benefit proceeds may, at Hartford's option, be paid to a surviving spouse, child(ren), parents or the estate, as written in the Benefit Fact Summary document.

Imputed Income Reporting:

Employee participants who make an annual salary of \$50,000 or above are subject to an imputed income tax, per the Internal Revenue Code Section 79. Generally speaking, imputed income can be defined as the perceived cash value of a benefit and an employee pays tax on that amount. It is not a dollar for dollar straight income tax.

The imputed cost of coverage in excess of \$50,000 must be included in income and are subject to social security and Medicare taxes. The IRS code provides an exclusion for the first \$50,000 of group-term life insurance coverage provided under a policy carried by an employer. There are no tax consequences to participating employees who do not exceed the annual salary of \$50,000.

If the employee exceeds an annual salary of \$50,000, the imputed income will be reported as wages in boxes 1, 3, and 5 of the employee's Form W-2. Also, it is reported in box 12 with code "C" of the W-2 for informational purposes.

Claims:

In the event of an employee's death, please contact the Office of Human Resources at **314.792.7546** to assist you in completing the Hartford Life Claim Form (Appendix H). To access a Hartford Life Claim Form, go to the Archdiocesan website at: <http://archstl.org/hrbenefits>.

Questions:

If you have any questions, please contact the Archdiocese Office of Human Resources at **Benefits@archstl.org** or call **314.792.7546**.

Disclaimer:

The Hartford Summary of Benefits is a brief description of the Life Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Announcement Sheet and the Insurance policy, the terms of the Insurance Policy apply.



Hartford Basic Life Insurance and AD&D Benefits

The Plan	Archdiocese of St. Louis benefit eligible employees are provided a Hartford basic life and accidental death & dismemberment benefits (AD&D). These benefits are provided by the employer at no cost to the employees.
Eligibility	Archdiocese parish, school, and office benefit eligible active lay and deacon employees working a minimum of 1,000 hours a year or more, a teacher with a half-time contract or more, a married priest, or a Catholic Charities* benefit eligible active lay employee working a minimum of 35 hours a week or more.
Benefit Amount	The life and AD&D benefit is one times the employee's basic annual earnings, rounded to the next higher \$1,000, if not already a multiple thereof, to a maximum of \$250,000.
When can I enroll?	Eligible employees are automatically covered by the Hartford basic life and AD&D insurance; they do not have to enroll.
When is it effective?	Coverage goes into effect subject to the terms and conditions of the policy. New hires would be covered the first day of work. There is no waiting period. The employee must be actively at work with his/her employer on the day the coverage takes effect.
Is this a taxable benefit?	The Life Insurance is a tax-free benefit in amounts up to \$50,000. As employer paid life insurance, coverage above \$50,000 will generate a taxable income event for the employee.
Will Benefits Reduce?	Life and AD&D benefits will reduce by 50% rounded to the next higher \$500 on January 1 following the date the employee attains age 70. All coverage cancels at termination.
How do I assign a Beneficiary?	The beneficiary is the person (or persons) or legal entity (entitles) who receives a benefit payment if the employee dies while covered by the policy. The assigned beneficiary designation is legally binding. The employee should assign a beneficiary and may change the beneficiary at any time. To access the Beneficiary Designation Form, go the Archdiocesan website at: http://archstl.org/hrbenefits .
When does the life and AD&D insurance end?	Coverage will end on the earlier of a) the last day of the month following the date employment terminates or are no longer eligible or b) the last day of the month following the date the employee is no longer actively at work unless continued in accordance with the Continuation Provisions noted in the policy booklet.
Can I keep my life coverage if I leave my employer?	Subject to the contract, the covered employee has the option to convert the group life coverage to your own individual policy. To access a <u>Notice of Conversion/Portability Form</u> , go to the Archdiocesan website at: http://archstl.org/hrbenefits . The employee should submit the completed form within 31 days of canceling the group life coverage. If the employee has questions about this information, eligibility, or status of a request, the employee contacts a Hartford representative at 1.877.320.0484.
AD&D	AD&D insurance does not cover losses caused by or contributed by: <ul style="list-style-type: none"> • sickness; disease; or any treatment for either; • any infection, except certain ones caused by an accidental cut or wound; • intentionally self-inflicted injury, suicide or suicide attempt; • war or act of war, whether declared or not; • injury sustained while in the armed forces of any country or international authority; • taking prescription or illegal drugs unless prescribed for or administered by a licensed physician; • injury sustained while committing or attempting to commit a felony; • injury sustained while intoxicated
Questions	Questions regarding the life insurance coverage can be directed to: <ul style="list-style-type: none"> • Your parish, office, agency administrator. • The Archdiocese Office of Human Resources: 314.792.7546, Benefits@archstl.org. • A Hartford representative: 1.800.523.2233.

*Catholic Charities administration, St. Patrick Center, Child Center Marygrove, Catholic Family Services, LAMP, Queen of Peace Center, Good Shepherd Children & Family Services, and St. Martha's Hall.

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Voluntary Term Life – Hartford

Policy #677885

Important: The Hartford Voluntary life insurance benefit is only applicable to eligible employees of parishes/agencies/schools of the Archdiocese of St. Louis. Private Catholic organizations, which are not owned by the Archdiocese, do not participate with this voluntary term life insurance plan.

This section of your administrative manual outlines the information necessary to assist you in the management of the Hartford Life Insurance Plan. This benefit plan should be offered to employees at the same time they are given information for the group health insurance. Booklets and Hartford Information Forms to distribute to employees are available on the Archdiocesan website at archstl.org/hrbenefits.

You play an important role in the administration of this benefit. Your responsibilities include:

- Ensuring that all eligible employees apply appropriately and timely for coverage or sign waivers declining coverage. (Appendix B)
- Keeping accurate records on plan enrollment, census information, and coverage levels to aid in the preparation of your billing statements.
- Maintaining employee Hartford Information Forms and other important plan records in your office.
- Determining when an applicant needs to submit a Personal Health Application and completing the Employer’s section of the application.
- Notifying employees of their Conversion, Portability and Waiver of Premium rights in a timely manner, if applicable.

Plan Design

Eligibility	All active employees working 1,000 or more hours per year are eligible for coverage on their date of hire. Spouse coverage is available only if the employee has elected coverage and is subject to 50% of the employee amount. Child coverage is available for child from the age of 14 days to 26th birthday regardless of student status, provided the employee is enrolled and approved for coverage.
Enrollment Period	All employees should complete an enrollment form electing or declining coverage within 31 days of their date of hire. Employee enrolling after the 31 day period will be required to provide evidence of insurability for any amount of coverage.

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Effective Date	<p>Coverage will be effective on the later of:</p> <ul style="list-style-type: none"> The employee’s date of hire, provided they enrolled within 31 days of their date of hire The date the employee signs their enrollment form provided they enrolled within 31 days of their date of hire The date Hartford approves their Personal Health Application 																												
Benefit Amount	<p>Benefit amounts are as follows:</p> <p>Employee coverage – Increments of \$10,000 to a maximum of \$300,000</p> <p>Spouse coverage – Increments of \$5,000 to a maximum of \$150,000, subject to 50% of the employee’s approved amount of coverage.</p> <p>Child coverage – Increments of \$5,000 to a maximum of \$15,000</p>																												
Reductions Due to Age	<p>Employee and Spouse benefits will reduce to 65% at age 70, to 45% at age 75 and to 30% at age 80 based on the employee’s age. These reductions will automatically appear on your bill.</p>																												
Guaranteed Issue Amount	<p>Employee – \$100,000 Spouse – \$25,000 Child – \$15,000</p> <p>Employees enrolling within 31 days of their date of hire are guaranteed up to the Guaranteed Issue Amount. Amounts over the Guaranteed Issue Amount require the employee and/or spouse to complete a Personal Health Application and be approved for coverage.</p>																												
	<p>Monthly rates are based on the employee’s age as of their effective date of coverage and will increase on July 1 of each year following the date the employee moves to the next age band. Spouse coverage is based on employee’s age. Child cost is based on a unit cost and not per child. The employee’s cost for child coverage is the same regardless of the number of children they have enrolled. Premium is required the first of the following month.</p> <p>Employee and Spouse Monthly Rates per \$1,000 of Benefit</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Age</th> <th style="background-color: #0056b3; color: white;">Hartford</th> </tr> </thead> <tbody> <tr><td><25</td><td>0.060</td></tr> <tr><td>25-29</td><td>0.060</td></tr> <tr><td>30-34</td><td>0.068</td></tr> <tr><td>35-39</td><td>0.073</td></tr> <tr><td>40-44</td><td>0.101</td></tr> <tr><td>45-49</td><td>0.142</td></tr> <tr><td>50-54</td><td>0.242</td></tr> <tr><td>55-59</td><td>0.417</td></tr> <tr><td>60-64</td><td>0.641</td></tr> <tr><td>65-69</td><td>0.901</td></tr> <tr><td>70-74</td><td>1.271</td></tr> <tr><td>75+</td><td>1.986</td></tr> <tr><td>Child</td><td>0.930 per \$5,000</td></tr> </tbody> </table>	Age	Hartford	<25	0.060	25-29	0.060	30-34	0.068	35-39	0.073	40-44	0.101	45-49	0.142	50-54	0.242	55-59	0.417	60-64	0.641	65-69	0.901	70-74	1.271	75+	1.986	Child	0.930 per \$5,000
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Termination of Coverage	<p>Employee Coverage will end on the earlier of 1) the date the employee is no longer eligible or 2) the end of the month that the employee terminates coverage. 3) employee cancels the plan. Dependent coverage will end on the date the dependent is no long eligible for coverage. Premium is required to the end of the month following termination. Any overpayments will be credited on your next monthly bill. Coverage may be continued by the employee and/ or dependent, provided they enroll for Conversion or Portability. Coverage may also continue under one of the following continuation provisions, provided premium is paid during this time.</p> <p>Military Leave – 12 weeks Sickness or Injury – 12 months Family Medical Leave – 12 weeks</p>
Waiver of Premium	<p>Employees who are totally disabled and not working may continue their life insurance past the 12-month period if they are approved for waiver of premium. To be eligible, they need to be under the age of 60 at the time of the disability and be disabled for at least 6 months. Employees will need to complete the Waiver of Premium form and be approved for coverage prior to the end of the 12-month period in order to continue their life insurance past the 12-month period.</p>
Conversion and Portability	<p>Conversion – Employees and Dependents may convert the supplemental life insurance to an individual policy <u>if they enroll for conversion with 31 days of the date their coverage ends</u>. Premiums are based on their age at the time of conversion.</p> <p>Portability – Employees may elect Portability if their coverage is terminating prior to their Social Security Normal Retirement Age. This option allows you to continue all or a portion of your and your dependent’s Supplemental Life Insurance coverage under a separate Portability term policy. To elect Portability, you must apply and pay the premium within 31 days of the termination of your Supplemental Life Insurance. Evidence of Insurability will not be required. Portability is not available to dependent children who have reached the limiting age of 26.</p> <p>Employees can contact Hartford’s Conversion and Portability Department for policy or rate information at 877.320.0484.</p>
Accelerated Death Benefit	<p>If an employee or dependent is diagnosed as terminally ill with a life expectancy of 12 months or less, they may be eligible to receive payment of a portion of their life insurance. The remaining amount of the life insurance would be paid to their beneficiary upon death. They will need to complete the Accelerated Death Benefit form.</p>

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Steps Involved in Administration and Billing for Voluntary Term Life Insurance

Login to Hartford's online Employer View: Your Employee Enrollments, Electronic Billing and Payment, Case Information (including billing details), Claim Inquiries, and more can be accessed on the Employer View® web site. This is your direct link to the most current information. To use Employer View®, all you need is an Internet connection and a web browser. Go to www.employerview.com and register online, if you have not already registered. You'll be prompted to enter basic information and to insert a user name and password for confidentiality and security. If you do not remember or have a user name or password, contact the Office of Human Resources at **314.792.7546**. Hartford is committed to providing you with quality products, responsive service, and total customer satisfaction. If you want to opt out of online billing, please contact Linda Lenz with Hartford at **314.682.0254**.

1. **New Hire:** When an employee is first hired, give the employee the Hartford Enrollment/Change Form and benefit booklet.
2. Instruct the employee that he or she has 31 days to elect or waive this coverage. After 31 days, evidence of insurability will be required for benefits. Ask that the employee complete the Hartford Enrollment/Change Form and name a beneficiary if they are electing life insurance, or sign the waiver if they are not. Insert the Location Code # (Parish number) on the form. Keep a copy of the form for your files.
3. **Late Enrollees:** Employees requesting coverage after their 31 day enrollment period will need to complete a Personal Health Application (PHA) and be approved by Hartford. Keep a copy of the PHA with the enrollment form. Bookkeepers will need to complete the Employer Section of the PHA and provide it to the employee. Employee and spouse (if applicable) will need to complete the remaining information, sign, date, and mail to the address on the last page of the form. Hartford will notify the employee of their approval or denial. Approved amount will appear on the next invoice following the approval date.
4. If you are a parish on QuickBooks and an employee has enrolled for this coverage, add the employee to the voluntary billing by going to the Employer View website at www.employerview.com. Login and add the employee's information using the Employees tab located across the top of the screen. Select the Participant administration tab and insert the information in the required fields.

Salary amount is not required for the benefit, so insert \$1 or the actual salary to proceed.

Inform your payroll administrator to arrange for the voluntary life payroll deduction.

5. Send via fax a copy of the enrollment form to the Office of Human Resource at **314.792.7548**, or submit via email per instructions received from Human Resources for your parish/school/agency.

(Questions regarding access to Employer View should be directed to the Office of Human Resources at [314.792.7544](tel:314.792.7544) or by email at Benefits@archstl.org or to Hartford at [800.523.2233](tel:800.523.2233) or gbdcustomerservice@thehartford.com.)

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6. **Cancellation of Coverage:** An employee can cancel their employee, spouse, and/or child coverage at any time. If the employee decides to cancel his/her coverage, the employee must complete and sign a new Hartford Voluntary Life Information Form requesting to cancel coverage. If cancellation is due to termination, provide employee with Conversion and Portability information. You can terminate an employee from the billing by updating the employee's information on the Employer View website or notifying Hartford at the fax number or email address provided below. To terminate an employee's participation on Employer View, login and click on the **Participant Administration** tab located under the **Employees** tab. Scroll down to the bottom of the screen and click on the **Participant Search** button. Insert the employee's name or Social Security number. Click on the employee's name. Located on the right of the screen you click on **Cancel Existing Coverage**. Coverage will stop on the last day of the month in which the employee terminates the plan. Premium is required to the end of the month following termination. Any overpayments will be credited on your next monthly bill.
7. **In the Event of a Death Claim:** Process the Hartford Death Claim Form and contact Anne Hager at **314.792.7544**. An employee with a terminal illness or a disability lasting six months or longer, contact Linda Lenz with Hartford at **314.682.0254** for the appropriate forms.

Important Billing Notes: Hartford bills for full months only and does not do any partial month billing. It is very important that you pay the amount billed and wait for the appropriate adjustment to appear on the next month's invoice. The payroll deduction amount should apply to the Guaranteed Issue Amount only. Once the employee has been approved for amounts over the Guaranteed Issue Amount, the payroll deduction should be increased to the total amount approved by Hartford. For new enrollments, the premium is due the first of the following month. For terminations, the premium is required to the end of the following month. Any overpayments will be credited to the next month's bill.

Your monthly bill from Hartford will list the employee with their approved benefit amounts and monthly premium amounts. The monthly bill is accessed online at Employer View, by clicking the **Billing** tab, then click on Customer ID number. Click on either the PDF or Excel invoice for the coverage period. The monthly bill should be carefully reviewed each month for accuracy. The employee's name will appear in bold text if any changes were made from the previous month.

8. **Questions:** Regarding billing and enrollment you can contact Hartford's Customer Service department at **866.294.7987**.

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Hartford Life Contact Information

As an employee benefits contact, your active participation in the claim administration process will help employees get the most from their Benefit Plan. Please feel free to contact anyone below should you have a service need or a question to be answered.

Primary Contact:	Hartford Life Customer Service	Phone: 866.294.7987 Email: gbdcustomerservice@hartfordlife.com
Secondary Contact:	Linda Lenz Account Manager Hartford Life Insurance Co. 12312 Olive Street, Suite 350 St. Louis, MO 63141	Phone: 314.682.0254 Fax: 860.392.5985 Linda.lenz@hartfordlife.com
Conversions and Portability:	Hartford Administration Conversion & Portability Unit P.O. Box 248108 Cleveland, OH 44124-8108	Phone: 877.320.0484 Fax: 440.646.9339
Medical Underwriting:	Hartford Life Insurance Co. Medical Underwriting Unit P.O. Box 2999 Hartford, CT 06104-2999	Phone: 800.331.7234 Fax: 860.843.3221 Email: medical.uw@hartfordlife.com
Enrollment Changes:	Hartford Employer view website, email or fax number	Website: www.employerview.com Email: list.bill@hartfordlife.com Fax: 888.701.8234 For Email or Fax, be sure to include your policy number, billing ID, effective date of change
Billing and Premiums:	Hartford Life Insurance Co. Lockbox 8500-3690 Philadelphia, PA 19178-3690 Overnight Address: The Hartford Lockbox 3690 101 North Independence Mall East Philadelphia, PA 19106	Phone: 866.294.7987 Fax: 888.701.8234

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Long-Term Disability – Unum

Important: The long-term disability benefit is only applicable to eligible employees of parishes/agencies/schools of the Archdiocese of St. Louis. Private Catholic organizations, which are not owned by the Archdiocese, do not participate with this long-term disability insurance plan.

This section of your administrative manual outlines the information necessary to assist you in the management of the Unum Long-Term Disability program. This program is available to eligible employees of the Archdiocese following 90 days of active continuous employment. The booklet explaining the Long-Term Disability benefits should be given to each employee at the time they become eligible for these benefits.

Eligibility	<p>All full-time active lay employees and those part-time lay employees who regularly work an average of at least 19 hours per week and religious community employees (sisters, brothers, priests excluding Archdiocesan Priests) working in a position who regularly work an average of at least 19 hours per week. Also for employees who regularly work in teaching or school administration positions, such employees (teachers, administrators, administrative assistants, maintenance workers, custodians, cooks and others) will be deemed to be working 19 hours per week for eligibility purposes during periods of school vacation or seasonal breaks.</p> <p>*Be sure to audit an employee’s eligibility on a regular basis. Once an employee who is regularly working a minimum of 19 hours per week and has satisfied the 90 day new hire waiting period, add them to the LTD plan.</p> <p>If you have missed adding the employee, please add them retroactively and remit the back payment to Unum on the next billing invoice.</p>
Waiting Period	Coverage begins on the first of the month following 90 days of active, continuous employment.
Amount of Insurance	60% of basic monthly earnings not to exceed the maximum monthly benefit, less other income benefits.
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	The greater of: (1) \$100; or (2) 15% of the monthly benefit before deductions for other income benefits.
Elimination Period	180 Days of continuous disability for which no benefit is payable.
Contributions	The cost of the Long-Term Disability is paid entirely by the employer.
Note:	For all teachers (paid on a 10 month or 12 month cycle) – “basic monthly earnings” means 1/12th of the teachers annual contract salary in effect prior to the date disability begins.

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The Long-Term Disability plan is administered as follows:

Initial Enrollment

Enroll each eligible employee in the plan on the first of the month following completion of the 90-day waiting period. This plan is funded in full by the Parish/Agency/School, so every eligible employee is enrolled for coverage. To enroll a newly eligible employee, simply add them to your monthly Unum LTD premium invoice statement. You only need to report the total number of insureds, total covered payroll and premium amount being remitted.

(Distribute: Unum LTD Highlight 2019 [See Appendix D])

Claims

In the event of a claim, you must give the employee sections A (Physician's Statement), B (Employee's Statement), C (Direct Deposit Request), and the Employee Authorization section of the Unum Long-Term Disability Claim Form to be completed. Section D (Employer's Statement) must be completed by the employer. The completed claim form may be faxed to: **800.447.2498**.

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Billing Administration Guide for Unum Long-Term Disability

Please include your policy (374488) and employer benefits number on all correspondence, including checks and wire transfer of funds. By providing these numbers, we can ensure your premium is allocated to your policy quickly and accurately.

Policy and division number: 374488 – (employer benefits # would go here) National Account Toll Free Number: **800.868.1773 Ext. 53049**.

Note: It is important you provide the lives, monthly income and premium for the product line listed on your billing invoice. Please be sure to administer the reporting according to the contractual provisions, i.e., waiting period, definition of earnings, maximums, and benefit volume.

- Longer Term Disability: Number of lives, Monthly Income, and Premium

Example on how to calculate the premium: LTD monthly income \$_____ x rate

- Billing rates are monthly. Premium will not be pro-rated for any changes, i.e., addition of new employees, terminations, salary or class updates effective during the policy month.
- Premium for coverage that begins on a day other than the first day of the month is not charged until the first of the following month.
- Back charges and back credits may apply in instances when a change should have been reported on a previous invoice.

For employer benefits #s that do not have eligible employee during the billing cycle, return the invoice with “0 Billing” written on it. (This will alert the billing department that the employer benefits billing number is active, but waiting on employees to meet their eligibility period.)

If you should have any question regarding your billing and premium payments, please contact your Unum billing specialist, Melissa Jewett at **800.868.1773 Ext: 57937**.

An employee whose coverage terminates on a day other than the first day of the month is charged Premium for the full month. To terminate the coverage on the billing invoice, remove one “life of the number of lives and the salary amount attached to that terminated employee.

Example: If an employee terminated March 15, coverage terminates on March 15, but premiums must be paid for the entire month of March.

Example: If an employee terminates on March 1, coverage terminates on March 1 and premiums are not due for the month of March.

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Premium Due Dates

The premium due date will be the effective date and the first day of each calendar month thereafter. Changes reported on each billing invoice should be those with an effective date equal to or earlier than the due date on the premium invoice.

Grace Period: The grace period is the time allowed beyond the premium due date to remit premium to Unum. The grace period is 31 days. A reminder notice will be sent notifying you the grace period is about to expire. Reminder notices are mailed 10 days prior to the expiration of the grace period. A late notice is sent as a final reminder of premium due. The late notice is sent after the expiration of the grace period.

Note: If premiums are not paid by the end of the grace period, the coverage lapses and Unum is not liable for claims incurred after the end of the grace period. Claims incurred during the grace period remain Unum's obligation and payment of the premiums for the grace period is the responsibility of the policyholder.

Customer Contact Center for Billing is **800.868.1773**, Ext: 56072

Unum On-Line Disability Claim Guide:

When your employee files a disability claim you have access to an on-line training guide that walks you, step-by-step, through Unum's disability claim process.

This information tool is designed to:

- Explain the disability claim process;
- Outline how you can help your employee at claim time; and
- Describe the support you and your employee should expect from Unum.

You can access this information at any time by going to www.unum.com and clicking on the "Download A Form" button on their home page. From there, click on the Form Number and insert the form CL-1019.

We hope this tool becomes a valuable resource when you have an employee who suffers a disability. If you need additional information or training, however, simply call Unum at **866.568.2727**.

Please remit your premium payments to the following address:

Unum
PO Box 406946
Atlanta, GA 30384-6946

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Employee Assistance Plan (EAP) – St. Louis Counseling

Plan Description	The Archdiocese of St. Louis Employee Assistance Program (EAP) is an internal employee assistance program offering short-term mental health counseling and work/life management. An eligible employee or their household family members can access this service to help with problems.
Eligibility Criteria	All employees, who are an active full-time employee or work at least 1,000 hours per year, and their household members. (Not available to non-Archdiocesan Private Catholic Groups.)
Waiting Period	None
Effective Date	Date of active work.
Employer Cost	\$27.84 per employee per year.
Billing	Consolidated billing with Archdiocesan Finance Office.
Phone	888.629.3835

All EAP counselors are master’s level (or above) mental health professionals who have extensive training in problem assessment, treatment and referral.

By simply making a toll-free call to the Archdiocese of St. Louis EAP, **888.629.3835**, an eligible employee or household family member can access the following services:

- **EAP Counseling Benefits**
 - One through six (1-6) visits per problem, through the EAP is at no charge.
- **What kind of problems can the EAP help with and who can use the program?**
 - EAP counselors can help employees and their families deal with a wide range of personal problems. Some of the most common problem areas are:
 - ◆ Family Problems
 - ◆ Parenting Issues
 - ◆ Marital/Relationship Conflicts
 - ◆ Emotional Concerns (Stress, anxiety, depression)
 - ◆ Work/Management Issues

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The services offered through the EAP are available to all eligible employees and their household members. Employee's spouses and dependent children are welcome to use these services with or without the employee's participation.

- **Is this service confidential?**

Confidentiality is totally assured for the employee and their family members. The staff of EAP adheres to all federal and state guidelines regarding confidentiality. As the employer, you will not be informed of their participation. Information only will be released with the employee's written permission or in a life threatening situation, or child abuse.

- **Where are EAP offices located?**

Offices shall be within a reasonable distance of the employee's place of employment. See below for office locations. There are also affiliate providers throughout the Archdiocese of St. Louis.

For the convenience of its clients, Saint Louis Counseling maintains offices throughout the community.

- **Northwest County**
1385 Harkee Drive
Florissant, MO 63031
- **South County/Administration**
9200 Watson Road
St. Louis, MO 63126
- **West County**
498 Woods Mill Road
Manchester, MO 63011
- **O'Fallon**
311 South Main, Suite 100
O'Fallon, MO 63366
- **Lincoln County Office**
#140 Professional Parkway
Troy, MO 63379
- **Franklin County Office**
102 E. Springfield
Union, MO 63084
- **Bellefontaine Neighbors Office**
10235 Ashbrook Drive
St. Louis, MO 63137

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Lay Employees Retirement Plan

IMPORTANT: This retirement plan is only available to eligible employees of parishes/agencies/schools of The Archdiocese of St. Louis which have signed an “adoption agreement” pertaining to the retirement plan document. Not all Private Catholic organizations within the Archdiocese participate in the retirement plan.

Plan: The Archdiocese Lay Employee Plan #768150, the Priest Plan #768170

This is a 403(b) tax-sheltered annuity retirement plan. Each participant in the Plan has an Individual Account which includes employee salary deferrals, employer nonmatching contributions and the earnings on these amounts.

Plan Administrator:

Archdiocesan Benefits Committee – represented by:
Mr. Michael J Puetz, Director of Benefits
20 Archbishop May Drive
St. Louis, MO 63119

Fund Manager:

The fund manager is Prudential Retirement Solutions. The Archdiocese Prudential Client Service Manager is June Haas at **800.840.5452** or at **June.Haas@Prudential.com**. Prudential Online Service Center at **877.778.2100**.

Employee Contributions

- Immediate eligibility for purposes of salary deferral (employee contributions) regardless of the eligibility for the employer contributions.

Employer Contributions

- Completion of one year of eligible service.
- **Staff and hourly employees:** Those who have worked 1,000 hours during a consecutive 12-month period commencing on an Employee’s employment commencement date in a Plan year.
Teachers: Those with (at least) ½ time through full-time contracts (includes contracts at multiple locations).
- Any employee who has satisfied their eligibility period requirement and becomes a participant in the plan shall continue to be a participant even if he or she falls below the 1,000 hour or ½ time or full-time status (this includes teachers who fall below this threshold and substitute teach).
- A terminated employee who becomes re-employed within the Archdiocese is eligible for immediate participation in the Plan (employer and /or employee contributions). If he or she returns to work prior to incurring a five 1-year breaks in service.

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Employee Contributions:

Any employee, beginning with the employee's first pay period and whether or not he or she is, or ever will be eligible for employer contributions, may elect to contribute a dollar amount or percentage of their pay (within Federal limits) to their individual account. Each employee who wants to voluntarily contribute to their Individual Account must go online to Prudential's website at <http://archstl.retirepru.com>. The employee would click on "View your Account" and then click on "Register Now." Then click on the blue button on the right "View Details" and then "Change Contributions" on the right side under "Account Summary" section. Contributions can only be made through payroll deductions.

Employer Contributions:

- Employer contributions commence on the first pay period of the month following the 365-day "eligibility" period.
- Employees will be automatically enrolled for the purpose of receiving employer nonelective contributions.
- Each pay period thereafter, employer contributions will constitute a percentage of pay to the employee's individual account.
- All such employer contributions do not require employees to make salary deferral contributions to receive them.
- Employees will be immediately vested (own) in employer contributions upon deposit to their individual account.

Important Note:

It is very important that employees who have met the eligibility requirements receive their 5% employer contribution. Ex: A teacher ends her Archdiocesan school contract yet becomes a substitute teacher. The substitute teacher still meets the Retirement Plan Eligibility and therefore would receive 5% contribution at any time she/he was paid to sub.

It is very important to ask employees, substitute teachers, or seasonal employees if they work at another parish/school/agency in the Archdiocese of St. Louis in order to determine their eligibility for the employer retirement contributions.

Enrollment Procedures:

Each parish, school or central agency is responsible to coordinate with Gallagher to initiate the enrollment process. Gallagher should be contacted at least 31 days prior to eligibility in order for contributions for the employee to be remitted on a timely basis. Employees who would not qualify for the employer contribution should be made aware of the plan in case they desire to defer salary. **Our local Gallagher Benefit Services contacts are Mike Eagen at 314.792.7262 and Sharon Gogel at 314.792.7261.**

Gallagher will contact the employer to schedule a meeting at the employee's work site and complete the enrollment process.

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Summary of Employer Responsibilities with the Archdiocese Retirement Plan

Prudential Retirement is the Archdiocese's Retirement Plan record keeper. All Archdiocesan Lawson employee data is transmitted monthly to Prudential through a secure census file generated and maintained by the Archdiocese Office of Human Resources.

A QuickBooks (QB) parish utilizes the Prudential Plan Sponsor website, <https://sponsorcenter.prudential.com> to do salary deferral changes and submit funds. For support please refer to the *Internet Contribution Center (ICC) Reference Guide* (Appendix K) and the *Parish Experience Guide* (Appendix L), located on the Archdiocese internet website: <http://archstl.org/hrbenefits>. Scroll down to the Administrator's section at the bottom. If you have questions about QB's entry, please contact Sally Serbus with Parish Support at **314.792.7716** or SallySerbus@archstl.org. If you have questions about the Prudential Plan Sponsor website for funding or data submission, contact Sharon Gogel with Gallagher at **314.792.7261** or Sharon_Gogel@ajg.com.

New Hires and Retirement Plan information:

- Provide the new hire the 2019 Plan Highlights as found on the <http://archstl.org/hrbenefits>.
- Confirm with the new hire if he/she has had any previous employment with the Archdiocese or is currently working for another Archdiocese of St. Louis parish/school/agency to determine early eligibility for the employer paid 5% retirement contribution.
- Make sure the new employee's HR data (name, address, status, salary, gender, and marital status) is entered in either QuickBooks or via Lawson by a PAF form.
- The Office of Human Resources electronically sends the census file to Prudential and into Prudential's website.
- For a QuickBooks parish new hire, at the time of submitting an online funding file, enter a new employee in the Prudential Sponsor website clicking on "Enter Participant Records" and continue, as stated in the ICC Reference Guide (Appendix K).
- Inform the new hire that he/she should go online to register their account at <http://archstl.retirepru.com> or over the phone at **877.778.2100**, after their second pay deposit. Then the employee can elect salary deferrals and assign beneficiary(s).
- Notify Gallagher Benefits of eligible employees by scheduling a meeting date for your employees to discuss their options.
- **The employer contribution must commence once the employee meets his/her eligibility requirement.**
- Track the new hire for one year of service anniversary or eligibility in order to enroll him/her in the 5% employer sponsored 403b plan. Lawson parishes are tracked automatically within the employee's Lawson eligibility. QB parishes track the employee's one year of service manually.

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Ongoing Employees and Possible Changes:

- Process employees' payroll for their voluntary retirement funding for **salary deferrals**, as alerted in the Prudential Plan Sponsor website.
 - QuickBooks parish payroll administrator views the alerts in Prudential's Plan Sponsor website and enters any deferral changes in QuickBooks payroll. Refer to the ICC Reference Guide (Appendix K) for instructions on how to access deferral alerts.
 - Lawson employers utilize the Archdiocese of St. Louis Office of Human Resources (HR) to process alerts and changes for the employee salary deferrals.
- Enroll the employee after the one year of service for the Employer Paid Retirement plan's 5% contribution in either the following:
 - For Quickbooks, review the ICC Reference Guide (Appendix K) for submission of funding. **It is important to remit funds on a timely basis.**
 - With Lawson, the Office of HR processes the 5% enrollment automatically starting the first of the month following one year of service and then the Payroll Office submits the funds via ACH.
- For any employee information changes such as marital status change, employment status change, and mailing address change, the information must be entered in either the following:
 - In QuickBooks, enter the data on the employee's Employee Record and custom fields file. The Archdiocese will gather the information via payroll and securely transmit it to Prudential.
 - In Lawson, via a Personal Action Form (PAF) form sent to the Archdiocese of St. Louis HR office. The Archdiocese will gather the information and securely transmit it to Prudential.

NOTE: Within 2 payroll periods, regardless of the method of payroll processing, Prudential should receive the indicative data from the Archdiocese's secure data transmission to Prudential.

Terminating Employees:

- Please inform the employee who is terminating employment with the Archdiocese of St. Louis to contact either Mike Eagen at [314.792.7262](tel:314.792.7262)/michael_eagen@ajg.com or Sharon Gogel at [314.792.7261](tel:314.792.7261)/sharon_gogel@ajg.com.
- Enter the proper termination date in either of the following:
 - In Quickbooks, immediately after processing an employee's final paycheck, enter the Release Date in QB. The Release Date is found in the Employee Record/File-Employment Info tab. Prudential will receive this data in the next secure transmission to Prudential.
 - With a PAF form for a parish/school using Lawson, the Archdiocese then transmits the termination date to Prudential.

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Retirement Plan Support by Gallagher Benefit Services, Inc.

Gallagher Benefit Services is the broker/consultant to the 403(b) Plan for the Archdiocese of St. Louis. Mike Eagen and Sharon Gogel are the local representatives for Gallagher. Their offices are located at the Archdiocesan Cardinal Rigali Center. Gallagher provides the following services to the Archdiocese of St. Louis and its employees:

- Explain the 403(b) plan and funds. Explain the Prudential employee website.
- Periodically visit each site for one-on-one reviews and/or group educational seminars.
- Assist the bookkeepers with remittances questions, employer/employee contributions etc. Also train new bookkeepers on all retirement plan procedures.
- For Quickbooks users, please refer to Parish Experience Guide and the Internet Contribution Reference Guide.
- Provide up-to-date information on tax laws relating to retirement plans as well as IRS limits for employee contributions.
- Provide explanations to enhance the employee's understanding of quarterly statements, summary plan document, prospectus and any other information that they receive regarding their retirement plan.
- Explain how to use the technologies (website and telephone system) provided by Prudential Retirement Solutions for the employee to access individual account information.

For further information or assistance on the Retirement Plan, please contact:

Mike Eagen at **314.792.7262** / michael_eagen@ajg.com or

Sharon Gogel at **314.792.7261** / sharon_gogel@ajg.com

Their address is as follows:
Gallagher Benefit Services, Inc.
Cardinal Rigali Center
20 Archbishop May Drive
St. Louis, MO 63119

THE ARCHDIOCESE OF ST. LOUIS LAY EMPLOYEES RETIREMENT PLANS PRIOR TO PRUDENTIAL RETIREMENT SOLUTIONS AND ARTHUR J. GALLAGHER & CO. RETIREMENT SERVICES

As the Parish/Agency/School Benefits Administrator, you may periodically receive an inquiry from a former employee or an active employee with multiple retirement plans. Please feel free to give the following customer service telephone numbers to anyone inquiring about the specific retirement plans below:

Equitable 403(b)	800.628.6673
Equitable Pension	800.628.7789
Principal	800.944.8631
Aetna	800.872.3862

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403(b) Plan Corrections Guide for Common Contribution Errors

Employee Plans Compliance Resolution System

Description EPCRS:

If a Plan Sponsor makes a mistake(s) with respect to the administration of the qualified retirement plan, then the Internal Revenue Service (“IRS”) has established the Employee Plans Compliance Resolution System (“EPCRS”) as a means to remedy the mistake(s) and avoid the consequences of disqualification. A correction for a mistake(s) should be reasonable and appropriate. Additionally, the correction method should resemble one already provided for in the Internal Revenue Code and Plan Sponsors should consider all facts and circumstances. Revenue Procedure 2016-51 is the guidance governing the EPCRS program.

On December 31, 2012, the IRS issued its updated EPCRS, which expanded and updated existing compliance corrections programs available to retirement plans generally and also provides 403(b) plan sponsors with expanded opportunities to correct a wide range of retirement plan defects. These new EPCRS provisions were available to 403(b) plan sponsors on a voluntary basis prior to April 1, 2013, but they are mandatory effective April 1, 2013. Plan sponsors should correct plan errors following the guidance outlined in Revenue Procedure 2016-51. The main concept of the EPCRS process is to get participant accounts back to where they would have been if the error did not occur.

The Archdiocese of St. Louis has established the following correction procedures for common errors in the administration of the Archdiocese of St. Louis 403(b) Plan. The Archdiocese of St. Louis deems these correction procedures to be reasonable and appropriate.

Late Remittance of Contributions

Description of Error:

It is expected that all Parish/Office/Agency/School(s) will remit all contributions to the 403(b) plan on the pay date. If contributions are not remitted to the 403(b) Plan on the pay date, then the Archdiocese will consider these contributions delinquent and may require lost earnings to be calculated.

Determination of Delinquent Contributions:

Internally, the Archdiocese will not consider to have Prudential calculation lost earnings unless the contributions are more than seven (7) business days delinquent.

Description of Correction Process:

- The Archdiocese may track the remittance of contributions from Parish/Office/Agency/School(s) and will communicate to the Parish/Office/Agency/School(s) if contributions are deposited after the pay date.
- If the Archdiocese considers a contribution remittance delinquent, then a correction request will be submitted to Prudential to calculate lost earnings. Prudential charges a processing fee for this calculation of \$75/hr.
- The Parish/Office/Agency/School(s) will need to pay the Prudential \$75/hr processing fee.

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Earnings Calculation:

- If the correction period is within the time that Prudential has provided recordkeeping service (10/2/2017), then earnings will be calculated based on the participants actual rate of return.
- If the correction period extends beyond the time that Prudential has provided recordkeeping services (i.e. prior to 10/02/2017), then for the period prior to 10/02/2017 earnings will be calculated based on best performing fund and the actual rate of return for the time that Prudential has been recordkeeping the plan.

Missed Contributions

Description of Error:

There are instances in which contributions for a participant are not paid by a Parish/Office/Agency/School(s) on time. Below are the two (2) main reasons for missed contribution errors.

1. A newly eligible employee's pre-tax salary deferral election is not processed by the Parish/Office/Agency/School(s). The Parish/Office/Agency/School(s) fails to provide the 5% employer contribution for an eligible employee
2. These missed contributions should be deposited into the plan plus earnings to make the participant(s) whole.

Description of Correction Process:

- The Parish/Office/Agency/School(s) needs to determine the amount of the missed contributions for each pay period. Missed employee salary deferrals and missed 5% employer contributions need to be accounted for separately on the correction template spreadsheet. The spreadsheet needs to reflect the pay date of the missed contributions as this will be the start date of the correction period used to calculate missed earnings.
- To remain in line with historical practice and limit the number of \$75/hr Prudential processing fees, please administer the following process for determining whether or not Prudential will calculate lost earnings for missed contribution corrections.
 - Step 1 – Gallagher is notified by Parish/Office/Agency/School(s) that a missed contribution error has been discovered and provides Gallagher with a spreadsheet with the missed contributions.
 - Step 2 – The Archdiocese of St. Louis has established a procedure where lost earnings that is less than \$10.00 will not be funded, therefore the contribution will be deposited without requesting Prudential to calculate lost earnings.
 - Step 3 – Gallagher will use the Department of Labor earnings calculator to determine if the lost earnings on the missed contributions is in excess of \$10.00.
 - Step 4 – If the Department of Labor earnings calculator determines that the amount of the lost earnings exceeds \$10.00, then Gallagher will communicate the missed contribution error to the Office of Human Resources for approval of earnings calculations to be submitted to Prudential for processing. Prudential may apply a \$75/hr. processing fee which will need to be paid by the Parish/Office/Agency/School(s) which missed the contribution.

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Earnings Calculation:

- If the correction period is within the time that Prudential has provided recordkeeping service (10/2/2017), then earnings will be calculated based on the participants actual rate of return.
- If the correction period extends beyond the time that Prudential has provided recordkeeping services (i.e., prior to 10/2/2017), then for the period prior to 10/2/2017 earnings will be calculated based on best performing fund and the actual rate of return for the time that Prudential has been recordkeeping the plan.

Contribution Overpayments (Individual)

Description of Error:

Due to delays in reporting termination dates, sometimes employees get paid for another pay cycle after termination when they should not have received any pay. This overpayment generally results in overpayment of salary deferral contributions and/or 5% employer contributions. These overpayments are ineligible contributions to the Plan and should be removed plus applicable earnings.

Description of Correction Process:

- Step 1: Gallagher to verify participant did not liquidate his/her account prior to Step 2:
 - Account liquidated – No further action
 - Account balance – move to Step 2
- Step 2: Parish/Office/Agency/School(s) provides correction template spreadsheet to Sharon Gogel of Gallagher.
- Step 3: Sharon will submit to Prudential to recover the overpayment.
- Step 3: Prudential will calculate earnings on the overpayment using the actual rate of return.
- Step 4: Prudential will withdrawal the excess employer contribution plus applicable earnings from the participant's account.
- Step 5: Prudential will deposit the proceeds from the withdrawal into a forfeiture account the can be used to offset future employer contributions.
- Prudential may charge \$75/hr to process the correction which will be due from the Parish/Office/ Agency/School(s).

Excess Payroll Contributions (Over Two Pay Periods)

Description of Error:

Occasionally there have been errors where Parish/Office/Agency/School(s) erroneously submit a contribution file twice for the same pay period resulting in excess contributions being deposited into participant accounts. Typically this error affects multiple employees. These excess contributions plus earnings need to be removed from the affected participant accounts.

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Description of Correction Process:

- The Parish/Office/Agency/School(s) needs to provide a completed correction template spreadsheet identifying the excess contributions for each affected participant to Sharon Gogel. Excess salary deferrals and excess 5% employer contributions need to be accounted for separately on the spreadsheet. The spreadsheet needs to reflect the pay date of the missed contributions as this will be the start date of the correction period used to calculate missed earnings.
- The correction template spreadsheet is sent to Sharon for review and submission to Prudential.
- Prudential will process the correction and calculate earnings.
- Prudential may charge \$75/hr fee to process the correction which will be due from the Parish/Office/Agency/School(s).

Earnings Calculation:

- If the correction period is within the time that Prudential has provided recordkeeping service (10/2/2017), then earnings will be calculated based on the participants actual rate of return.
- If the correction period extends beyond the time that Prudential has provided recordkeeping services (i.e., prior to 10/2/2017), then for the period prior to 10/2/2017 earnings will be calculated based on best performing fund and the actual rate of return for the time that Prudential has been recordkeeping the plan.

Excess Payroll Contributions (**Within Two Pay Periods**)

Description of Error:

Occasionally there have been errors where Parish/Office/Agency/School(s) erroneously submit a contribution file twice for the same pay period resulting in excess contributions being deposited into participant accounts. Typically this error affects multiple employees. In order to minimize correction costs, a common industry practice is to correct these “near term” excess contributions by making adjustments to the contributions on the next contribution remittance file.

Description of Correction Process:

- The Parish/Office/Agency/School(s) will make adjustments on the next contribution remittance file sent to Prudential to reduce the excess salary deferral and/or 5% employer contribution.
- Example: Participant A has \$100 deducted for salary deferral contributions and \$75 contributed for the 5% employer contribution for Pay Period X. The Parish/Office/Agency/School(s) mistakenly submits Pay Period X contribution file twice. The error is discovered quickly and the Parish/Office/Agency/School(s) will make adjustments on the following Pay Period Y. Participant A has \$110 in salary deferral contributions and the 5% employer contribution is \$80 for Pay Period Y. The Parish/Office/Agency/School(s) will adjust the contribution file for Pay Period Y to reflect a \$10.00 (\$110 minus \$100) salary deferral contribution and \$5 (\$80 minus \$75) for the 5% employer contribution.
- An earnings calculation will not be required.

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Adoption Assistance Program

Important: *The Adoption Assistance benefit is only applicable to eligible employees of parishes/agencies/schools of the Archdiocese of St. Louis. Private Catholic organizations, which are not owned by the Archdiocese, do not participate with the Adoption Assistance Program.*

The Archdiocese of St. Louis has established an Adoption Assistance Program to provide benefits to eligible employees who seek to adopt an eligible child. The purpose of the program is to provide financial reimbursement towards the cost of certain qualified adoption expenses, as well as provide Paid Leave to the employee.

Eligible Employees:

At the time of finalization of the adoption, an employee is eligible if he or she:

1. Has completed one continuous year of employment with one or more Archdiocesan entities; and
2. Is a full-time employee who has worked at least 1,820 hours in the 12 months prior to the finalization of the adoption or is a full-time educator, or is a part-time employee who has worked at least 1,000 hours in the previous 12 months, or is a less-than-full-time educator who works at least half-time; and
3. Has conducted the adoption through Good Shepherd Children and Family Services' criteria; and
4. Is otherwise an employee in good standing, as determined by the Employer in its sole discretion; and
5. Has been married for more than one year to a spouse of the opposite sex.

Eligible Child:

An eligible child is any individual who, at the time the adoption expenses are paid or incurred, is under the age of 18, or who is physically or mentally incapable of caring for him or herself. Adoptions of children who are related to the employee through marriage or family are not eligible for Reimbursement of Expenses or Paid Leave for Adoption through the Adoption Assistance Program.

Reimbursement Expenses:

Full-Time Employee – Up to \$4,000 per adoption

Part-Time Employee – Up to \$2,000 per adoption

Reimbursement Exclusions:

- Expenses that have been or will be reimbursed by another source (e.g., another employer's plan, or any federal, state or local program) will not be reimbursed by this program.
- The claimant must be an active employee and completed the claim notification/request form to receive reimbursement for qualified adoption expenses. If a claimant terminates employment before the adoption is legally final, no expenses are eligible for reimbursement.

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Claim Process:

Upon placement of the adopted child/children, complete and submit an Adoption Reimbursement Request Form to the Archdiocesan Office of Human Resources Director of Benefits. The completed form must be accompanied by a certified and notarized copy of the record of placement or final court order, and itemized receipts. See sample form in **Appendix M**.

Claim Period:

Receipts may be submitted up to six months after the placement of the child/children in the employee's home. No reimbursement will be made for receipts submitted after the six-month period.

Funding Reimbursement:

Reimbursement is administered and funded by the Archdiocese. As such, the Archdiocese Employee Benefit Plan shall instruct the Employer as to the appropriate reimbursement amount, and shall be responsible for providing reimbursement to the Employer, who shall subsequently issue payment, less required payroll tax deductions, to the employee.

Paid Leave:

In addition to reimbursement of expenses, the Plan provides each eligible employee up to twenty (20) days of paid leave from work. Paid Leave for Adoption under the Plan means paid time off the job in order to secure or to care for a newly adopted child. In consultation with the Plan Administrator, the respective Employer shall compensate the qualified employee for Paid Leave for Adoption through its ordinary payroll process, subject to the amounts and limits as provided herein. Paid Leave for Adoption is in addition to, and may not be used in conjunction with, other paid time off for which the employee may be eligible (e.g., vacation/personal/sick days), and shall be counted toward any entitlement the employee may have under the Family and Medical Leave Act (FMLA).

*Refer to the policy at archstl.org/hrbenefits for a detailed and accurate description of the benefits.

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References

References are provided as a resource for the Parish/Agency/School benefits administrators. Most employee questions that you cannot answer can be found in the employee booklet or can be directed to the telephone numbers outlined on the employee's respective UHC I.D. card. The following references are provided for the convenience of the Parish/Agency/School benefits administrators and are not for general distribution.

1. Archdiocesan benefit policy, procedures and billing inquiries
Archdiocese of St. Louis
Office of Human Resources
20 Archbishop May Drive
St. Louis, MO 63119
Phone: 314.792.7546
Fax: 314.792.7548
Contacts – Michael Puetz, Director of Benefits, 314.792.7543
Anne Hager, Benefits Specialist, 314.792.7544
Eve Baumann, Human Resources Coordinator, 314.792.7545
2. Assistance in administrative problems
Gallagher Benefit Services, Inc.
12444 Powerscourt Drive, Suite 500
St. Louis, MO 63131
Contacts – Rani Heck, Account Manager (Direct: 314.800.2171)
Emily Ganninger, Account Coordinator (Direct: 314.800.2167)
3. Questions concerning the UHC plan may be answered by calling:
Member Services: 888.332.8885
4. Questions concerning the Delta Dental Plan, contact the Office of Human Resource at 314.792.7546.
5. Inpatient Pre-Hospital Admission certification for employees who participate in UnitedHealthcare – must be contacted before entering hospital by calling:
Pre-Certification: 800.627.0687
6. Questions concerning the Hartford Voluntary and Basic Term Life Insurance Program may be answered by calling:
Linda Lenz, Account Manager
Hartford Life
800.523.2233

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7. Questions concerning the Unum Long-Term Disability Insurance Program may be answered by calling:

BILLING

Unum Life Insurance
P.O. Box 406946
Atlanta, GA 30384-6946

CHANGES TO ENROLLMENT

Unum Life Insurance
2211 Congress Street
Portland, ME 04122

- Billing and General Questions – Melissa Jewett, 207.575.7937
- Salary Changes, Terminations and Enrollments – Fax: 207.575.8637
- LTD Claims –800.633.7479; Fax: 800.447.2498
- Unum Chattanooga Customer Care Center
PO Box 12030
Chattanooga, TN 37401-3030

8. Questions concerning Employee Assistance Program (EAP):

St. Louis Counseling
Phone: 888.629.3835
Fax: 314.792.7059

9. Questions concerning Flexible Spending Account administered by TRISTAR Benefit Administrators:

Eligibility: 800.456.4584
Claim Analysts: 800.456.4584
Marketing: 800.456.4584
Email Contact: flex@tristargroup.net

10. Questions concerning Adoption Assistance may be answered by calling:

Good Shepherd Children and Family Services
314.854.5700

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Appendix

The samples in this Administrative Manual are for your reference only. Please do not utilize a copy of a sample in the administration of your program. Forms may be obtained online at archstl.org/hrbenefits.

Employee Health Insurance Form	A
Life Insurance Change Form (Voluntary Term Life-Hartford)	B
Life Insurance Beneficiary Form	C
Unum LTD Highlight 2019.....	D
Wellness Information Form	E
Special Enrollment: Loss of Health Insurance Verification Form	F
Special Enrollment Notice	G
Hartford Death Claim Form.....	H
HIPAA Privacy Notice	I
Lay Employees Retirement Plan.....	J
Internet Contribution Center (ICC).....	K
Parish Experience Guide	L
Adoption Assistance Program Reimbursement Request Form	M
Missouri Statute 452 Waiver Form.....	N
Missouri Statute 452 Spousal Waiver Form.....	O
Promissory Note Form.....	P
FAQ for Spousal Surcharge.....	Q
FSA Highlight Sheet.....	R
FSA Election Form and Instructions	S
FSA Reimbursement Healthcare Claim Form and Guidelines.....	T
FSA Dependent Care Claim Form and Guidelines	U
FSA Administrative Services Manual	V



Archdiocese of St. Louis Health Insurance

Employee Enrollment/Change/Cancellation Request Form

*This form automatically enrolls/changes/cancels you and your dependent(s) for Medical and Prescription coverage provided by United Healthcare and Dental coverage provided by Delta Dental of Missouri.

Please check one box:

Effective Date of Action: _____ **(Required)**

Enroll
 Change
 Cancel
 Waive
 *Please note that coverage ends on the last date of employment for terminations.

A. EMPLOYER SECTION: FOR PARISH, SCHOOL, OR AGENCY ADMINISTRATION TO COMPLETE

ATTENTION EMPLOYER REPRESENTATIVE: To ensure accurate processing of this application, 1) Please review all sections and confirm the employee completed the appropriate information, 2) Complete the information in this section and 3) Provide your signature and date of signature. Retain the original in your employee's medical file whether the employee is waiving or electing coverage. Within 31 calendar days of the hire date, qualifying event, or termination, **Please fax the completed form to 314.792.7548, mail to the Office of Human Resources at 20 Archbishop May Dr., St. Louis, MO 63119, or submit via email per instructions received from Human Resources for your parish/school/agency.**

Parish / School / Agency Name _____	Employer Benefit Invoice # _____
---	--

**Supporting documentation required for the qualified life events marked with an asterisk.*

<input type="checkbox"/> New Hire Date ____/____/____ (Required for new coverage)	<input type="checkbox"/> Medicare Eligibility
<input type="checkbox"/> Transfer from/to: _____	<input type="checkbox"/> Death of spouse/dependent: Date of Death ____/____/____ (Required)
<input type="checkbox"/> Loss of other coverage or current enrollment in Cobra Plan*	
<input type="checkbox"/> Spouse/dependent begins new job: Date new job begins ____/____/____ (Required) Insurance start date at new job ____/____/____ (Required) <i>Spousal Surcharge may apply.</i>	
<input type="checkbox"/> Birth of Child <input type="checkbox"/> Adoption/Placement in Employee's Home*	<input type="checkbox"/> Court Order/ Judgement/ Decree*
<input type="checkbox"/> Marriage*	<input type="checkbox"/> Divorce/Legal Separation*
<input type="checkbox"/> Employee/Spouse/Dependent Status Change (ex: Part Time to Full Time)	<input type="checkbox"/> Significant Cost Change (greater than 10%)
<input type="checkbox"/> Employee/Spouse/Dependent reaching maximum dependent age	<input type="checkbox"/> Significant Coverage Decrease
<input type="checkbox"/> Other (Describe): _____	<input type="checkbox"/> Spouse/Dependent Open Enrollment*
	<input type="checkbox"/> Marketplace Open Enrollment*
<input type="checkbox"/> Employee Termination:	<input type="checkbox"/> Continuation of Coverage Plan
<input type="checkbox"/> Last date of employment ____/____/____ (Required)	<input type="checkbox"/> Early Retiree Plan
	<input type="checkbox"/> Spousal Surcharge Status

Employment Status: (Check one) Full Time Part Time

EMPLOYER Signature and Position/Title: _____	Date: _____
--	-------------

Phone Number: _____	EMPLOYER Email Address: _____
---------------------	-------------------------------

B. EMPLOYEE INFORMATION Check box if providing a new name and/or new address.

Last Name: _____	First Name: _____	MI: _____	Social Security Number: _____
Address: _____	Apt #: _____	City: _____	State: _____ Zip Code: _____
Phone Number: _____		Email Address: _____	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Religious	
Who Should be Covered: (Check one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee Plus One (Spouse or Child) <input type="checkbox"/> Employee Plus Family <input type="checkbox"/> No One (Terminating All)		Health Plan: (Check one) UHC Choice Plus: Group # 703597 <input type="checkbox"/> Standard Plan <input type="checkbox"/> Premier Plan	

A-FORMS\Arch of St. Louis Health New Enroll.docx

Appendix A

C. SPOUSE AND DEPENDENT INFORMATION – Attach a separate page with additional dependents, if needed.								
Check Appropriate Box	Last Name	First Name	MI	Sex	Relationship	Date of Birth	Other Insurance:	
	Social Security Number						Yes	No
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel				M <input type="checkbox"/> F <input type="checkbox"/>	Spouse*		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel				M <input type="checkbox"/> F <input type="checkbox"/>	Dependent		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel				M <input type="checkbox"/> F <input type="checkbox"/>	Dependent		<input type="checkbox"/>	<input type="checkbox"/>

A spousal surcharge is an extra charge to an employee for insuring a spouse who has coverage available through his/her own employer. For further questions, go to <http://archstl.org/spousalsurcharge>.

I acknowledge that a Spousal Surcharge fee of \$125 per month will be applied. I am not eligible for an exemption.

Check the appropriate box below, if you meet the eligibility for an exemption from the \$125 monthly spousal surcharge.

Employee Attestation: I am exempt from the spousal surcharge due to the following checked box (select one):

<input type="checkbox"/> My spouse is not employed.
<input type="checkbox"/> My spouse is self-employed, does not provide themselves employer-subsidized health insurance coverage, and is not eligible for employer-subsidized health insurance.
<input type="checkbox"/> My spouse is employed with an Archdiocese of St. Louis parish, agency, or school.
<input type="checkbox"/> My spouse is employed and is not eligible for his/her employer's health insurance coverage.
<input type="checkbox"/> My spouse is employed and my spouse's employer does not offer health insurance coverage.
<input type="checkbox"/> My spouse is employed and is eligible for his/her employer's health insurance coverage but the full premium cost is paid by the employee. There is NO employer contribution toward the cost of the health insurance.

My employee attestation, as shown above, is true and complete to the best of my knowledge. I also understand that if my spouse's group health insurance status changes, it is my responsibility to notify my parish, agency, or school's benefits administrator within 31 days of such change. It is also my responsibility to ensure on a timely basis that my paycheck withholding correctly reflects my surcharge exemption. Any false statements, as it relates to my spousal health insurance information, shall be considered grounds for disciplinary action up to and including termination. I permit the Archdiocese to verify that my attestation is correct.

Check box to acknowledge you agree to the above paragraph.

D. EMPLOYEE SIGNATURE	
Authorization/Release of Information: On behalf of myself and anyone enrolled on, or added to this form, I authorize my employer to deduct my contributions toward the cost of this coverage from my salary. I further authorize release of information pertaining to medical history or services rendered, or for any analytical or research purposes, from any physician, medical practitioner, hospital, and clinic, other medical or medically related facility, insurance or reinsurance company, employer or third party administrator. I understand that information used under this authorization may be used to determine eligibility for coverage and benefits for my dependents and me and that such information may be released to persons or organizations performing business or services in connection with the processing of any claims submitted under this plan.	
Notice of Enrollment Rights: I understand that if I and/or my dependents (if any) waive coverage and desire to participate in the plan at a later date, coverage may be subject to treatment as a late enrollee. I further understand that if I decline enrollment for myself or my dependents because of other health coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that I request enrollment within 31 days after such coverage ends.	
Notice of Termination Rights: I understand that if my health insurance premium is deducted on a pre-tax basis, then I am limited as to when I may drop coverage under this plan: during open enrollment or upon a qualifying life event.	
Dependent Attestation: I certify that the documentation provided is true and correct and meets the Definition of Eligible Dependents eligibility requirements. I understand that the falsification of documents or covering of ineligible dependents may result in termination of coverage.	
Employee Confirmation: I confirm that the information I have provided on this form is complete and accurate.	
EMPLOYEE Signature:	Date:

Appendix A (continued)

E. WAIVE COVERAGE

I Decline Coverage for (Check All That Apply): Myself Spouse Dependent Children Myself and all dependents

I acknowledge that I have been offered the opportunity to enroll in health insurance coverage through my employer. I do NOT wish to enroll myself and/or any eligible dependent(s) in the Archdiocesan health plan at this time. I understand that I may enroll only during an annual open enrollment period or if one of my eligible dependents or I become eligible for a Special Enrollment Period as a result of a permissible change in status.

EMPLOYEE Signature: _____ Date: _____

I acknowledge that I have received the "Important Information" statement which is included with this form.

IMPORTANT INFORMATION

In order to make choices about your health care coverage and treatment, we believe that it is important for you to understand how your plan operates and how it may affect you. In an ever-changing environment, the information can never be complete and we urge you to contact us if, after enrollment, your Certificate of Coverage or other materials do not answer your questions. Further information is available at www.myuhc.com or at the toll-free Customer Care number located on the back of your identification card or on other plan materials.

1. We do not provide health care services or make treatment decisions. We help finance and/or administer the health benefit plan in which you are enrolled. That means:
 - We make decisions about whether the health benefit plan you chose will reimburse you for care that you may receive.
 - We do not decide what care you need or will receive. You and your provider make those decisions.
2. We may enter into arrangements where another entity carries out some of our duties, but those entities must operate consistently with our commitment to your plan.
3. We may use individually identifiable information about you to identify for you (and you alone) procedures, products, and services that you may find valuable.
4. We contract with networks of physicians and other providers. Our credentialing process confirms public information about the providers' licenses and other credentials, but does not assure the quality of the services provided.
5. Physicians and other providers in our networks are independent contractors and are not our employees or agents. We do not control nor do we have a right to control your provider's treatment or plan.
6. We may enter into agreements with your physician or other provider to share in the cost savings that our approach may generate. We encourage providers in our network to disclose the nature of those arrangements with you. If they do not, we encourage you to talk to your provider about these arrangements.
7. We encourage physicians and other providers to talk with you about care you or your provider think might be valuable.
8. We will use individually identifiable information about you as permitted by law, including in our operations and in our research. We will use anonymous data for commercial purposes including research.

Statement of affirmation and authorization to obtain and disclose information in connection with eligibility for coverage.

I (we) request the indicated group coverage for myself and, if the plan provides, for my dependents. I authorize any required premium contributions to be deducted from earnings.

I (we) authorize all providers of health services or supplies and any of their representatives to give the following to the HMO/insurance company(ies): any available information about the health history, condition, or treatment of any persons named in this request. I (we) authorize the HMO/insurance company(ies) to use this information to determine eligibility for health coverage and eligibility for benefits under an existing policy.

I (we) also authorize the HMO/insurance company(ies) to give this information to its (their) representatives or to any other organization for the reason notified above. I (we) agree that this authorization is valid for 30 months from the date below. I (we) know that I (we) have the right to ask for and to receive a copy of this authorization.

I understand that the Certificate of Coverage and other documents, notices, and communications regarding my health benefit plan may be transmitted electronically.

I (we) have not given the agent or any other persons any health information not included on the Request for Coverage. I (we) understand that the HMO/insurance company(ies) is not bound by any statements I (we) have made to any agent or to any other persons, if those statements are not written or printed on this Request for Coverage and any attachments.

Appendix A (continued)



ARCHDIOCESE OF ST. LOUIS

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Hartford Customer Service 1.800.523.2233

Policy # 677885

Voluntary Life Insurance Enrollment/Change Form

For Employer Use Only:

Parish/School/Agency Location #:

Employer Name:

Contact Person:

Enroll Change Cancel Effective Date

A *Personal Health Application* needs to be completed in addition to this enrollment/change form, if the employee is increasing coverage or adding Spouse Life outside of the first 31 days of hire or benefit eligibility.

Employee Name: _____

Social Security #: _____

Occupation: _____

Gender: Female Male

Marital Status: Single/Widowed/Divorced Married

Date of Hire: _____

Voluntary Life Insurance - Employee

You have the opportunity to enroll in Archdiocese of St. Louis's Voluntary Life Insurance plan. You may elect coverage in **\$10,000** increments up to a maximum of \$300,000. **If you are a new hire and enrolling within 31 days of your date of hire, you are guaranteed coverage up to \$100,000. If you elect coverage greater than \$100,000, you are required to complete a *Personal Health Application* and be approved for the extra coverage. If you are enrolling after your 31 day enrollment period, you are considered a late enrollee and will need to complete a *Personal Health Application* and be approved for any amount of coverage.**

Use the rate chart and calculation line below to determine your monthly cost for this coverage. The following costs should be calculated based on your age.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	.06	.068	.073	.101	.142	.242	.417	.641	.901	1.271	1.986

I elect to **enroll** in the Voluntary Life plan at the monthly cost below.

$$\frac{\text{Elected Benefit Amount in \$10,000 Increments}}{\div \$1,000} = \text{_____} \times \text{Rate Above} = \$ \text{_____} \text{ My Monthly Cost}$$

I elect to **decline** the Voluntary Life plan.

Note: Benefits will automatically reduce to 65% of your elected amount on July 1 following the date you turn age 70, to 45% at age 75 and to 30% at age 80.

Appendix B

Voluntary Life Insurance – Spouse

If you elect the Voluntary Life Insurance for yourself, you may elect Voluntary Life Insurance for your Spouse. Your election may be made in increments of **\$5,000** to a maximum of \$150,000 but may not exceed 50% of your approved election. If you are a timely applicant, your spouse is guaranteed coverage up to \$25,000. If electing coverage as a late enrollee or over \$25,000, a *Personal Health Application* will need to be completed and approved before coverage is effective.

Voluntary Spouse rates and premiums are based on the employee’s age not the spouse’s age. Use the rate chart and calculation line below to determine your monthly cost for this coverage.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	.06	.068	.073	.101	.142	.242	.417	.641	.901	1.271	1.986

I elect to **enroll** my Spouse in the Voluntary Life plan at the monthly cost below.

$$\frac{\text{Elected Benefit Amount in \$5,000 Increments}}{\div \$1,000} = \text{_____} \times \text{Rate Above} = \$ \text{_____} \text{ My Monthly Cost}$$

I elect to **decline** the Voluntary Life plan for my Spouse.

Spouse First Name	Spouse Last Name	Gender	Marriage Date	Birth Date	Social Security#

Voluntary Life Insurance - Child(ren)

If you elect the Voluntary Life Insurance for yourself, you may elect Voluntary Life coverage for your Dependent Child(ren). Your election may be made in increments of \$5,000 to a maximum of \$15,000. Children are covered from age 14 days to their 26th birthday regardless of student status.

The monthly cost for children is \$1.00 per \$5,000 unit of coverage. One premium will insure all your eligible children, regardless of the number of children you have.

I elect to **enroll** my dependent child(ren) in the Voluntary Life plan at the monthly cost below.

$$\frac{\text{Elected Benefit Amount}}{\div \$5,000} = \text{_____} \times \frac{\$0.93}{\text{Rate}} = \$ \text{_____} \text{ My Monthly Cost}$$

I elect to **decline** the Voluntary Life plan for my dependent child(ren).

Child First Name	Child Last Name	Gender	Birth Date	Social Security#

Employee Confirmation

I have been given the opportunity to enroll in Archdiocese of St. Louis’s Group Voluntary Life Insurance plan. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to Hartford Life and understand my request for coverage may be denied.

I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis. I am not now disabled and I am performing all the duties of my occupation on a full-time basis.

Signature: _____ **Date:** _____

Email: _____

- Instructions: 1. Please fax or give the completed form to your Benefits Administrator at your parish/office/agency/school.
2. Keep a copy for your records.

BENEFICIARY DESIGNATION FORM INSTRUCTIONS



You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

The completion of this Beneficiary Form will revoke any previous beneficiary designation(s), if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group/employer.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Please provide all of the information requested. If your beneficiary is not related either by blood or by marriage, insert the words, "Not Related" as their stated relationship. If you need assistance, contact your Company's benefits administrator or your own legal advisor.

A beneficiary for employee Life Insurance may be changed at any time upon written request.

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).

Sample wording for common beneficiary designations are shown below:

Example #1:

Jane Doe	Relationship: Spouse	Benefit Percentage: 100%
----------	----------------------	--------------------------

Example #2:

Jane Doe	Relationship: Spouse	Benefit Percentage: 50%
----------	----------------------	-------------------------

Susan Doe	Relationship: Daughter	Benefit Percentage: 25%
-----------	------------------------	-------------------------

John Does	Relationship: Son	Benefit Percentage: 25%
-----------	-------------------	-------------------------

If additional space is required, write, "See attached", on the beneficiary line on the beneficiary designation form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed. **This separate sheet should be signed by you (the Employee) and dated.**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

GR-11927-12

11/2013

Appendix C

BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR Change of all prior beneficiary designation(s) (check only one box), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name:	Employee ID Number: NA	Social Security Number: X X X X X X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employee Address:	Telephone Number: ()	
Policyholder/Employer: Archdiocese of St. Louis	Policy Number: 677885	

NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact your Company representative or your own legal counsel. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

PRIMARY BENEFICIARY(IES)			
Name: _____		Date of Birth: _____	
Address: _____		Telephone Number: () _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %	
Name: _____		Date of Birth: _____	
Address: _____		Telephone Number: () _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %	
Name: _____		Date of Birth: _____	
Address: _____		Telephone Number: () _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %	

CONTINGENT BENEFICIARY(IES)			
Name: _____		Date of Birth: _____	
Address: _____		Telephone Number: () _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %	
Name: _____		Date of Birth: _____	
Address: _____		Telephone Number: () _____	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %	

Disclaimer: Spousal consent does not apply to ERISA plans.
Spousal Consent For Community Property States Only: If you live in a community property state - Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Certain tribal jurisdictions may also require spousal consent. Please see your Benefits Administrator for details.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group life and/or accidental death insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse: _____ **Date:** _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee: _____ **Date:** _____

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA)

Appendix C (continued)



**Archdiocese of St. Louis
Long Term Disability Insurance plan highlights
374488**



Who is eligible?	<p>All full-time employees in active employment in the United States with the employer.</p> <p>All part-time lay employees in active employment in the United States with the employer who regularly work an average of at least 19 hours per week.</p> <p>All religious community employees (Sisters, Brothers and priests, but excluding archdiocesan priests) in active employment in the United States with the employer who regularly work an average of at least 19 hours per week.</p>
Who pays for my coverage?	Your employer pays the cost of your coverage.
What is my monthly benefit amount?	Your employer is providing a benefit of 60% of your monthly earnings to a maximum of \$5,000.
Can I receive a minimum benefit?	<p>You could be eligible for a minimum monthly payment. The minimum benefit is the greater of: (1) \$100 or (2) 15% of the monthly benefit before deductions for other income benefits.</p> <p>The minimum benefit is only applied if your deductible sources of income results in a zero benefit. Please refer to your contract for all deductible sources of income.</p>
When is my coverage effective?	<p>For employees entering an eligible group on or after July 1, 2010: You will be covered under Long Term Disability the first of the month coincident with or next following 90 days of continuous active employment.</p> <p>You must be in continuous active employment in an eligible group during the specified waiting period.</p> <p>*If you were hired prior to July 1, 2010 please see your employer for your effective date.</p>
How long will my benefits last?	The duration of your benefit payments is based on your age when your disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability. If your disability occurs before age 60, your benefits could be payable until you reach age 65. If your disability occurs at or after age 60, benefits could be paid according to a benefit duration schedule.
How long do I have to wait to receive benefits?	<p>The elimination period is the length of time you must be continuously disabled before you can receive benefits.</p> <p>You could begin receiving LTD benefits if, after 180 days of disability, you are still disabled (as described in the definition of disability).</p> <p>During your elimination period, you will be considered disabled if you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, and you are under the regular care of a physician. You are not required to have a 20% or more earnings loss to be</p>

Appendix D

	considered disabled during the elimination period due to the same sickness or injury.
Are my benefits taxed?	Any benefit that is paid by your employer is generally taxable.
Does my plan cover mental and nervous conditions?	Yes. Depending on your plan, the lifetime cumulative maximum benefit period for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities — even if the disabilities are not continuous and/or are not related. Payments may only continue beyond 24 months if you are confined to a hospital or institution as a result of the disability.
What is not covered?	Benefits would not be paid for disabilities caused by, contributed to by, or resulting from: <ul style="list-style-type: none"> • Intentionally self-inflicted injuries; • Active participation in a riot; • Commission of a crime for which you have been convicted; • Loss of professional license, occupational license or certification; or • Pre-existing conditions (see pre-existing condition section). <p>Unum will not pay benefits for any period of disability during which you are incarcerated.</p>
What is considered a pre-existing condition?	You have a pre-existing condition if: <ul style="list-style-type: none"> • You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and • The disability begins in the first 12 months after your effective date of coverage.
When does my coverage end?	Your coverage under the policy ends on the earliest of the following: <ul style="list-style-type: none"> • The date the policy or plan is cancelled; • The date you no longer are in an eligible group; • The date your eligible group is no longer covered; • The last day of the period for which you made any required contributions; • The last day you are in active employment except as provided under the covered layoff or leave of absence provision. <p>Please see your plan administrator for further information on these provisions.</p> <p>Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.</p>

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

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EN-1777 (6-18) FOR EMPLOYEES

Appendix D (continued)

Archdiocese of St. Louis

Employee Wellness Form

Benefit eligible employees, with at least one year of service and either working a minimum of 1,000 hours annually or a teacher with a half-time or more contract, may annually complete one of the following in order to receive an Archdiocesan paid, \$250.00 contribution to their Archdiocese of St. Louis sponsored 403(b) retirement plan:



A. Receive an annual wellness exam with your physician of choice between May 1, 2019 and April 30, 2020 and submit this form to H&H Health Associates. The deadline for H&H to receive this form is May 7, 2020.

OR

B. Participate in the Archdiocesan paid, confidential H&H Health Associates health screening between May 1, 2019 and April 30, 2020.

IMPORTANT NOTES:

- Participation in the health insurance plan is not a requirement to be eligible to receive the \$250 retirement contribution.
- Religious sisters, brothers, and priests are not eligible to receive the \$250 retirement plan contribution; however, they are eligible for an annual Archdiocesan paid H&H health screening.
- If you were hired on or before May 1, 2019, and have been working either a minimum of 1,000 hours annually or a teacher with a half-time or more contract, you have fulfilled the one year of service requirement.
- If you receive an H&H health screening, you do not need to submit this form.
- The \$250 retirement plan contribution will be processed towards the end of July, 2020, if you met the above criteria.

Employee Instructions: Please fill out all requested information. (please print)

Employee Last Name: First Name: MI: Date of Birth: (mm/dd/yy) Last 4 Digits of SSN:

Home Street Address: Phone #

City: State: Zip Code:

Name of Parish, School, or Agency Employer: Your Email Address (optional):

CERTIFICATION: I certify that I received an annual wellness exam with my physician on the date noted below. I understand that if I provide false information, it may lead to disciplinary action.

Your Physician's Name: (Physician is **not** instructed to sign this form) Date of Physician Exam: (mm/dd/yy)

Employee Signature: Date: (mm/dd/yy)

Questions? Please contact the Archdiocesan Office of Human Resources at 314.792.7546, email to benefits@archstl.org or the Archdiocesan website at <http://archstl.org/hrbenefits>.

Employee Instructions: This completed and signed Employee Wellness Form should be sent to H&H Health Associates. Email is the recommended method of delivery so that you have proof of sending the form.

Mail: H&H Health Associates
3660 South Geyer Road Suite
100, Laumeier III
St. Louis, MO 63127 Attn:
Archdiocese Wellness

Fax: To H&H Health Associates
at 314.845.8087
To verify receipt of fax you
can call 314.845.8302
Regarding: Archdiocese Wellness

Email: To H&H Health Associates at
nurses@hhhealthassociates.com
Subject: Archdiocese Wellness

Appendix E



Archdiocese of St. Louis

Cardinal Rigali Center
 20 Archbishop May Drive
 St. Louis, Missouri 63119

Office of Human Resources

p) 314.792.7546

f) 314.792.7548

www.archstl.org

SPECIAL ENROLLMENT: LOSS OF HEALTH INSURANCE COVERAGE VERIFICATION FORM

(Spouse's Employer/Former Employer Instructions: Please complete 1-10 below. All fields are required.)

1. Name of employer/former employer where insurance is ending/ended	
2. Employee who is/was employed by above employer	
3. Health insurance coverage ended for (list all applicable family members):	
4. End date of Health insurance coverage for those listed in #3:	
5. Qualifying Event/Reason health insurance coverage ended:	
6. This form completed by:	
7. Title:	
8. Phone number and email address:	
9. Date:	
10. Signature:	

(Archdiocese of St. Louis employer or Private Catholic Group employer: Please complete the below information.)

Archdiocese of St. Louis or Private Catholic Group employer name:	
Employee Name:	
Effective Date of Archdiocese of St. Louis health insurance enrollment:	

For enrollment in the Archdiocese of St. Louis Health Insurance Plan, this form must be submitted with an **Archdiocese of St. Louis Health Insurance Form** within 31 days of the qualifying event.

For questions, please contact the Archdiocese of St. Louis Office of Human Resources at 314.792.7546 or Benefits@archstl.org.

Appendix F

Notice to Eligible Employees. Special Enrollment Rights

If you refuse enrollment for yourself and your dependents, you may later enroll within 31 days of a change in family status or loss of other health coverage. Loss of health coverage includes separation, divorce, death; termination of employment, reduction in work hours, exhaustion of continuation, or if employer contributions toward your coverage have terminated.

Change in family status includes marriage, birth, adoption, or placement for adoption of a child. If you or your dependent spouse is not enrolled for this coverage, you can also enroll during the special enrollment period when a change in family status occurs.

You are required by the plan to sign a waiver of coverage if you are refusing enrollment in the Archdiocesan plan at this time, be sure to sign and date the waiver and indicate the reason for waiving coverage.

Appendix G

Group Life Claim Forms for Employee or Dependent



IMPORTANT INSTRUCTIONS FOR COMPLETING CLAIM FORM(S)

To the Employer and Employee/Beneficiary, as applicable.

We know this is a difficult time, and we want to assist you in filing your claim as quickly as possible. Please read these important instructions regarding completion of these forms. Also, please read the "Important Notice" on page 4.

The information below constitutes a complete claim filed with The Hartford for purposes of claiming Basic, Supplemental and Dependent coverage.

Part I - Employer's Statement

- Form is to be completed in its entirety and signed by the Official Representative of the Employer/Plan. A certified copy of the Death Certificate stating cause and manner of death must be attached to this form.
- Proof of salary as defined in the Policy (attach W2 or commissions, if applicable)
- Submission of claims on any voluntary or contributory Life plans, including Dependent coverage, must include copies of the enrollment forms and history to show timely enrollment.
- All claims must be submitted, along with the beneficiary designation forms on file with the Employer/Plan, if any. If none on file, the Employer/Plan shall certify to that fact on the claim form.

Part II - Beneficiary Statement

- If more than one beneficiary, each beneficiary can either sign and date one form, or each can complete separate forms, showing their current address, date of birth and Social Security Number.
- All beneficiaries must elect a Payment Option (page 3) - Please refer to the Safe Haven Disclosure pages and the Safe Haven Beneficiary Designation pages of this form, for important information about the Safe Haven Program.

Miscellaneous - All Claims

- If the claim proceeds are payable to an Estate, Part II must be completed by the Executor or Administrator of the Estate. An official certificate of such person's legal appointment and qualification must be attached to this form. Please include the Estate Tax Identification Number. If none available, please explain.
- If any designated beneficiary is a minor, Part II must be completed by a custodian or guardian. Include the minor's social security number, also, please include a copy of the minor's birth certificate. An official certificate of the guardian's legal appointment and qualification of the minor's estate or property must also be included, if applicable.
- If claim is for a dependent child enrolled in an accredited school of higher learning, submitted documents should include a student enrollment verification form executed by the school, applicable if required under the Policy.
- Foreign Death - Include both the Official Death Certificate and the Death of American Citizen Abroad form.

Submit claim by mail to: The Hartford
Group Life Claims
P. O. Box 14299
Lexington, KY 40512-4299
Fax to: 1-866-954-2621
E-Mail to: gbd.groupclaimWAH@hartfordlife.com

Release of claim forms is not an admission of coverage under a policy for an employer, group or organization.

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LC-7575-7

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Appendix H

**HARTFORD LIFE INSURANCE COMPANY
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

Mail forms to: The Hartford
Group Life Claims
P. O. Box 14299
Lexington, KY 40512-4299
1-888-563-1124 Fax: 1-866-954-2621
E-Mail: gbd.grouplifeclaimWAH@hartfordlife.com



**PROOF OF DEATH FORM (Group Life Insurance)
EMPLOYEE or DEPENDENT**

PART I - EMPLOYER'S STATEMENT - TO BE COMPLETED IN FULL FOR ALL CLAIMS
(Please verify if the employee qualifies for any other group benefits through The Hartford and submit the claim accordingly)

Group Policy Numbers: Life: <u>677885</u>		Employer: Archdiocese Of St. Louis	
Name of Insured /Participant:		Social Security Number:	
Insured's address: (Street, City, State & Zip Code)		Date of Birth:	Date of Death:
Branch/Location:	<input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	Date of Hire:	Effective date of employee's insurance: _____ Premiums paid to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	Classification	Provide employee's actual date last physically at work: _____	
Provide reason employee did not return to work on their next scheduled workday: <input type="checkbox"/> Illness <input type="checkbox"/> FMLA (provide approval form) <input type="checkbox"/> Retirement - Date: _____ <input type="checkbox"/> Other (please explain): _____			
Is there a Beneficiary Designation Card on file? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes", a copy must be submitted)		Has Beneficiary completed a Funeral Home Assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No if "Yes", enclose assignment or explain:	

AMOUNT OF INSURANCE BEING CLAIMED FOR EMPLOYEE OR AMOUNT IN FORCE FOR EMPLOYEE IF DEPENDENT CLAIM

Basic Life: \$ _____	(Employee's earning as defined in the policy. Attach W-2 if applicable) Rate of earnings used to calculate benefit amount: _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Supplemental Life: \$ _____	Regular hours scheduled to work: (if applicable) _____
Coverage claimed above, reflect age reduction(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective date of above reported earnings: _____
Date insurance was discontinued or not in force _____	Do the earnings include commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate if any of the following apply to this Employee: <input type="checkbox"/> Applied for Conversion <input type="checkbox"/> Has been approved for LBO/Accelerated Death Benefits by prior carrier <input type="checkbox"/> Has been approved for Long Term Disability <input type="checkbox"/> Has been approved for Waiver of Premium by prior carrier	
Note: Changes in amounts of coverage, or increases in coverage, may not apply if the employee was absent from work due to illness or injury on the effective date. Changes in amounts of coverage and increases are deferred until employee returns to active full-time work. If the employee elected increases in coverage during the past two years, the amount being claimed reflects the increase, attach copies of the election forms.	
State name and amounts of other insurance policy(ies), if any.	

DEPENDENT INFORMATION - ONLY COMPLETE FOR DEPENDENT CLAIM

Full Name of Deceased Dependent	Deceased's Social Security Number	Date of Birth	Date of Death	Relationship to Employee
Last Residence: (Number, Street, City or Town, Zip Code)	Is Employee Actively at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete date last worked and reason above	Have premiums been paid to date for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the dependent child, over the Policy's limiting age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the dependent child a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", and required by the Policy, include Enrollment verification from school.	Was dependent child incapacitated? <input type="checkbox"/> Yes <input type="checkbox"/> No		

AMOUNT OF INSURANCE BEING CLAIMED FOR DEPENDENT

Dependent Supplemental Life: \$ _____	Dependent benefit is a: <input type="checkbox"/> Flat Amount <input type="checkbox"/> Percentage of Employee's amount If a percentage, please complete amount of employee insurance above. Does Coverage claimed reflect age reduction(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate if any of the following apply to this Dependent: <input type="checkbox"/> Applied for Conversion <input type="checkbox"/> Has been approved for LBO/Accelerated Death Benefits by prior carrier <input type="checkbox"/> Has been approved for Waiver of Premium by prior carrier	

Employer Certification: I hereby certify that the information provided on the Employer Statement is true and complete according to the records of the Employer. I agree that this information is subject to audit by Hartford Life Insurance Company or Hartford Life and Accident Insurance Company and/or its representative.

Employer _____	Address _____
Signature _____ ()	Date _____ Their Authorized Representative: (Please print) ()
Telephone Number _____	E-mail address _____ Facsimile Number _____

Appendix H (continued)

**Group Life Claim Form
for EMPLOYEE or DEPENDENT**



PART II - Beneficiary's Statement

Name of Deceased: _____	Policy Number(s): _____
	Claim Number (if known): _____

Under penalties of perjury, I certify that:
 (1) the number shown on this form is my correct taxpayer identification; and
 (2) I am not subject to a back-up withholding, because, (a) I am exempt from back-up withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends; or (c) the IRS has notified me that I am no longer subject to back-up withholding; and
 (3) I am a U.S. person (including a U.S. resident alien).
Certification Instructions: You must cross out item (2) above, if you have been notified by the IRS that you are currently subject to back-up withholding, because, you have failed to report all interest and dividends on your tax return.

By signing below:
 (1) **I Hereby Certify and Agree** that I have read and understand the IMPORTANT NOTICE on page 4 of this claim form package.
 (2) **I understand and Agree** that payment of the claim proceeds according to any alternate mode of settlement specified in the policy will only be made if the Company receives a written request for such alternate method of payment from me prior to the payment of the claim proceeds.

DEATH BENEFIT PAYMENT OPTION

Please select only one of the options listed below. If you do not choose a payment option, a lump sum check will be sent. The Safe Haven program option is not available to residents of Alaska or for benefits payable under the Voluntary Accidental Death plan. Benefit amount less than \$10,000 will be paid in a lump sum check.

- I would like the full amount of the insurance proceeds payable to me to be distributed, in a single distribution, into the Safe Haven Program. I have reviewed and understand the Safe Haven Program Terms & Conditions disclosures included with this form. If you elect the Safe Haven Program, The Hartford requests that you designate a beneficiary prior to establishing your Safe Haven account, a separate beneficiary designation form has been included.
- I would like a check in the full amount of the insurance proceeds payable to me.

Beneficiary Name: (print)	Date of Birth:	Relationship:
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident <input type="checkbox"/> Non-resident alien (Request a W-8BEN)		
Complete Mailing Address: (Number & Street)	Beneficiary's Social Security Number or Estate /Trust Tax ID:	
(City, State & Zip Code)	Telephone Number: Day: () Evening: ()	
Personal Cell Telephone Number: () May we have your authorization to leave confidential medical and benefit information on your personal cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No and/or request this by e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No Please initial: _____ to confirm your election		
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.		
Signature: X	Date:	E-mail address:

DEATH BENEFIT PAYMENT OPTION

Please select only one of the options listed below. If you do not choose a payment option, a lump sum check will be sent. The Safe Haven program option is not available to residents of Alaska or for benefits payable under the Voluntary Accidental Death plan. Benefit amount less than \$10,000 will be paid in a lump sum check.

- I would like the full amount of the insurance proceeds payable to me to be distributed, in a single distribution, into the Safe Haven Program. I have reviewed and understand the Safe Haven Program Terms & Conditions disclosures included with this form. If you elect the Safe Haven Program, The Hartford requests that you designate a beneficiary prior to establishing your Safe Haven account, a separate beneficiary designation form has been included.
- I would like a check in the full amount of the insurance proceeds payable to me.

Beneficiary Name: (print)	Date of Birth:	Relationship:
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident <input type="checkbox"/> Non-resident alien (Request a W-8BEN)		
Complete Mailing Address: (Number & Street)	Beneficiary's Social Security Number or Estate /Trust Tax ID:	
(City, State & Zip Code)	Telephone Number: Day: () Evening: ()	
Personal Cell Telephone Number: () May we have your authorization to leave confidential medical and benefit information on your personal cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No and/or request this by e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No Please initial: _____ to confirm your election		
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.		
Signature: X	Date:	E-mail address:

Appendix H (continued)

IMPORTANT NOTICE

Please read the statement that applies to your state of residence and sign the bottom of the page.

For residents of all states EXCEPT Arizona, California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New York, Oregon Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Arizona: For your protection, Arizona law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Signature

Date

Appendix H (continued)

NOTICE OF PRIVACY PRACTICES FOR THE ARCHDIOCESE OF ST. LOUIS HEALTH PLAN AND DENTAL PLAN

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE
REVIEW IT CAREFULLY.

Effective Date of Original Notice: April 14, 2003.

Effective Date of Second Notice: April 14, 2006.

1. Introduction

The use and disclosure of your Protected Health Information ("PHI") by the Plans is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). This Notice of Privacy Practices ("Notice") is intended to summarize the HIPAA regulations ("Regulations"). You may find these Regulations at 45 Code of Federal Regulations (CFR) Parts 160 and 164. If there is any difference between this Notice and the Regulations, the Regulations will control.

PHI includes all individually identifiable health information (health information about you that also identifies you) created, received, sent to other people or companies, or maintained by the Plans, regardless of form (oral, written, or electronic).

2. Information About Uses and Disclosures of Your PHI

a. In General

Except as otherwise indicated in this Notice, uses and disclosures will be made *only with your written authorization*, subject to your right to revoke such authorization.

b. Required PHI Uses and Disclosures

To You. Upon your request, the Plans are required to give you access to certain PHI in order for you to inspect and copy it.

To The Secretary. The Secretary of the Department of Health and Human Services ("Secretary of HHS") may require the Plans to Use and Disclose your PHI in order for the Secretary of HHS to investigate or determine whether the Plans are complying with the Regulations.

c. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations

The Plans and their business associates (companies who help the Plans provide you with your benefits, such as outside administrators) will use PHI without your consent, authorization, or opportunity to agree or object to carry out three activities: treatment, payment, and health care operations. The Plans will also disclose PHI to the Plan Administrator, the Archdiocese of St. Louis, for purposes related to those activities. The Plan Administrator has amended the plan documents to protect your PHI as required by federal law.

Appendix I

(1) Treatment

The Plans may disclose PHI to your health care providers (such as physicians and hospitals) to assist in diagnosis and treatment. However, PHI that consists of psychotherapy notes will not be used or disclosed without your written authorization, even if for treatment purposes, unless it is necessary to defend the Plans in litigation filed by you.

For example, a Plan may disclose to a treating specialist the name of your general practitioner so that the specialist may ask for your treatment records from the general practitioner.

(2) Payment

The Plans may use or disclose your PHI in determining who is covered under the Plans and when the Plans are making a payment. These activities include billing, managing claims, subrogation, plan reimbursement, preauthorizations, and treatment reviews.

For example, a Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

(3) Health Care Operations

The Plans may use or disclose PHI for activities associated with making sure the Plans can provide you with affordable, quality health care. These activities include quality assessment and improvement, reviewing the competence of a health care professional, underwriting, disease or case management, arranging for legal services, auditing, business planning, development, management, and general administrative activities.

For example, a Plan may use information about your claims to refer you to a disease management program, project future benefit costs, or audit the accuracy of the way it processes claims.

d. Uses and Disclosures That Require That You Be Given an Opportunity to Agree or Object

Disclosure of your PHI to the following persons is allowed if you have either agreed to the disclosure or have been given the opportunity to object and have not objected: (1) your family members or close personal friends if the information is directly relevant to the family member's or friend's involvement with your care or payment for that care; or (2) disaster relief organizations for purposes of notifying friends and family members involved in your care of your location or condition in the event of an emergency. If you are not present to voice your agreement or objection, a Plan may also disclose PHI to such persons that are relevant to their involvement with your care if the Plan determines it is in your best interests.

e. Uses and Disclosures For Which Consent, Authorization, or Opportunity to Object is Not Required

The Plans are allowed to use and disclose your PHI *without* your consent, authorization, or opportunity to object under the following circumstances:

Appendix I (continued)

- (1) **When Required By Law.** For example, when needed to comply with Medicare regulations.
- (2) **Public Health Activities.** When permitted for purposes of public health activities such as preventing or controlling disease, or reporting disease or infection exposure.
- (3) **Abuse and Neglect.** When authorized by law to report information about abuse, neglect, or domestic violence to public authorities, if there exists a reasonable belief that you may be a victim of abuse, neglect, or domestic violence.
- (4) **Public Oversight.** Where requested by a public oversight agency for oversight activities authorized by law.
- (5) **Legal Proceedings.** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met.
- (6) **Law Enforcement.** When required for law enforcement purposes including for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, subject to conditions contained in the Regulations.
- (7) **Coroner, Medical Examiner, or Funeral Director.** When required to be given to a coroner or medical examiner to identify a deceased person or determine a cause of death. The Plans may also disclose PHI to funeral directors to carry out their duties with respect to a deceased person.
- (8) **Organ Donation.** For assisting organizations involved in procuring, banking, or transplanting organs or tissue for the purpose of facilitating organ or tissue donation and transplantation.
- (9) **Research.** For research purposes, subject to conditions contained in the Regulations.
- (10) **National Security.** Where necessary to prevent a serious and imminent threat to the health or safety of a person or the public or for national security or intelligence purposes, if the disclosure is consistent with applicable law and standards of ethical conduct.
- (11) **Workers' Compensation.** When authorized by and to the extent necessary to comply with workers' compensation or similar laws.

f. Disclosures to the Plan Sponsor

The Plans may disclose PHI to the Archdiocese of St. Louis, the Plan Sponsor, to assist the Plans in providing you with your benefits.

3. Your Rights

a. Right to Request Restrictions on PHI Uses and Disclosures

Appendix I (continued)

You may request that a Plan restrict uses and disclosures of your PHI to carry out treatment, payment, or health care operations. You may also request that a Plan restrict disclosures to a disaster relief organization, or to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, the Plans are not required to agree to your request. You or your personal representative will be required to request restrictions on these uses and disclosures in writing.

b. Right to Request Confidential Communications

The Plans will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if you clearly state to the Plans that the disclosure could endanger you. For example, you may request that your PHI be sent to your office address instead of your home address, if you feel that someone at your home who might receive your PHI through the mailing could threaten your safety.

c. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI from a Plan that is used to make decisions about your benefits, such as enrollment, billing, claims, or medical management records. If access is denied, you or your personal representative will be provided with a written denial setting forth the reason for the denial, a description of how you may exercise your review rights, and a description of how you may complain to the Secretary of HHS. The Plan will respond to your request within the time required by state or federal law. Your request for access must be in writing.

c. Right to Amend PHI

You have the right to request that a Plan amend your PHI if you believe it is inaccurate or incomplete. If your request is denied in whole or in part, the Plan must provide you with a written denial that explains the reason for the denial. You or your personal representative may then submit a written statement disagreeing with the denial. Your statement will be included with any future disclosures of your PHI. The Plan will respond to your request within the time required by state or federal law. Your request for an amendment must be in writing. You must also include a reason to support your requested amendment.

d. Right to Receive an Accounting of PHI Disclosures

Upon your written request to a Plan, the Plan will provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting does not need to include PHI disclosures made:

- prior to the effective date of this Notice;
- to carry out Treatment, Payment, or Health Care Operations;
- to you about your own PHI;
- incident to a use or disclosure otherwise permitted by the Regulations; or
- based on your written authorization.

Appendix I (continued)

The Plan will respond to your request within the time required by state or federal law. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

e. The Right to Receive a Paper Copy of This Notice Upon Request

You have the right to obtain an additional paper copy of this Notice.

f. A Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you.

4. Your Right to File a Complaint With the Plan or the Secretary of HHS

You may file a complaint with the Secretary of the HHS at the following address:

Region VII, Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street, Room 248
Kansas City, Missouri 64106

Complaints can also be filed via email to OCRComplaint@hhs.gov

The Plans will not retaliate against you for filing a complaint.

5. The Plans' Duties

The Plans are required by law to maintain the privacy of PHI and to provide participants with notice of its legal duties and privacy practices.

This Notice is effective beginning April 14, 2003, and the Plans are required to comply with the terms of this Notice. However, the Plans reserve the right to change their privacy practices and to apply the changes to all of the PHI they maintain. If a privacy practice is changed in a way that affects you, a revised version of this Notice will be provided within 60 days.

6. Who You Can Contact at the Plans to Exercise Your Rights or for More Information

If you wish to exercise any of your rights described in this Notice or have any questions regarding this Notice or the subjects addressed in it, you may contact the following person:

Michael Puetz
Archdiocese of St. Louis
20 Archbishop May Drive
St. Louis, Missouri 63119
314.792.7540

Appendix I (continued)



Insurance | Risk Management | Consulting

2019 Plan Highlights

The Archdiocese of St. Louis Lay Employees Retirement Plan

<p>WHO CAN PARTICIPATE IN THE 403(b) RETIREMENT PLAN?</p> <p>Minimum Age For Any Eligibility: Age 21</p>	<p>All lay Archdiocesan employees may participate through salary deferral at any time after start of employment by entering into a salary reduction agreement with his/her employer. Call 1-877-778-2100 or go on line to the Prudential website at archstl.retirepru.com, and click on <i>Contributions</i> under the "Manage Account" dropdown.</p> <p>All qualified lay employees may receive employer contributions upon completion of one year (365 days) of service. "Qualified" employees are staff personnel working 1000 or more hours during the 365-day period or teachers with at least a half-time contract (single or combined between parishes). The parish contribution begins with the first pay period of the month following the 365-day period from your hire date and is 5 percent of your gross salary (gross salary divided by number of pay periods annually) each pay period. For new hires/rehires on or after May 1, 2019 any previous "qualified" service with the Archdiocese qualifies for immediate "employer" contribution eligibility. The employer benefit is currently 5% based on your gross salary per pay period. All employer contributions are immediately 100% vested.</p>
<p>YOUR PRE-TAX CONTRIBUTIONS TO THE RETIREMENT PLAN</p>	<p>During calendar year 2019, if you are under age 50, you may contribute up to 85% percent of your compensation up to \$19,000 (IRS Limit). The IRS catch-up contribution is available in the calendar year you attain age 50. The maximum catch-up contribution is \$6,000 for 2019 (e.g., 2019 age 50 \$6,000 catch-up contribution plus \$19,000 standard maximum IRS Limit equals \$25,000 2019 age 50 total maximum contribution).</p>
<p>CONSOLIDATION OF RETIREMENT PLANS</p>	<p>If you have an existing account or an IRA from a previous employer you may be able to rollover (consolidate) that account into this plan at any time. Contact your Gallagher Benefits Services, Inc. representative or access your account at archstl.retirepru.com or call 1-877-778-2100 for details and to request an Incoming Rollover form.</p>
<p>DISTRIBUTIONS</p>	<p>Eligible distributions may be initiated by phone by calling Prudential at 1-877-778-2100. Contact one of your Gallagher representatives for details.</p>
<p>FLEXIBILITY</p>	<p>You may increase, decrease, stop or resume your contribution at any time by calling 1-877-778-2100 or online via archstl.retirepru.com, and clicking on <i>View Details</i>, then <i>Change Contributions</i> then the blue <i>Change</i> button. You may change your investment allocation at any time, however, some restrictions may apply - access the Prudential website archstl.retirepru.com, call 1-877-778-2100 or contact one of your Gallagher representatives for details.</p>
<p>WHY ENROLL?</p>	<p>Enrollment is required to establish your investment allocation or to confirm the Goal Maker® service if your contributions have been invested into this service by default. Enrollment also establishes your beneficiary assignment. Both asset allocation of your investments and your beneficiary assignment may be established on line via the Prudential website, archstl.retirepru.com or by calling 1-877-778-2100. The beneficiary designations made via the previous record keeper, your will or your employer's life or voluntary life insurance do not apply to your retirement plan. With no suitable designation your plan assets will be distributed according to the plan's provisions.</p>
<p>HOW CAN I OBTAIN A COPY OF THE SUMMARY PLAN DESCRIPTION (SPD)?</p>	<p>You can access the Summary Plan Description (SPD) on the Archdiocese employee internet website http://archstl.org/hrbenefits. Scroll down to the Retirement Plan section.</p>
<p>LOCAL SUPPORT CONTACTS</p>	<p>For questions about enrolling, salary deferral changes, retirement options, retirement plan details, assistance with your asset allocation, etc., contact your Gallagher Benefits Services, Inc. representatives: Mike Eagen (314) 792-7262 or Sharon Gogel (314) 792-7261</p>
<p>TO CONTACT THE FUND MANAGER – PRUDENTIAL RETIREMENT</p>	<p>Call 877-778-2100 or visit the Prudential website at archstl.retirepru.com. Register your on-line account access at archstl.retirepru.com, then click on <i>Register Today</i> and follow the prompts.</p>

Data contained here is from what are considered reliable sources; however, neither Gallagher Benefit Services, Inc., Arthur J. Gallagher & Co, nor any affiliated company guarantees its accuracy, completeness, and/or reliability. In the event that a discrepancy exists between the original source material(s) and the supplemental summary document, the original source material(s) shall govern.

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2019 Arthur J. Gallagher & Co.
GBS/Kestra-CD(323514)(exp. 08/2020)

Appendix J

Internet Contribution Center (ICC) Reference Guide

The purpose of the guide is to provide plan sponsors with a reference tool for submitting contribution files.

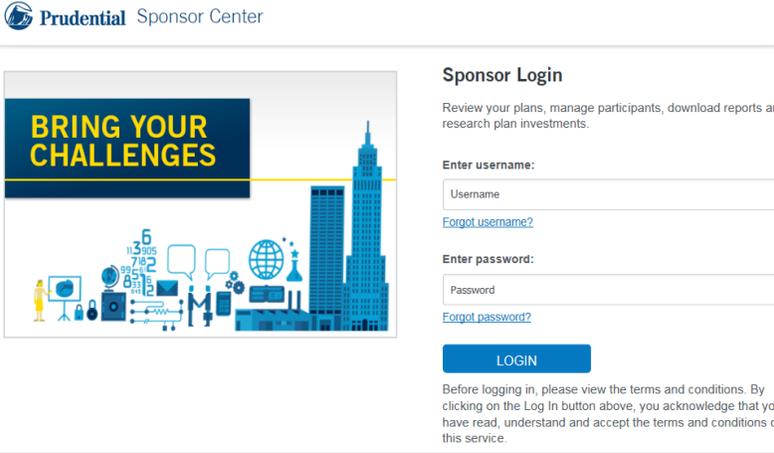
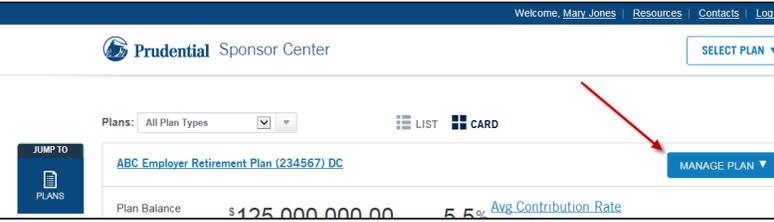
Contents

Access Sponsor Center	2
Create File	3
Review/Update Data	5
Enter Contribution Amounts	6
Newly Enrolled Participants - Enter Participant Records (if applicable).....	7
Verify File Totals.....	8
Transmit File.....	9
File Status	10

Prior to running ALL payrolls, you must:

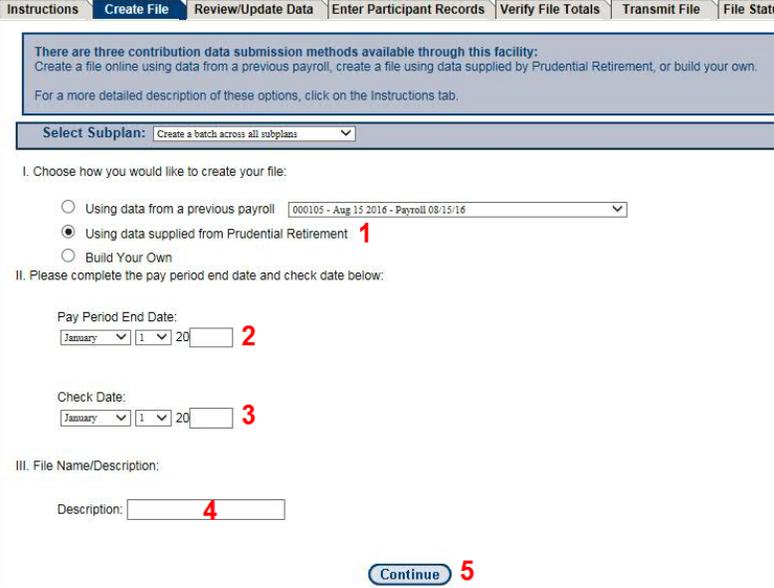
- 1. Review the Payroll Changes on the Plan Sponsor Web for any changes to participant contribution rates. See Parish Experience Guide -Viewing/Accessing Contribution Rate Changes.**
- 2. Verify with Sharon Gogel at 314.792.7261 whether or not employees, new to your payroll, are eligible for the 5% Retirement Benefit.**

Access Sponsor Center

	Action	
1	Type sponsorcenter.prudential.com into your internet browser to access the Sponsor Center home page.	
2	<p>The “Sponsor Login” page will display.</p> <p>Enter your user ID and password. Then click “Login.”</p> <p>See Experience Guide – Plan Sponsor Web Access.</p> <p>If you do not have a user ID or password, please contact enter contact info.</p>	
3	Click the “ Manage Plan ” button.	
4	Under the “ Administration ” section, select “ Contribution & Loan Processing .”	

Appendix K (continued)

Create File

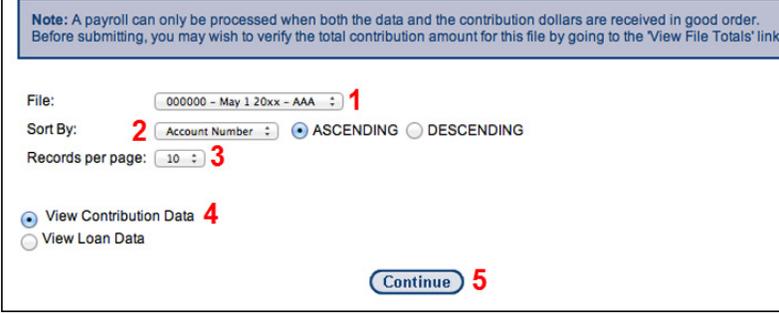
	Action	
1	Select the “Create File” tab.	
2	Select a subplan.	
3	<p>1. The first time you submit a file, select the radio button “Using data supplied from Prudential Retirement.” Select “Using data from a previous payroll” for future files.</p> <p>Note: Using Data From a Previous Payroll drop down lists file name. Naming convention consists of Plan Number, Pay Period End Date, and Check Date.</p> <p>2. Enter the pay period end date (last day in the pay period for which the contributions apply)</p> <p>3. Enter the check date (the actual date of payroll check to employees)</p> <p>4. Required Field: Enter a file name or description. FORMAT: Division Code – Paycheck Date: ex.: 123-09/30/17</p> <p>5. Click “Continue”</p>	

Appendix K (continued)

<p>4 A message indicating the number of participant records that were copied into the new file will be displayed.</p> <p>Upon receiving this message, continue to the “Review/Update Data” section to enter your participation information.</p>	<p>87 participant records have been copied into the following new file:</p> <p>Jan 1 2016 – Payroll</p> <p>Please enter contribution/loan data and submit for transmission.</p>
--	--

Appendix K (continued)

Review/Update Data

	Action	
1	Select the “ Review/Update Data ” tab	
2	<p>a) File: Select the batch you created using your pay period end date.</p> <p>b) Sort by: account number or last name.</p> <p>c) Records per page: Choose a number that will let you see all participants.</p> <p>d) Select the “View Contribution Data” radio button.</p> <p>e) 5. Click “Continue.”</p>	

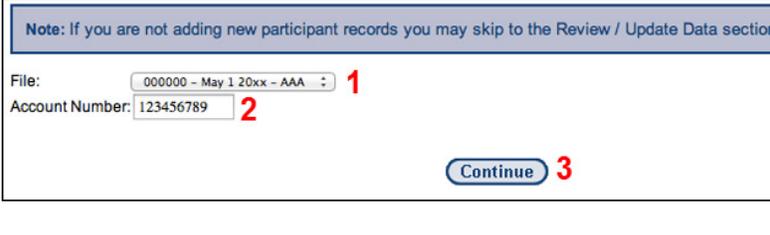
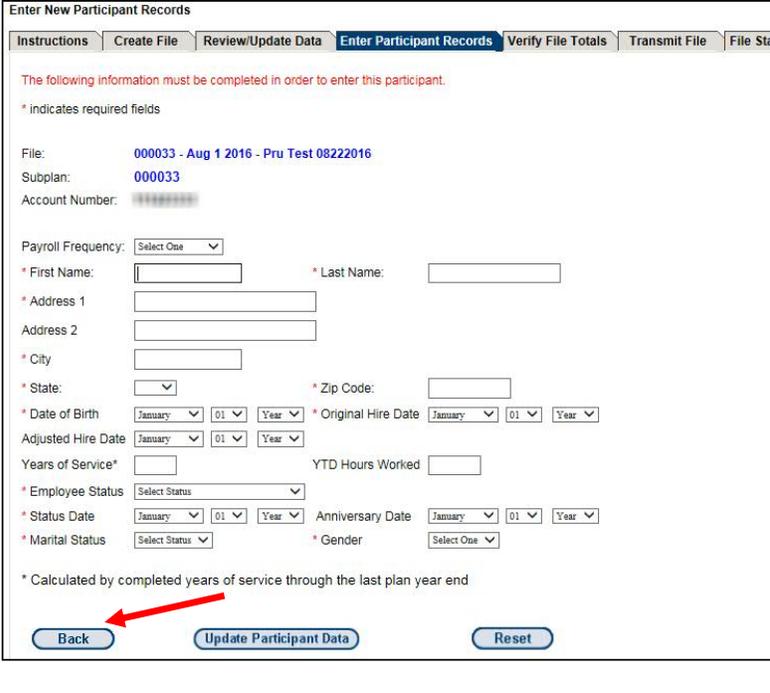
Appendix K (continued)

Enter Contribution Amounts

	Action																					
1	<p>A list of your employees will appear on the screen.</p> <p>Enter or update the contribution amounts of each employee.</p> <p>After you've entered all the information, click "Update" to save your entries.</p>	<p>File: 000033 - Aug 1 2016 - Pru Test 08222016 Sorted By : Account Number(Ascending)</p> <p><input type="button" value="Reset"/> <input type="button" value="Update"/></p> <p><input type="checkbox"/> Select All Records</p> <table border="1"> <thead> <tr> <th><input type="checkbox"/></th> <th>Account Number</th> <th>Subplan</th> <th>Name</th> <th>VOLUNTARY SALARY REDUCTIO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>0000</td> <td>000033</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>0796</td> <td>000033</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>5556</td> <td>000033</td> <td></td> <td>\$ 0.00</td> </tr> </tbody> </table> <p><input type="button" value="Reset"/> <input type="button" value="Update"/></p> 	<input type="checkbox"/>	Account Number	Subplan	Name	VOLUNTARY SALARY REDUCTIO	<input type="checkbox"/>	0000	000033		\$ 0.00	<input type="checkbox"/>	0796	000033		\$ 0.00	<input type="checkbox"/>	5556	000033		\$ 0.00
<input type="checkbox"/>	Account Number	Subplan	Name	VOLUNTARY SALARY REDUCTIO																		
<input type="checkbox"/>	0000	000033		\$ 0.00																		
<input type="checkbox"/>	0796	000033		\$ 0.00																		
<input type="checkbox"/>	5556	000033		\$ 0.00																		
2	<p>The screen will refresh and a message in red will confirm "Your data has been saved."</p>	<p>Your data has been saved. </p> <p>File: 000033 - Aug 1 2016 - Pru Test 08222016 Sorted By : Account Number(Ascending)</p> <p><input type="button" value="Reset"/> <input type="button" value="Update"/></p> <p><input type="checkbox"/> Select All Records</p> <table border="1"> <thead> <tr> <th><input type="checkbox"/></th> <th>Account Number</th> <th>Subplan</th> <th>Name</th> <th>VOLUNTARY SALARY REDUCTIO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>0000</td> <td>000033</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>0796</td> <td>000033</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>5556</td> <td>000033</td> <td></td> <td>\$ 0.00</td> </tr> </tbody> </table> <p><input type="button" value="Reset"/> <input type="button" value="Update"/></p>	<input type="checkbox"/>	Account Number	Subplan	Name	VOLUNTARY SALARY REDUCTIO	<input type="checkbox"/>	0000	000033		\$ 0.00	<input type="checkbox"/>	0796	000033		\$ 0.00	<input type="checkbox"/>	5556	000033		\$ 0.00
<input type="checkbox"/>	Account Number	Subplan	Name	VOLUNTARY SALARY REDUCTIO																		
<input type="checkbox"/>	0000	000033		\$ 0.00																		
<input type="checkbox"/>	0796	000033		\$ 0.00																		
<input type="checkbox"/>	5556	000033		\$ 0.00																		

Appendix K (continued)

Newly Enrolled Participants - Enter Participant Records (if applicable)

	Action	
1	If you need to enter a new employee information, select the “Enter Participant Records” tab.	
2	<ol style="list-style-type: none"> File: Select the batch you created using your pay period end date. Enter an account number (SSN). Click “Continue.” 	
3	<ol style="list-style-type: none"> Update contribution amounts for this participant. Click “Submit” 	
	<p>NOTE: You should only see this screen if:</p> <ol style="list-style-type: none"> you did not contact Sharon Gogel prior to running payroll this is the first time you are paying this employee the employee is either transferring from another parish or the employee is ‘shared’ with another parish. <p>If you see this screen, PLEASE double check the SSN entered. If the SSN is correct, enter the employee information in the fields with a Red Asterisk (*).</p> <p>The only status you should enter is ‘Active’. Do not make</p>	

Appendix K (continued)

	<p>any other Status updates from this screen. *Status Date is the employee's date of hire.</p>	

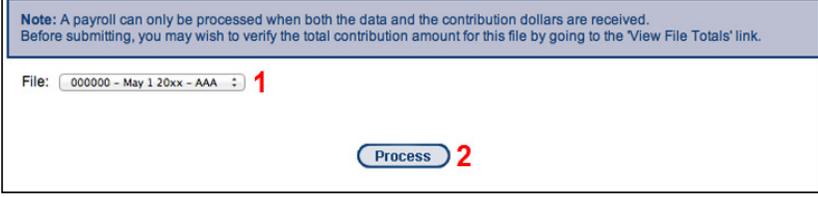
Verify File Totals

	Action	
1	Once all contribution data has been entered, select the "Verify File Totals" tab.	
2	<p>a) File: Select the batch you created with your pay period end date.</p> <p>b) 2. Click "Submit."</p>	
3	<p>The next screen will provide totals for each source.</p> <p>Upon confirming your totals, you are ready to transmit your data to Prudential Retirement.</p> <p>Optional: To see an excel version of the file, click "Download."</p> <p>To make changes or corrections to the file, select the "Review/Update Data" tab.</p>	

Appendix K (continued)

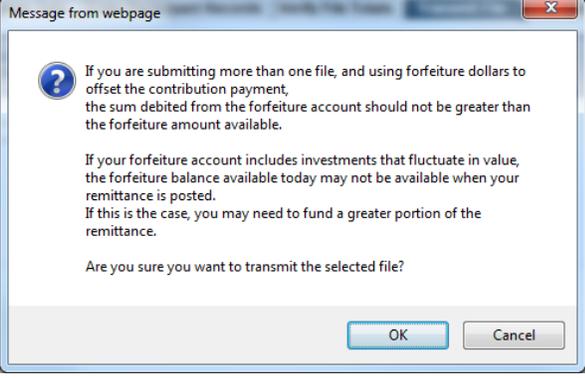
Transmit File

Remember that Prudential will initiate the debit of funds from your account as of the current date for all files received by 2:30 p.m. ET.

	Action	
1	To remit the file to Prudential for processing, select the “ Transmit File ” tab.	
2	a) File: Select the batch you created with your pay period end date. b) 2. Click “ Process. ”	

Appendix K (continued)

File Status

	Action																									
1	<p>a) Click “OK” when the first pop up box appears. Forfeitures do not apply, and by clicking “OK” you will confirm your intent to transmit the file.</p> <p>b) Upon transmitting your file, you’ll receive an immediate confirmation.</p> <p>c) You can select “File Status” if you choose to review the status of the files created online.</p>	 <p>Transmit File Confirmation</p> <p>Instructions Create File Review/Update Data Enter Participant Records Verify File Totals Transmit File File Status</p> <p>The following file has been submitted for transmission: 000006 - Aug 17 2017 - 8-17 payroll</p> <p>To view a summary of the file, click on the Verify File Totals tab.</p> <p>Be sure to document our payroll instructions!</p> <p>Payroll Instructions</p> <p><i>If you have authorized Prudential Financial to process ACH Debits for your payroll remittances, please do not forward any funds via the below instructions. Instead, the funds will be removed automatically.</i></p> <p>If you have not elected the automated ACH debit process, please send your bank wire to:</p> <p>JP MORGAN CHASE ABA: 021000021 Account Number: - 304244147 Account Name - Pru Retirement Services Internet Contributions FFC: Your plan number & name</p>																								
2	<p>The online log displays the date a given file was submitted.</p>	<p>To delete a file or files, select the files to delete using the checkboxes, and click on the 'delete' button.</p> <table border="1"> <thead> <tr> <th>Pay Period</th> <th>SubPlan</th> <th># of Recs</th> <th>Date Submitted</th> <th>Last Updated</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> May 01 20xx</td> <td>000001</td> <td>6</td> <td>Mar 23 20xx</td> <td>Mar 26 20xx</td> <td>download</td> </tr> <tr> <td><input type="checkbox"/> May 10 20xx</td> <td>000002</td> <td>6</td> <td>Mar 04 20xx</td> <td>Mar 09 20xx</td> <td>download</td> </tr> <tr> <td><input type="checkbox"/> May 20 20xx</td> <td>000003</td> <td>6</td> <td>Mar 18 20xx</td> <td>Mar 20 20xx</td> <td>download</td> </tr> </tbody> </table> <p style="text-align: center;">Delete</p>	Pay Period	SubPlan	# of Recs	Date Submitted	Last Updated		<input type="checkbox"/> May 01 20xx	000001	6	Mar 23 20xx	Mar 26 20xx	download	<input type="checkbox"/> May 10 20xx	000002	6	Mar 04 20xx	Mar 09 20xx	download	<input type="checkbox"/> May 20 20xx	000003	6	Mar 18 20xx	Mar 20 20xx	download
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<input type="checkbox"/> May 01 20xx	000001	6	Mar 23 20xx	Mar 26 20xx	download																					
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<input type="checkbox"/> May 20 20xx	000003	6	Mar 18 20xx	Mar 20 20xx	download																					

The Contribution Remittance process is now complete. Please see the Parish Experience Guide – Funding Contribution Files.

Appendix K (continued)

PARISH EXPERIENCE GUIDE

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Note: The Archdiocese of St. Louis Lay and Priest Plans are record kept at Prudential by means of a 6 digit number. Throughout this guide, you will see reference to account numbers. The Lay Plan is **768150** and the Priest Plan is **768170**.

Appendix L

Access PruMessenger Email

Prudential's secure email, PruMessenger, is used for sending and receiving sensitive participant data/information. This will also be used when Prudential sends the Funding Summary to you after a contribution file is received.

1. When a recipient is set up with PruMessenger access, they will receive the following email with attachment:

You have received a secure message from Prudential

You can read your secure message by opening the attachment included in this email, [securedoc_20170816T132311.html](#). You will be prompted to open (view) the file or save (download) it to your computer. For best results, save the file first, then open it in a Web browser. To access from a mobile device, forward this message to mobile@res.cisco.com to receive a mobile login URL.

If you have concerns about the validity of this message, contact the sender directly.

First time users - will need to register after opening the attachment. For more information, click the following Help link.
Help - <https://res.cisco.com/websafe/help?topic=ReqEnvelope>
About Cisco Registered Email Service - <https://res.cisco.com/websafe/about>

If you need further assistance with **PruMessenger**, please call the **Online Service Center** at **1-800-Pru-Help (1-800-778-4357)** in the U.S., or **011-353-7491-78416** internationally. The Online Service Center can assist with account verification, password resets or questions concerning PruMessenger basic functionality.

PLEASE NOTE: The Archdiocese strongly recommends that secure emails never be forwarded to and accessed on a mobile device. All parish communications should be maintained on the parish network/workstation.

2. Open the attachment and click on the "OPEN" button

Appendix L (continued)

Access PruMessenger Email continued

3. You will then be prompted to "Register".
4. Enter your name and select a password as directed.
5. You will be notified that an email was sent to you for the final step of your registration. The email will provide a link to activate your account.
6. When you click on the link, you will get a message that your account has been activated.
7. You can now go into the original message you received, log in with the password you created, and read your secure email.

Note that the registration process is a one-time event. For all future messages, you will simply need to enter your password to receive your secure message. If you should need assistance, please call the Online Service Center at 1-800-PRU-HELP (1-800-778-4357).

Plan Sponsor Web Access

You will be given access to Prudential's Plan Sponsor Website. With this access, you will be able to open the "Payroll Changes" section of the website. This will allow you to obtain the deferral changes for your specific parish and submit payroll contributions and benefits to Prudential through Internet Contribution Center (ICC).

1. You will be receiving two emails from Prudential for your access to the Plan Sponsor Website:
 - a. One email will come from Prudential.retirement@prudential.com and will provide you with the website address and your user ID (sample shown below).

*****PLEASE DO NOT REPLY TO THIS EMAIL ADDRESS, AS THIS EMAIL BOX IS NOT MONITORED*****

Welcome! You have been granted access to Prudential Retirement's Plan Sponsor Website. The Plan Sponsor Website can easily be accessed at: <http://sponsorcenter.prudential.com>

The first time you login, you will be prompted to change your password. Please log onto the website as soon as possible to change your password.

To login to the Plan Sponsor Website, you must enter your user ID and password. The user ID and password are case sensitive and when you are prompted to change your password you can choose any minimum eight-digit alpha and/or numeric combination.

Your temporary password will be sent to you in a separate email.

Your user ID is: xxxxxxxx

If you have any questions, please contact your Prudential Representative.

Sincerely,

Prudential Retirement Data Security Group

- b. A separate email will be sent on the same day providing you with your temporary password.
2. Upon receipt of the emails referenced above, please log in as soon as possible and follow the instructions to update your password and confirm your access. Note that you will not be able to see participant records or access the "Contribution Processing" area until 10/13/17. If you are unable to successfully log in, please contact June Haas at 800.840.5452 *(Account# 768150 Lay Plan or 768170 Priest Plan) "Client Service Manager Option", or at June.Haas@Prudential.com.

Appendix L (continued)

Viewing/Extracting Contribution Rate Changes (Formerly known as Salary Reduction Agreement)

NOTE: Parishes MUST complete the following before processing ALL payrolls:

- 1. Before paying anyone for the first time, contact Sharon Gogel at 314.792.7261 and verify whether or not the employee is eligible for the 5% Retirement Benefit.**
- 2. Obtain Contribution Rate Changes using the following procedure:**

Step 1: Go to sponsorcenter.prudential.com and enter your user id and password.



Sponsor Login
Review your plans, manage participants, download reports and research plan investments.

Enter User ID:

[Forgot User id?](#)

Enter password:

[Forgot password?](#)

Note: After entering in your login and password, the landing page will allow you to choose 768150 Lay Employee plan or 768170 Priest plan. The process for checking contribution rate changes or submitting contributions is the same regardless of the plan number. You would choose the Lay plan when processing Lay employees and choose the Priest plan when processing updates for Priests.

Step 2: Click on “Manage Plan” then select “Payroll Changes”. The same process can be followed for checking potential Priest contribution changes, by selecting the Priest Plan 768170. This screen will be the same, regardless of the number of parishes for whom you are responsible for submitting contributions.

The Archdiocese of St. Louis Lay Employees Retirement Plan **MANAGE PLAN** ▲

Performance	Administration	Participants	Participant Account Inquiry
Plan Health Investments Reports	Plan Information Data Sharing Plan Fee Disclosures Payroll Changes Payroll Processing Contribution & Loan Processing Plan Compliance	Pending Requests Action Required Messaging	Inquiry Type: <input type="text" value="Log in as Participant"/> Participant Name or Account Number: <input type="text" value="e.g., Doe Doe, John 123456789"/> <input type="button" value="GO"/>

Appendix L (continued)

Viewing/Extracting Contribution Rate Changes (Formerly known as Salary Reduction Agreement) continued

Step 3: You will be able to view the participant deferral election changes. As a default, when you open this page only the “NEW” status will be reflected. If you are responsible for multiple parishes, those parishes will all be listed on this screen. You may filter by Sub-Plan (see Red circle) to see changes for a specific parish. Subplan numbers at Prudential correspond to the Parish Number. The format is three leading zeros followed by the 3-digit Parish Number – 000xxx. Please see the Parish Contact List.xls to help you identify the Prudential Subplan Number associated with your Parish.

Notes:

- Your plan does not permit Loan Repayments through Payroll Deduction; therefore, please ignore the “Export Loan Start/Stops” button.
- You will see an update for each day a participant has made a change. However, if a participant made multiple changes in a single day, only the most recent change will be reflected for that day.

Payroll Changes

Filter By [Clear All Filters](#)

Transaction Date

01/01/2016  to 08/23/2017 

Status	Sub-Plan	Name	Account Number	Type	<input type="button" value="GO"/>
New	ALL		123456789	ALL	

26 Matching Transactions

Select All

Status	Sub Plan ID	Name	Account #	Type	Transaction Date
<input type="checkbox"/> NEW	000003	WILLARD E TOWNE JR		Contribution Rate Change	08/21/17
<input type="checkbox"/> NEW	000003	ANTONIO MACIAS		Contribution Rate Change	08/18/17

Step 4: You may select the “Export Contribution Rate Changes” button (see red circle in above screen shot) to Open, Save and/or Print an Excel report version of the changes listed on the website (sample report below).

Alert Status	Participant Name	Account	Alert Type	Transaction Date	Sub Plan	Div Sub	Source	Previous Contribution Amount	Previous Contribution Rate	New Contribution Amount	New Contribution Rate	Contribution Type	Reason	Updated By	Updated Date
New			Rate Change	08/21/2017	000345		EMPLOYEE PRE-TAX	\$0.00	6.00%	\$0.00	16.00%	Contribution Deferral	CHANGE		08/21/2017
New			Rate Change	08/18/2017	000345		EMPLOYEE PRE-TAX	\$0.00	20.00%	\$0.00	6.00%	Catch-up Contribution	CHANGE		08/18/2017

Step 5: Make any participant updates within the QuickBooks employee file.

Appendix L (continued)

Viewing/Extracting Contribution Rate Changes (Formerly known as Salary Reduction Agreement) continued

Step 6: Mark Complete.

- A. Option 1: You can select each individual checkbox next to the participant, then click the “Mark Selected Complete” button.
- B. Option 2: You can click on the “Select All” checkbox, then click the “Mark Selected Complete” button.

The screenshot shows a table with columns: Status, Sub Plan ID, Name, Account #, Type, and Transaction Date. Below the table, there are three buttons: "MARK SELECTED COMPLETE", "EXPORT LOAN START/STOPS", and "EXPORT CONTRIBUTION RATE CHANGES". The "Select All" checkbox and the "MARK SELECTED COMPLETE" button are circled in red.

Status	Sub Plan ID	Name	Account #	Type	Transaction Date
<input type="checkbox"/>	NEW	000003	WILLARD E TOWNE JR	Contribution Rate Change	09/21/17

- C. Option 3: Select the Participant's Name. Additional details will appear then click the “Mark Complete” button.

The screenshot shows a form with the following details:

Sub Plan ID	000001	New Contribution Amount	\$100.00
Div Sub	0255	New Contribution Rate	0.00%
Transaction Date	10/20/2017	Contribution Type	Regular Contribution Deferral
Source	PRE-TAX DEFERRALS	Reason	CHANGE
Previous Contribution Amount	\$50.00	Date Updated	10/20/2017
Previous Contribution Rate	0.00%		

At the bottom right of the form, there is a "MARK COMPLETE" button circled in red.

Additional Features:

- **Filter by Transaction Date Range:** This option allows you to filter the results for a specified timeframe.
- **Filter by Status:** You may select “Complete” from the “Status” dropdown to see all changes that have been marked as “Complete”.
 - This is a good option to use in the event you accidentally mark someone as complete and need to pull them up to view the rate change information.
- You may also search for **Participant by Name** or **Account Number (SSN)** if you need to review historical changes for a particular participant.

Payroll Changes

Filter By [Clear All Filters](#)

Transaction Date

01/01/2016 to 08/23/2017

Status: Sub-Plan: Name: Account Number: Type:

7

Appendix L (continued)

Contribution Remittance

Please follow the ICC Reference Guide for remitting contributions for both the Lay and Priest plans as applicable.



Internet Contribution Center (ICC) Reference Guide

The purpose of the guide is to provide plan sponsors with a reference tool for submitting contribution files.

Contents

Prior to Running Payroll.....	2
Access Sponsor Center	3
Create File	4
Review/Update Data.....	6
Enter Contribution Amounts	7
Add Newly Hired Employee (Participant) Records (if applicable).....	8
Remove Inactive/Released Employee (Participant) Records (if applicable)	10
Verify File Totals.....	12
Transmit File	13
File Status	14
Complete/Questions.	15

Appendix L (continued)

Administrative Changes

Enrollment Process: You will be provided with contact cards from Prudential. Please give a card to **all** new parish employees – both part-time and full-time, regardless if employee is eligible for the 5% benefit. These contact cards tell the new employee who to contact to enroll in the plan. The contact card is the only document you provide to employees.

Contribution Rate Changes (formerly known as Salary Reduction Agreements – SRA form): You will no longer accept or process contribution rate change requests from participants. Participants should be directed to the Prudential Website to make changes. You will follow the “Viewing/Extracting Contribution Rate Changes” section of this guide prior to every payroll run to capture any changes.

A participant will request a contribution rate change with Prudential through the call center or website. Provided the request is made by 4:00pm CST, the change will be reflected on the Payroll Changes the next business day. Bookkeepers are only responsible for the updates within the Payroll Changes section of the website the day payroll is to be processed. Any participant requests made after payroll is processed will take effect the following payroll run. The plan document allows for this timing by stating the changes are to take effect as soon as administratively feasible.

Employee Information Changes: To change employee information (name, address, marital status, employee status, title, etc.) in Prudential’s records, simply update the Employee Record/File in QuickBooks. The Archdiocese will gather the information and securely transmit it to Prudential.

Terminated Employees: Termination forms are no longer needed. ***IMMEDIATELY*** after processing an employee’s final paycheck in QuickBooks, enter the Release Date in QuickBooks. (The Release Date is found in the Employee Record/File – Employment Info tab.) Prudential will receive this date in the next information transmission from the Archdiocese. Sharon Gogel may be contacting you, at a later date, to verify the Release Date when the employee chooses to take withdrawals from their account.

New Parish Bookkeeper

If/when a parish has a new parish bookkeeper who will be responsible for remitting contributions to Prudential, please follow the steps below:

1. The current bookkeeper will notify Sharon Gogel (314.792.7261) or sharon_gogel@ajg.com) that they are leaving their position. Sharon will notify the Prudential Client Service Manager and request the following:
 - a. Remove their access to the Plan Sponsor Website.
 - b. Remove them as the parish contact.
 - c. Cease sending them the funding summary through PruMessenger.
2. The new bookkeeper or Pastor will notify Sharon Gogel (314.792.7261) or sharon_gogel@ajg.com) and provide the following information for the new bookkeeper: Name, Email and Phone Number.
3. After receiving new contact information, Prudential will setup the new parish bookkeeper as the new parish contact and provide them with PruMessenger and Plan Sponsor Web access. In addition, they will be provided with the ICC and Parish Experience Guides.

Questions? Please contact one of the following representatives:

Gallagher Benefit Services:	Mike Eagen, 314.792.7262, Michael.Eagen@ajg.com Sharon Gogel, 314.792.7261, Sharon.Gogel@ajg.com
Prudential Retirement:	June Haas, 800.840.5452, Account# 768150 Lay Plan or 768170 Priest Plan, Client Service Manager Option, June.Haas@Prudential.com
Archdiocese of St. Louis:	Sally Serbus, 314.792.7716, SallySerbus@archstl.org Michael Puetz, 314.792.7543, puetz@archstl.org

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Appendix L (continued)



**ARCHDIOCESE OF ST. LOUIS
ADOPTION ASSISTANCE PROGRAM
REIMBURSEMENT REQUEST FORM**

INSTRUCTIONS: Please contact the Archdiocesan Office of Human Resources at 314.792.7540 if you have any questions about this form or the *Adoption Assistance Program*. Once you have completed and signed this form, please attach the verifying documents and original proof of expenses, and forward it to the Office of Human Resources - Director of Benefits.

EMPLOYEE INFORMATION:

Social Security Number: _____

Last Name: _____ First Name: _____

Address: _____
Street City State Zip

Employed by (parish/school): _____

Home Phone: _____ Work Phone: _____

CHILD(REN) INFORMATION:

I confirm the following:

- Child(ren)'s name(s): _____
- Child(ren)'s date(s) of birth (*mm/dd/yyyy*): _____
- Date child(ren) placed in my home for purposes of adoption: _____
- Date, or anticipated date, of finalization of child(ren)'s adoption: _____

REQUEST FOR REIMBURSEMENT

I am applying for reimbursement of the following adoption expenses:

Date of expense (<i>mm/dd/yyyy</i>)	Description (Include name of person or entity to which expense was paid. Attach original bills, receipts, or cancelled checks.)	Amount
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL REQUESTED REIMBURSEMENT:		\$

Appendix M

EMPLOYEE STATEMENT OF UNDERSTANDING

I certify that the receipts or cancelled checks I am submitting are qualified adoption expenses under the Archdiocese's *Adoption Assistance Program*. Qualified adoption expenses include reasonable and necessary adoption fees, court costs, attorney fees, travel expenses (including amounts expended for meals and lodging, and other expenses) that are: (i) directly related to, and the principal purpose of which is for, the legal adoption of an eligible child by the eligible employee, (ii) not incurred in violation of State or Federal law, or in carrying out any surrogate parenting arrangement, (iii) not for the adoption of the child of the employee's spouse or other relative, and (iv) not reimbursed by another source (e.g., grants, another employer).

I certify that these expenses are not incurred in violation of State or Federal law or in carrying out any surrogate parenting agreement, nor are these expenses incurred in connection with my adoption of the child of my spouse or other relative. Furthermore, these expenses have not been nor will they be reimbursed under an employer plan other than this *Adoption Assistance Program*, nor have they been previously reimbursed by the Archdiocese's *Adoption Assistance Program*, nor by any other source.

I further acknowledge that to the extent that any income tax exclusion or credit may be available to me, I will first claim that exclusion or credit before claiming the expense under this Program. I also acknowledge that I cannot claim the exclusion and the credit for the same expense.

I understand that the Archdiocese of St. Louis does not make any commitment or guarantee that amounts paid to me under this *Adoption Assistance Program* will be excludable from my gross income for Federal, State or Local income tax purposes, or that any other Federal tax treatment will apply to or be available to me. I understand that it is my obligation to determine whether any payment made under the *Adoption Assistance Program* is excludable from my gross income for income tax purposes.

I hereby certify that the information I have furnished in support of this claim for reimbursement under the *Adoption Assistance Program* is true and correct.

Employee Signature _____ Date _____

Employee Name (please print) _____

Submit the completed form with a certified and notarized copy of the record of placement or final court order. Also include original bills, itemized receipts, and/or cancelled checks. Expenses may be submitted up to six months after placement of the child in the employee's home. No reimbursement will be made for expenses submitted after that time. Send the form and enclosures to:

**Office of Human Resources
Attn: Director of Benefits
Archdiocese of St. Louis
20 Archbishop May Drive
St. Louis, MO 63119**

Appendix M (continued)



Archdiocese of St. Louis
Cardinal Rigali Center
20 Archbishop May Drive
St. Louis, Missouri 63119

Office of Human Resources
p) 314.792.7546
f) 314.792.7548

EMPLOYEE MISSOURI STATUTE 452 WAIVER FORM

The Archdiocesan Employee Benefit Plan follows the Missouri Statute 452.317. The statute states the following:

“From the date of filing of the petition for dissolution of marriage or legal separation, no party shall Terminate coverage during the pendency of the proceeding for any other party or any minor child of The marriage under any existing policy of health, dental or vision insurance”.

The Archdiocese may allow a termination of insurance for a dependent spouse and or dependent children during the pendency of the proceedings, if you sign the following waiver statements to the Archdiocesan Employee Benefit Plan.

I understand that I have a right to require that coverage be continued under Missouri Law. I hereby waive my (or my children’s, if applicable) right to continued health coverage under the plan and request that the coverage be terminated as of _____, 20_____.

I release the Archdiocese Employee Benefit Plan and the Archdiocese of St. Louis from any liability in connection with the termination of coverage.

I waive my (or my children’s, if applicable) right to the Archdiocese Cobra-like plan, the Continuation of Coverage plan.

I understand that foregoing is irrevocable and that once coverage is terminated, it will not be reinstated (unless the individual again becomes eligible under the terms of the plan. For example, if I and my spouse reconcile and I want to add the spouse and children back on the health plan during Open Enrollment).

If I am terminating dependent children from the health insurance plan, I and my spouse have complete legal authority to act on behalf of the minor children.

Employee Name (printed):	
Employee Signature:	
Date of Signature:	
Employee Email Address:	
Employee Telephone #:	

Please fax (314-792-7548) or scan/email the completed form to the Office of Human Resources at Benefits@archstl.org. For questions, please contact the Archdiocese of St. Louis Office of Human Resources at 314.792.7546 or Benefits@archstl.org.

Appendix N



Archdiocese of St. Louis

*Cardinal Rigali Center
20 Archbishop May Drive
St. Louis, Missouri 63119*

Office of Human Resources

p) 314.792.7546

f) 314.792.7548

MISSOURI STATUTE 452 SPOUSAL WAIVER FORM

The Archdiocesan Employee Benefit Plan follows the Missouri Statute 452.317. The statute states the following:

“From the date of filing of the petition for dissolution of marriage or legal separation, no party shall Terminate coverage during the pendency of the proceeding for any other party or any minor child of The marriage under any existing policy of health, dental or vision insurance”.

The Archdiocese may allow a termination of insurance for a dependent spouse and or dependent children during the pendency of the proceedings, if you sign the following waiver statements to the Archdiocesan Employee Benefit Plan.

I understand that I have a right to require that coverage be continued under Missouri Law. I hereby waive my (or my children’s, if applicable) right to continued health coverage under the plan and request that the coverage be terminated as of _____, 20_____.

I release the Archdiocese Employee Benefit Plan and the Archdiocese of St. Louis from any liability in connection with the termination of coverage.

I waive my (or my children’s, if applicable) right to the Archdiocese Cobra-like plan, the Continuation of Coverage plan.

I understand that foregoing is irrevocable and that once coverage is terminated, it will not be reinstated (unless the individual again becomes eligible under the terms of the plan. For example, if I and my spouse reconcile and I want to add the spouse and children back on the health plan during Open Enrollment).

If I am terminating dependent children from the health insurance plan, I and my spouse have complete legal authority to act on behalf of the minor children.

Employee’s Name (printed):	
Employee’s Spouse Name (printed):	
Employee’s Spousal Signature:	
Date of Signature:	
Spouse’s Email Address:	
Spouse’s Telephone #:	

Please fax (314-792-7548) or scan/email the completed form to the Office of Human Resources at Benefits@archstl.org. For questions, please contact the Archdiocese of St. Louis Office of Human Resources at 314.792.7546 or Benefits@archstl.org.

Appendix O



ARCHDIOCESE OF ST. LOUIS

Employee Receiving A Benefits Premium Advance

As a result of your non-payment of your benefits premium, we will be advancing you a sum of \$ _____ to cover that expense.

You agree to the following payroll deductions. The amount you owe is \$ _____. In order to minimize the impact upon you, we will permit you to pay back the amount in ___ installments. This converts to \$ _____ each pay period and will start with your next check. We request that you sign this Promissory Note so that the amount can be repaid. Should you leave before repayment is complete, the balance will be deducted from your final check.

Employer Signature: _____

Date: _____

Employee Signature: _____

Printed Name: _____

Telephone Number: _____

Email Address: _____

Please give this signed form to your benefits or payroll administrator.

Appendix P

SPOUSAL SURCHARGE FREQUENTLY ASKED QUESTIONS

Spousal Surcharge Definition

1. What is a spousal surcharge?

A spousal surcharge is an extra charge that an Archdiocesan employee pays for electing to insure a spouse who has subsidized health insurance coverage available to them through his/her own employer.

The spousal surcharge is an added charge of \$125 per month to the usual employee contribution for health insurance.

2. If you already have your spousal surcharge fee or exemption in place prior to July 1, 2019, will I need to do anything?

First please review your spouse's employment status and eligibility for coverage at this time. You do not need to make a change unless you have an exemption status change.

- If your appropriate spousal surcharge fee or exemption is not changing, no action is required of you.
- If you need to make a spousal surcharge change, you need to go online to Employee Self-Service at <http://archstl.org/openenrollment> to change your spousal surcharge to the appropriate fee or exemption.

3. When is the spousal surcharge applicable?

The spousal surcharge is applicable when your employed spouse is eligible for subsidized health insurance coverage (meaning their employer contributes to the cost of the coverage) through his/her employer and he/she is covered as a participant of the Archdiocesan health insurance plan. During each year's benefit Open Enrollment between May 1 and May 15th, the employee seeking a spousal surcharge exemption will need to go online to Employee Self Service to select or change an exemption.

4. What are the exemptions to the spousal surcharge?

In general, the spousal surcharge fee would not be added if the Spousal Surcharge Exemption was submitted on time and the enrolled spouse is one of the following:

- My spouse is not employed.
- My spouse is self-employed, without employer-subsidized health insurance coverage, and is not eligible for employer-subsidized health insurance.
- My spouse is employed with an Archdiocese of St. Louis parish, agency, or school.
- My spouse is employed and is not eligible for his/her employer's health insurance coverage.
- My spouse is employed and my spouse's employer does not offer health insurance coverage.
- My spouse is employed and is not eligible for his/her employer's health insurance coverage.
- My spouse is employed and is eligible for his/her health insurance coverage but the full premium cost is paid by the employee. There is NO employer contribution toward the cost of the health insurance.

5. What happens if I enroll my spouse in the Archdiocesan plan even though my spouse is eligible or covered through his/her employer?

The \$125 monthly spousal surcharge is added to your health insurance cost.

Why a Spousal Surcharge?

6. Why did the Archdiocese of St. Louis implement a spousal surcharge policy?

The spousal surcharge encourages those who have medical coverage available through their employer to take advantage of that coverage. The Archdiocese Employee Benefit Plan is self-insured and helps pay the cost of each member's healthcare coverage and actual claims. If the employee's spouse moves to his/her employer's plan and uses that benefit instead, it saves the Archdiocese the cost of the claims and will help keep our medical plans more affordable. The Archdiocese establishes its premiums on the basis of the cost of the actual claims which ultimately makes the plan more affordable to the employee.

Appendix Q

SPOUSAL SURCHARGE FREQUENTLY ASKED QUESTIONS

Effective Dates of the Spousal Surcharge

7. When is the Archdiocese of St. Louis Open Enrollment?

May 1st – May 15th. If you elect to cover your spouse, you will need to review your spouse's surcharge eligibility every Open Enrollment period (May 1st – May 15th). If applicable to make a spousal surcharge fee or exemption change, you will need to go online to Employee Self Service to make a change. Throughout the year, if your spouse experiences a qualified event change in insurance eligibility at his/her employment, you will be able to change your exemption status. Changes during the annual Open Enrollment are effective July 1.

8. When does the spousal surcharge go into effect as a new hire?

If you are a new hire, not exempt from the surcharge, and you and your spouse enroll in the Archdiocese Health Insurance plan, the effective date of the surcharge would be the same as the effective date of your health insurance coverage.

For your payroll deduction, the rule for the spousal surcharge would be the same as the rule for the employee contribution to the health insurance premium:

- If the effective date of your health insurance enrollment is prior to the 16th of any given month, you owe the full health premium and spousal surcharge for that month.
- If the effective date of your health insurance enrollment is on or after the 16th of any given month, you do not owe any health insurance premium or spousal surcharge for that month.
- There is no prorating of the health insurance premium or the surcharge.
- The Archdiocese will not be retroactively reimbursing anyone for surcharge amounts already paid.

9. When is the spousal surcharge effective for a health insurance qualifying event?

If you have a qualifying event for your Archdiocesan health insurance coverage, the effective date of the employee spousal surcharge would be the date of the qualifying event. A few of the more common qualified events include: marriage, divorce, birth of a baby, change in status such as part-time to full-time, etc. (For example, marriage is a qualifying event where the effective date of the surcharge is the date of the marriage.) The surcharge payroll deduction rules listed above in question #8 would apply.

Spousal Surcharge Exemption Online Action

10. Who must go online to Employee Self Service to complete the Spousal Surcharge Exemption?

- If your appropriate spousal surcharge fee or exemption is not changing, no action is required of you.
- If you need to make a spousal surcharge change, you need to go online to Employee Self-Service at <http://archstl.org/openrollment> to change your spousal surcharge to the appropriate fee or exemption.

11. When is the online Spousal Surcharge Exemption action due if I need to make a fee or exemption change?

May 15, 2019.



Appendix Q (continued)

SPOUSAL SURCHARGE FREQUENTLY ASKED QUESTIONS

12. What do I need to do to get ready for this change?

You should start by obtaining information about your spouse's employer group medical plan. Determine when their employer's annual enrollment period occurs. Read the Employee Spousal Surcharge Exemption information to determine if you are exempt from the surcharge.

- If your appropriate spousal surcharge fee or exemption is not changing, no action is required of you.
- If you need to make a spousal surcharge change, you need to go online to Employee Self-Service at <http://archstl.org/openenrollment> to change your spousal surcharge to the appropriate fee or exemption.

13. How do I submit the Spousal Surcharge Exemption?

You can access the Employee Self Service at <http://archstl.org/openenrollment>. Click on the Employee Self Service button to proceed.

If you do not have internet or online access, an exemption form can be mailed to you by contacting the Office of Human Resources at 314.792.7546. Once you print the form and complete the requested fields, your signed form can be submitted by mail or fax to:

Archdiocese of St. Louis
Office of Human Resources
20 Archbishop May Drive
St. Louis, MO 63119
Fax: 314.792.7548 or
Email: benefits@archstl.org

14. If I am canceling my spouse's coverage on the Archdiocese health insurance plan during Open Enrollment, do I need to do anything in regards to canceling the Spousal Surcharge?

If you are removing your spouse from your health insurance plan effective 7/1/2019, you would continue through the online Open Enrollment screens and click on "decline coverage" in the spousal surcharge screen.

15. What happens if I fail to go online and elect the Spousal Surcharge Exemption?

Your payroll deduction automatically includes the \$125 monthly spousal surcharge for your spouse's Archdiocesan health care plan coverage. Additionally, in the event employees who do not complete the Employee Self Service Spousal Surcharge election accurately, may be subject to their coverage under the plan being terminated or they may be subject to other disciplinary actions up to and including termination.

- If your appropriate spousal surcharge fee or exemption is not changing, no action is required of you.
- If you need to make a spousal surcharge change, you need to go online to Employee Self-Service at <http://archstl.org/openenrollment> to change your spousal surcharge to the appropriate fee or exemption.

Cost of the Spousal Surcharge

16. Is the \$125 employee payroll deduction pre-tax or after-tax?

The surcharge would be deducted on a pre-tax basis unless you have elected an after-tax election for your health insurance premium. If you have a pre-tax election for your health insurance contribution, you will have a pre-tax spousal surcharge. If you have an after-tax election for your health insurance contribution, you will have an after-tax spousal surcharge.

17. Excluding the \$125 monthly spousal surcharge, what is the monthly cost of health insurance for a full-time employee?

Please see page 15 for more detailed premium information.

Appendix Q (continued)

SPOUSAL SURCHARGE FREQUENTLY ASKED QUESTIONS

18. What if I submit documentation later in the plan year that shows my spouse was exempt?

The Archdiocese will not be retroactively reimbursing for surcharge amounts already paid. You will be exempt from the surcharge after receipt of the Employee Health Insurance Form marking the spousal surcharge exemption and according to the payroll deduction rules outlined in question #8 of this document.

Spouse's Employment Status and Employer's Medical Coverage

19. My spouse is currently between jobs. Can I enroll my spouse while they are job searching?

Yes, you can enroll your spouse in the Archdiocesan health plan without a spousal surcharge while he/she is unemployed. However, if at any time your spouse becomes eligible for coverage through a new employer, you must notify the Office of Human Resources at 314.792.7546 or via an email to benefits@archstl.org within 31 days of their eligibility on their new employer's plan.

20. What happens if my spouse finds a new job and I forget to notify the Office of Human Resources and he/she remains enrolled in the Archdiocese Plan with the spousal surcharge exemption?

In addition to the points in question #15, you owe your employer the cost of the spousal surcharge for however many months your spouse was enrolled while he/she was eligible for insurance through his/her own employer. It is the responsibility of each parish/school/agency to resolve issues such as these.

21. What if my spouse is going to school and is eligible for a student health plan from the school?

The spousal surcharge only applies to spouses who are actively employed and eligible for group medical coverage through their employer. If your spouse is eligible for coverage as a student, they would be eligible for the Archdiocesan health care plan and you are eligible for an exemption. If you previously elected an exemption, no action is required of you. If your spouse's student status has changed and now you want to apply for an exemption or need to pay the fee, please go online to Employee Self Service.



22. What if my spouse and I are both Archdiocesan employees?

If you are married to a benefit eligible Archdiocesan employee, you are eligible for an exemption. If you previously elected an exemption, no action is required of you. If your spouse's employment status has changed and now you want to apply for an exemption, please go online to Employee Self Service.

23. What if my spouse works for a non-Archdiocesan private Catholic employer or I work for a non-Archdiocesan private Catholic employer and my spouse works for the Archdiocese of St. Louis?

In either employee situation if your spouse is eligible or covered for employer subsidized health insurance and your private Catholic employer participates in our Archdiocese of St. Louis UnitedHealthcare health insurance plan, you are exempt from the monthly spousal surcharge. If you previously elected an exemption, no action is required of you. If your spouse's status has changed and now you want to apply for an exemption, please go online to Employee Self Service.

Appendix Q (continued)

SPOUSAL SURCHARGE FREQUENTLY ASKED QUESTIONS

24. What if my spouse has to pay 100% of his insurance where he/she works?

You are eligible for an exemption. If you previously elected an exemption, no action is required of you. If your spouse's status has changed and now you want to apply for an exemption, please go online to Employee Self Service. You will only have to pay the \$125 monthly spousal surcharge if your spouse has access to employer-subsidized coverage, where the employer is paying part or all of the insurance plan costs.

To find out if your spouse's employer is paying part of the plan cost, your spouse should ask his or her HR/benefits representative.

25. Is my spouse required to enroll other family members into his/her employer sponsored group medical coverage?

No. Dependent children up to the age of 26 years old are still eligible to enroll in the Archdiocesan health insurance plan without the additional surcharge.

26. Whose health insurance plan will cover my children, the Archdiocesan plan or my spouse's employer's plan?

If your spouse's employer provides coverage for children and your children meet the eligibility requirements for both plans, you and your spouse will need to decide as to which plan(s) to enroll in. We recommend comparing the key features of both plans, to help with your decision.

27. My spouse's employer holds open enrollment at a different time of the year. What should we do?

The Archdiocese of St. Louis Open Enrollment may be a qualifying life event for your spouse to enroll in his/her employer's health insurance plan. Your spouse should ask his/her employer's HR/Benefits representative if he/she can enroll due to the Archdiocesan Open Enrollment or due to this significant cost change, effective July 1, 2019. You may contact the Archdiocese Office of Human Resources by calling 314.792.7546 or emailing benefits@archstl.org for additional information and assistance.

28. What happens if my working spouse's group medical coverage is terminated because he/she loses their job? Does my spouse have to elect and exhaust COBRA/Continuation of Coverage before being eligible for enrollment in the Archdiocesan health plan?

A spouse is not required to elect COBRA/Continuation of Coverage. If a spouse loses other coverage due to losing his/her job, that qualifies as a "life event", and the spouse can be enrolled in the Archdiocesan plan. To enroll and be exempt from the surcharge the employee must complete the Employee Health Insurance Enrollment/Change Form and within the health insurance form mark the Spousal Surcharge Exemption and submit it to his/her employer benefits administrator within 31 days of the spouse losing coverage.

29. Does my spouse's Medicare coverage have any bearing on the Spousal Surcharge?

No, Medicare eligibility or coverage is neither a reason for a spousal surcharge exemption nor a cause for the surcharge fee. Medicare has no bearing on the Spousal Surcharge Policy.

30. If I am in the Archdiocesan Early Retiree Plan or the Continuation of Coverage Plan, am I subject to the Spousal Surcharge?

You are exempt from the spousal surcharge since you pay the full premium.

Questions?

Contact the benefits administrator at your parish/school/agency or the Archdiocese Office of Human Resources:

Email: benefits@archstl.org

Phone: 314.792.7546

You can access more information on the Spousal Surcharge on the Archdiocese website at <http://archstl.org/spousalsurcharge>.

Appendix Q (continued)

ARCHDIOCESE OF ST. LOUIS

FLEXIBLE SPENDING ACCOUNTS



A Flexible Spending Account (FSA) allows you to save 25%-28% on qualified medical, dental, vision, and dependent care expenses on a pre-tax basis. This untaxed money is used to reimburse you for expenses that you would normally pay with after tax income.

PLAN YEAR:

- July 1, 2019 through June 30, 2020

ELIGIBLE PARTICIPANTS:

- Parish/School/Agency employees who work 1,000 or more hours per year.
- Teachers with a half time contract or more.

ELIGIBLE EXPENSES:

- Eligible Health Care Expenses not covered by a group health insurance plan.
- Dependent Care Expenses so you and your spouse can work.

COST:

- There is no cost to you!

ENROLLMENT PROCEDURES:

- Complete your online Employee Self Service benefits enrollment between May 1 – May 15th, 2019.

- **Health Care Account:** \$2,700 maximum per plan year

You have until September 15, 2020 to incur Health Care claims for the 7/1/19 to 06/30/2020 plan year. All Health Care claims have to be submitted to TRISTAR by December 15, 2020. Plan carefully as any unused Health Care contributions at the end of the plan year are forfeited.

- **Dependent Care Account:** \$5,000 maximum per calendar year
 - If Married filing jointly, Head of Household, or Single\$2,500 maximum per calendar year
 - If Married filing separately

You have until June 30, 2020 to incur Dependent Care claims for the 7/1/19 to 06/30/2020 plan year. All Dependent Care claims have to be submitted to TRISTAR by September 30, 2020. Plan carefully as any unused Dependent Care contributions at the end of the plan year are forfeited.

REIMBURSEMENT PROCEDURES:

- Complete a FSA Reimbursement Claim Form or
- Submit a claim on TRISTAR's website, www.myrsc.com
- Contact TRISTAR for your Username and Password

INFORMATION & INQUIRIES:

- Contact Office of Human Resources at 314-792-7546 or benefits@archstl.org for Employee Self-Service online enrollment questions.
- Contact TRISTAR Benefit Administrators at 800-456-4584 Option 4 with any benefit or claim questions.



Appendix R

PLEASE COMPLETE THIS FORM ONLY IF YOU ELECT TO PARTICIPATE IN THE MEDICAL OR DEPENDENT REIMBURSEMENT PLANS OR INSURANCE PREMIUM PAYMENT WAIVER.

Archdiocese of St Louis Employee Flexible Benefits Plan Election Form



Please check one of the following:

- Open Enrollment for New Fiscal Plan Year
- New Employee
- Change of Contribution/Payroll Deduction

Event/Reason for Change: _____

Date of first paycheck affected: _____

(Indicate New Annual Election and per Paycheck Contribution Amount in Section 2)

Shaded Area Completed by Employer
Parish/Agency Employer Number: _____
Effective Date: _____

1. Employee Information	Last Name Initial First Name Middle Year Month Day Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
	Home Mailing Address Social Security Number
	City State Zip Marital Status Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Date Employed / /
	Parish/Agency Employer Name Home Telephone No. ()
2. Medical Reimbursement Plan	MEDICAL REIMBURSEMENT ACCOUNT PLAN (Do <u>not</u> include employee health insurance premium contributions) <u>Maximum</u> Allowable Account amount is: \$2,700 per Plan Year Payroll Deduction Amount <input type="text"/> \$ ÷ <input type="text"/> = <input type="text"/> \$ Total Annual Before-Tax Dollars Contribution Number of Payroll Periods Remaining in Fiscal Plan Year Contributions per Paycheck
	DEPENDENT CARE REIMBURSEMENT ACCOUNT PLAN <u>Maximum</u> Allowable Account amount if Single, Head Of Household Or Married, Filing Joint Return: \$5,000 per Plan Year <u>Maximum</u> Allowable Account amount if Married, Filing Separate Return: \$2,500 per Plan Year Payroll Deduction Amount: <input type="text"/> \$ ÷ <input type="text"/> = <input type="text"/> \$ Total Annual Before-Tax Dollars Contribution Number of Payroll Periods Remaining in Fiscal Plan Year Contribution per Paycheck
3. Designate Your Beneficiary	I hereby make the following beneficiary designation. In the event of my death, checks payable out of my flexible benefits spending account should be made payable to the undersigned. Beneficiary _____ Relationship _____ <input type="checkbox"/>
4. Read and Sign	My signature on this form certifies that I have received and read the printed material explaining my employer's flexible benefits program. I understand that by signing and submitting this form I am making a binding decision which cannot be changed or revoked during the plan year unless there is a change in my family status (e.g., marriage, divorce, birth, or adoption of a child, or termination of spouse's employment). I understand that all unused amounts at the end of the plan year will be forfeited to the employer. I understand that any amounts designated for dependent care reimbursement cannot be used to claim a dependent care income tax credit. I understand any medical reimbursements I receive may not be included as a deduction on my income tax return. I am only requesting reimbursement of any medical or dependent care expenses to the extent they will not be paid or reimbursed under any other plan. I authorize my employer to reduce my pay by the amount I have indicated above. Employee Signature _____ Date _____

Appendix S



**ARCHDIOCESE OF ST. LOUIS FLEXIBLE SPENDING ACCOUNT
REIMBURSEMENT HEALTH CARE CLAIM FORM**

1. Employee Information: Complete all sections.				
Employer Information	Parish/Agency Employer Name			
Employee Information	Employee's Last Name	First Name	Initial	Employees Social Security No.
	Home Address			
<input type="checkbox"/> Check box if new address.	City	State	Zip	Daytime Phone Number

2. Health Care: An itemized statement is required including date of service, type of service, and total charge. Certain procedures and prescription medication is not reimbursable under the Archdiocese of St. Louis Health Reimbursement plan.						
ALL PRESCRIPTION DRUG CLAIMS MUST INCLUDE DOCUMENTATION FROM THE PHARMACY THAT CLEARLY IDENTIFIES THE NAME OF THE MEDICATION IN ORDER TO RECEIVE REIMBURSEMENT FROM THE ARCHDIOCESE OF ST. LOUIS HEALTH REIMBURSEMENT PLAN.						
Please check one of the following boxes:						
<input type="checkbox"/>	Charges attached are partially covered benefits under my health and/or dental insurance coverage. Enclosed is an Explanation of Benefits from my insurance. An Explanation of Benefits is required even if charges are applied to your deductible or out-of-pocket liability.					
<input type="checkbox"/>	Charges are not a covered benefit by any insurance plan for which the patient is enrolled.					
<input type="checkbox"/>	Charges attached are for reimbursement of my office visit or prescription drug co-pay due at the time of service. My insurance company does not provide an Explanation of Benefits for these services. Enclosed is an itemized receipt provided by the provider of service.					
Date (s) Incurred	Name of Person Receiving Care	Description of Expense	Provider Name (i.e., clinic, doctor, hospital)	Total Expense	Amt. Paid by Insurance	Amount Remaining
TOTAL AMOUNT OF MEDICAL EXPENSE				\$	\$	\$

3. Employee Certification: Employee signature required.	
I certify that the above information is correct. I understand any medical reimbursements I receive may not be included on my income tax return. I certify that I am requesting reimbursement of medical care expenses, which will not be paid or reimbursed under any other plan. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and as outlined on the reverse side of this form. I certify that none of the medical reimbursements are for items (including contraceptives, sterilization and abortion) contrary to the Doctrine of the Catholic Church.	
Employee's Signature: _____	Date Mo. / Day / Year

Please mail or fax the completed claim form and appropriate statements to:
TRISTAR Benefit Administrators
 P.O. Box 65887, West Des Moines, IA 50265-0887
 Fax (515) 224-7367 or (515) 453-2354
 Email: flex@tristargroup.net

Shaded area completed by TRISTAR Benefit Administrators

Reference Number: _____	Date: _____
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GUIDELINES FOR ELIGIBLE REIMBURSEMENTS

PLEASE MAKE A COPY OF ALL ENCLOSURES FOR YOUR PERSONAL REFERENCE/INCOME TAX RECORDS.

If you have not submitted the medical and/or dental expense to your insurance plan(s), please do so prior to submission on this Flexible Spending Account Reimbursement form.

If you apply for reimbursement of expense that IRS later determines to be ineligible, those reimbursements may be taxed as ordinary income and certain penalties may apply, according to the Internal Revenue Code. Similar treatment will be applied to overpayment of reimbursed expenses or reimbursement for expenses that have already been reimbursed from some other source.

In general, Section 125 of the Internal Revenue Code governs the tax status of Flexible (or Cafeteria) Benefit Plans, of which Employee Reimbursement Accounts are a part. Eligibility for pre-tax reimbursement is covered specifically in Code Sections 105 and 106 (Accident/Health Plans) and Section 129 (Dependent Care).

MEDICAL REIMBURSEMENT

Generally, any expense that is allowed under IRS Code § 213 is eligible except as shown in the Summary Plan Document. Please refer to your Flexible Benefit Plan SPD for details.

Allowable Claims: Below are some of the more common types of claims that are allowable for reimbursement

- Acupuncture.
- Ambulance.
- Chiropractic related services.
- Deductible, coinsurance, and co-payments.
- Dental fees - exams, fillings, x-rays, dentures, orthodontic fees, etc. For orthodontic services, payment can only be considered for services actually performed during the plan year, including the initial placement fee, and monthly adjustment fees, and not the total orthodontia fee
- Hearing aids and batteries.
- Learning disability - Tutoring by licensed school or therapist as recommended by a physician.
- Laser surgery for vision improvement.
- Massage therapy
- Medical fees such as x-ray and laboratory services.
- Physical Therapy or Occupational Therapy by a licensed therapist.
- Physician fees.
- Psychotherapy and psychoanalysis provided the expenses are for medical care.
- Special schools to relieve a handicapped condition.
- Vaccinations and immunizations.
- Transportation expenses, if the expenses are primarily for and essential to medical care.
- Vision care - Eye Exams, Eyeglasses, Contact lenses, and contact lens solution.
- Weight loss programs and/or drugs prescribed to induce weight loss, provided the program is prescribed by a doctor to treat an existing disease (e.g. obesity, heart disease, or diabetes), and is not simply to improve general health

Ineligible Claims: Below are some of the types of claims that are not allowable for reimbursement either by the IRS or the Archdiocese of St. Louis:

- Over-the-counter drugs. Over-the-counter (OTC) medicines and drugs still must meet the definition of "medical care" in IRC section 213(d)(1) which defines "medical care" to include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure of function of the body. For example, antacids, allergy medicine, pain relievers, cold medicine without a physician's prescription would be considered expenditures for "medical care." As of 1/1/2011, under the new healthcare reform legislation, OTC drugs, medicines and healthcare items will be eligible for reimbursement only if the request is accompanied by a doctor's prescription.
- Abortion related services, including Mifeprex or other abortion pills
- Any item that does not constitute "medical care" as defined under Code § 213.
- Any item that is not reimbursable under Code § 213 due to the rules in Prop. Treas. Reg. § 1.125-2, Q-7(b)(4) or other applicable regulations.
- Automobile insurance premiums.
- Bottled water.
- Contraceptives, including, but not limited to oral contraceptives, contraceptive devices (i.e. diaphragms, IUD's, condoms), contraceptive injectionables (e.g. Depo-Provera), or contraceptive implants (i.e. Norplant).
- Cosmetic surgery or other similar procedures, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease. "Cosmetic surgery" means any procedure or drug which is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease.
- Cosmetics, toiletries, toothpaste, etc.
- Costs for sending a problem child to a special school for benefits the child may receive from the course of study and disciplinary methods.
- Custodial care.
- Diaper service or diapers.
- Dietary supplements (e.g. vitamins) that are merely beneficial to the general health of the employee or the employee's spouse or dependents are not eligible for reimbursement.
- Foods associated with a weight loss program.
- Funeral and burial expenses.
- Health club dues or fitness programs.
- Health insurance premiums.
- Home or automobile improvements.
- Household and domestic help (even though recommended by a qualified physician due to an employee or dependent's inability to perform physical housework).
- In vitro fertilization, gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, or other artificial fertilization procedures.
- Long-term care services.
- Marijuana and other controlled substances that are in violation of federal laws, even if prescribed by a physician.
- Massage therapy.
- Maternity clothes.
- Methotrexate, (Brand name: Trexall, Folex, Rheumatrix, and Amethopterin) and Misoprostol (Brand name Cytotec).
- Salary expense of a nurse to care for a healthy newborn at home.
- Social activities, such as dance lessons, even if recommended by a qualified physician for general health improvement.
- Sterilization, tubal ligation, or vasectomy.
- Uniforms or special clothing

Appendix T (continued)



ARCHDIOCESE OF ST. LOUIS FLEXIBLE BENEFIT REIMBURSEMENT DEPENDENT CARE CLAIM FORM

PLEASE READ THE GUIDELINES FOR ELIGIBLE REIMBURSEMENTS ON THE REVERSE SIDE

1. Employee Information: Complete all sections.				
Employer Information	Parish/Agency Employer Name			
Employee Information	Employee's Last Name	First Name	Initial	Employees Social Security No. / /
	Home Address			
Check box if new address. <input type="checkbox"/>	City	State	Zip	Daytime Phone Number

2. Dependent Care: A receipt is required from your daycare provider that includes dates of care and total charge. If you do not have a receipt, the daycare provider must sign verification section.					
Dependent Receiving Care Name	Relationship	Age	Date(s) of Care	Daycare Provider (Name and Soc. Sec. No./Federal Tax ID)	Amount
DAYCARE PROVIDER VERIFICATION: I certify that the expenses shown are valid.					
_____		_____		_____	
Daycare Provider Signature		Social Security Number / Federal Tax ID		Date	

3. Employee Certification: Employee signature required.	
<p>I certify that the above information is correct. I understand that any amounts submitted for dependent care and for which I receive reimbursement cannot also be claimed under the dependent care income tax credit. I understand any medical reimbursements I receive may not be included on my income tax return. I certify that I am requesting reimbursement of medical and/or dependent care expenses, which will not be paid or reimbursed under any other plan. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and as outlined on the reverse side of this form.</p>	
Employee's Signature: _____	Date: _____

Please send the completed claim form and appropriate statements to:
TRISTAR Benefit Administrators
 PO Box 65887
 West Des Moines, IA 50265
 Fax: 515-453-2354 or 515-224-7367
 Email: flex@tristargroup.net

Appendix U

GUIDELINES FOR ELIGIBLE REIMBURSEMENTS

If you apply for reimbursement of expense that IRS later determines to be ineligible, those reimbursements may be taxed as ordinary income and certain penalties may apply, according to the Internal Revenue Code. Similar treatment will be applied to overpayment of reimbursed expenses or reimbursement for expenses that have already been reimbursed from some other source.

In general, Section 125 of the Internal Revenue Code governs the tax status of Flexible (or Cafeteria) Benefit Plans, of which Employee Reimbursement Accounts are a part. Eligibility for pre-tax reimbursement is covered specifically in Code Sections 105 and 106 (Accident/health Plans) and Section 129 (Dependent Care).

DEPENDENT CARE REIMBURSEMENT

Expenses to provide care for your dependents may qualify for reimbursement. Eligible dependents include children under age 13, a disabled child, a disabled spouse, or a disabled parent.

To be eligible, you must be working while your dependents receive care, or if you are married, your spouse must be:

1. A wage earner,
2. A full-time student for at least 5 months during the year, or
3. A disabled and unable to provide for his or her own care.

Expenses eligible for reimbursement are those incurred to enable you to be gainfully employed, and include covered charges by:

1. Licensed nursery schools and licensed day care centers.
2. Individuals (other than your dependents) who provide care for your children in or outside your home or for your disabled spouse or dependent parent in your home.

IRS Regulations limit the amount of reimbursement expense for dependent care to the lower of the annual earned Income of you or your spouse. If your spouse is disabled or a full-time student, this limitation assumes that your spouse earns \$200 per month (1 dependent) or \$400 per month (two or more dependents).

An additional IRS Regulation limits the amount you can contribute to the dependent care account to \$5,000 for a single parent with children, \$5,000 for a married parent filing jointly, and \$2,500 for a married parent filing separately. This amount may change with IRS regulations.

Under IRS Regulations, qualified individuals can receive tax credit for dependent care costs. This credit is claimed on your personal tax return. You cannot claim the tax credit for any dependent care costs reimbursed from the Dependent Care Reimbursement Account. The maximum amount that can be used for the tax credit is reduced by any amount you use from the Dependent Care Reimbursement Account.

Appendix U (continued)

FLEXIBLE SAVINGS ACCOUNT
ADMINISTRATIVE SERVICES MANUAL

THE ARCHDIOCESE OF ST. LOUIS



TRISTAR BENEFITS ADMINISTRATORS

PO Box 65887
West Des Moines, IA 50265
800-456-4584

Appendix V

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Revised for 7/1/2016 Renewal

Appendix V (continued)

INTRODUCTION

TRISTAR Benefits Administrators is pleased to be your Flexible Benefits Plan Administrator. We are committed to provide your employees and your organization with quality, effective, and friendly administrative services.

This Administrative Services Manual has been prepared to assist you in managing your Flexible Spending Account program. We encourage you to use this manual as a reference tool.

It contains the basic instructions necessary to properly administer your program with a minimum amount of time and effort. While this manual contains general rules and procedures to follow, it is not a contract and should not be viewed as such. The benefits and extent of coverage provided are governed at all times by the terms of your plan document and insurance/reinsurance contracts. Always refer to your plan document for benefit amounts and plan provisions. Questions or problems regarding your Flexible Spending Account should be referred to:

1. You, as the Parish/Office/Agency bookkeeper/payroll administrator, for determining eligibility, plus initial enrollment and enrollment changes, or
2. TRISTAR Benefits Administrators for benefit/claim, billing, banking, reporting, etc., questions.

PARISH/OFFICE/AGENCY / AGENCY GROUP NUMBERS

Each Parish/Office/Agency will be assigned its own Group Number, which will be:

A03XXX (The last 3 numbers will be your 3-digit Parish number or an assigned number)

Please use this Group Number with all correspondence. The enrollment form has been designed so that you only need to specify your 3-digit Parish/Office/Agency to identify the Parish/Office/Agency where each employee is enrolled. If you do not know your group number, please call Anne Hager at the Office of Human Resources of the Archdiocese of St. Louis at 314-792-7544. She can provide you with the 3-digit group number.

Appendix V (continued)

Archdiocese of St. Louis

TRISTAR Benefit Administrators Service Team 800-456-4584

Employer Web Access: www.myrsc.com

Claim Analyst and Eligibility Processing

- Tania Gonzalez Extension: 2772
Tania.gonzalez@tristargroup.net

Administrative Invoicing

TBAeligibility@tristargroup.net

Account Management

- Lynette Buchwald, Account Manager Extension: 7324
Lynette.buchwald@tristargroup.net

Accounting and Claim Funding

- Annette Rivas 888-558-7478 x1048
annette.rivas@tristargroup.net

Flex Claims Submission:

Mail: PO Box 65887, West Des Moines, IA 50265

Fax: (515) 453-2354 or (515) 224-7367

Email: flex@tristargroup.net

Online: myRSC.com

Appendix V (continued)

MONTHLY ADMINISTRATION FEE BILLING PROCEDURES

Effective July 1, 2008, the Archdiocese of St. Louis became responsible for the cost of this plan for all member churches and schools. There is no monthly invoice mailed to each member organization. The monthly administrative fee invoice is paid by the Archdiocese of St. Louis.

Please see page 8 of this manual for instructions on submitting flexible benefits plan contributions that are withheld from each plan participant's pay. The employee contribution amounts, if changed from the prior month, must be submitted to TRISTAR Benefits Administrators BEFORE the change takes place by the payroll department of the church or school.

Appendix V (continued)

ENROLLMENT / ELIGIBILITY ADMINISTRATION

TRISTAR Benefit Administrator's Enrollment Department services include the maintenance of eligibility records. This department also provides customer service, including providing information for continuation of coverage. Provided below is a brief description of each of these services.

Employee Election Form Processing

All employees wishing to participate must enroll on-line via the Archdiocese of St. Louis Benefit Enrollment System or fully complete an Archdiocese of St. Louis Employee Flexible Benefits Plan Election form. The Parish/Office/Agency administrator should obtain the election forms, and then should forward them to TRISTAR Benefits Administrators in West Des Moines. Mail all completed forms to the address below:

**TRISTAR Benefits Administrators
Enrollment Department
PO Box 65887
West Des Moines IA 50265**

An *Employee Flexible Benefits Plan Election Form* must be fully completed for all new employees whether or not they wish to participate in the Flexible Benefits Plan.

There is an open enrollment period for each Plan Year (July 1 - June 30). **All employees wishing to participate must enroll online or complete a new election form each new plan year. The Archdiocese Human Resource Office will inform you of deadlines for the open enrollment period.**

Eligibility Processing

Your TRISTAR Benefits Administrators Enrollment Specialist is responsible for adding and terminating employees from the Flexible Spending Plan during the Plan Year upon receiving notification from you. The Enrollment Specialist will also change coverage options for enrolled employees which results from such events as the following:

1. Updating an employee's home address; and
2. Updating an employee's benefit plan election(s)

The **Enrollment Update Form**, (a copy of which is included in the back of this booklet), will assist you in reporting new employees, qualified employees changing their original contribution, and employees terminating from your plan. **PLEASE NOTE:** each new person must enroll online or complete an *Employee Flexible Savings Account Election Form*.

The middle section of the Enrollment Update Form is for you to list any qualified employees wishing to make a change to their original contribution amount or a change to the employee's address. Please refer to the Flexible Spending Account Plan Document for the IRS guidelines for changing a contribution. Please note: **an Employee Flexible Savings Account Election Form must be fully completed for those employees listed in this section of the Enrollment Update Form.** If your employee is a transfer from another Archdiocesan Parish/Office/Agency, it is necessary to confirm with the employee whether or not they participate in the

Appendix V (continued)

Flexible Spending Plan and what their payroll deduction is for the current Plan Year. See Transferring Employees section below.

The bottom section of the Enrollment Update Form should list those individuals terminating coverage. Please fill out all columns of this section. An updated election form is not needed.

Transferring Employees

If your new employee is transferring from a previous Archdiocese Parish/Office/Agency, please confirm with the employee whether or not they participate in the Flexible Spending Plan and what their payroll deduction is for the current Plan Year. Please note that:

1. The transferring employee's plan participation and annual election would remain unchanged;
2. Confirm the total amount of medical spending account and/or dependent care spending account contributions that the previous Parish/Office/Agency actually withheld from the employee's pay during the current Plan Year;
3. Upon the employee's transfer, the balance of the annual medical spending account and/or dependent care contribution elections not yet deducted from the employee's pay by the former Parish/Office/Agency would be withheld evenly over the remaining paydays in the Plan Year with the new Parish/Office/Agency; and
4. Do not have your transferring employee complete another election form.
5. Please notify the Archdiocese Office of Human Resources by email benefits@archstl.org or by fax at 314.792.7548.

Employee Terminations

An employee who terminates employment will also terminate participation in the FSA plan. **Please notify TRISTAR Benefits Administrators immediately.** Please send an email to Lynette.Buchwald@tristargroup.net or by faxing the form to 515-224-7367 Attention Shelley Boyle. The employee may file claims for eligible expenses incurred only up to their termination date.

Also, please notify the Archdiocese Office of Human Resources by email benefits@archstl.org or by fax at 314.792.7548.

Appendix V (continued)

CLAIM ADMINISTRATION

Contribution Processing

Contributions are the funds deducted from a participant's income and reimbursed to the participant following the submission of an eligible claim. Changes to the contribution amount for any individual should be reported on or before the date of the change. This assures accurate and timely adjustments are made to the participant's account prior to check issuance. The pledge amount is divided by the number of payroll periods to determine the contribution for a calendar year. These contributions are then applied to the participant's account on each of the payroll dates specified by the employer.

Claim Processing

Flexible spending account requests for reimbursement (i.e., claims) will be processed on a bi-weekly reimbursement processing. Expenses that qualify as an eligible benefit under a medical insurance plan must first be processed under such applicable insurance plan(s) prior to Flexible Spending Account consideration. The expense will not be considered a Flexible Spending Account claim until the participant has been mailed the final determination of the medical insurance benefits or has signed a claim form indicating the expense is not covered by any other plan.

Expenses that qualify for dependent care reimbursement must be verified by the day care provider or by a payment receipt.

Customer Service

TRISTAR Benefit Administrator's goal is to provide the level of service that our customers could label as "legendary service."

Telephone calls and letters are handled promptly and courteously. Reports are provided as outlined. Funds are accounted for accurately, and claims and inquiries are processed promptly. Guidance is offered, problems are anticipated, and solutions are provided.

Every employee or covered person is considered a valued customer who is entitled to prompt, personal, and courteous service. This is reflected in the professional manner each piece of correspondence, telephone call, and personal contact is handled.

We provide toll-free WATS line service and a designated client claim representative so all claim inquiries are answered by the same individual who processes your employees' claims. Our responsive online system and highly trained staff are ready to serve your employees with the person-to-person service they deserve.

ERISA And IRS Requirements

Church plans are exempt from ERISA, COBRA, and many other Federal regulations. However, most FSA rules apply to church plans.

PLAN CONTRIBUTION FUNDING

Each Parish/Office/Agency will submit to TRISTAR Benefits Administrators *each month* plan contributions withheld from employees' pay for deposit into a bank account for each Parish/Office/Agency. **Amounts withheld during a calendar month must be remitted to TRISTAR Benefits Administrators no later than the 5th working day of the following month.** (For example, employee contributions withheld during the month of July 2016 must be remitted to TRISTAR Benefits Administrators no later than 8/8/2016.)

Each Parish/Office/Agency will receive monthly reports (as listed and described on the next page).

Please note: It is possible for a Parish/Office/Agency to have a surplus or a deficit account balance as of any date, including as of the end of a Plan Year. This could occur when:

1. Year-to-date reimbursement payments exceed year-to-date employee contributions (deficit);
2. Year-to-date contributions exceed year-to-date reimbursement payments (surplus);
3. An employee terminates, and reimbursements made to that employee exceed that employee's contributions as of the termination date (deficit); and/or
4. Amounts are forfeited by employees per the "use it or lose it" rule because employee contributions exceed total reimbursements requested as of the end of the Plan Year (surplus).

Reimbursement requests for Dependent Care Expense Plan claims incurred during a Plan Year can be submitted up to 90 days after the end of the Plan Year (e.g., eligible expenses incurred during the 7/1/2019 to 6/30/2020 Plan Year, can be submitted to TRISTAR Benefits Administrators until 9/30/2017 for reimbursement). Reimbursement requests for Medical Care Expense Plan claims incurred during a Plan Year can be submitted up to 90 days after the end of the Plan Year and Grace Period (e.g., eligible expenses incurred during the 7/1/2019 to 6/30/2020 Plan Year, and 07/01/19 to 09/15/20 Grace Period can be submitted to TRISTAR Benefits Administrators until 12/15/20 for reimbursement). At that time, a final accounting of any surpluses or deficits for the prior Plan Year can be determined. Any net surplus belongs to the Archdiocese of St. Louis and net deficit must be funded by the Parish/Office/Agency.

Once all claims for a Plan Year have been processed, each Parish/Office/Agency can then determine if a deficit or surplus was incurred for that Plan Year. Determine any surplus or deficit as follows:

1. Determine all reimbursements made by TRISTAR Benefits Administrators per the final monthly reports provided only for the Plan Year that has ended (e.g., only consider reimbursements made for expenses incurred during that Plan Year), as reported on the final "Account Balance Report" for the Plan Year;
2. Subtract total Flexible Benefits Plan bank account deposits made to TRISTAR Benefits Administrators during the plan year (include only deposits made for pay dates during that 7/1 through 6/30 plan year); and
3. If total reimbursements made to employees are more than deposits you made to TRISTAR Benefits Administrators, submit an additional deposit to TRISTAR Benefits Administrators for the difference. Effective July 1, 2008, if deposits are more than reimbursements, this amount is retained by the Archdiocese of St. Louis and these funds to offset the administrative fees for this plan.

Appendix V (continued)

The bank account deposit options are:

1. Your Parish/Office/Agency initiating an ACH transfer of funds to TRISTAR Benefit Administrator's bank account; or
2. Issuing funds by check.

Either of the two methods is acceptable. The monthly Fund Account Statements will confirm bank account deposits processed by TRISTAR Benefits Administrators.

Appendix V (continued)

**ARCHDIOCESE OF ST. LOUIS FLEXIBLE SPENDING ACCOUNT
ENROLLMENT / UPDATE FORM**



Parish/Office/Agency Employer 3-Digit Parish/Office/Agency I.D. Number: _____ Month / Year: July 2019

NEW EMPLOYEES

Please list each new plan participant. An Enrollment Election Form must be attached for each new participant

Coverage Effective Date	First Flex Pay date	Last Name	First Name	MI	Social Security Number	Dept/ Loc*	Enrollment Enclosed (yes / no)

*For Archdiocese, Parish/Office/Agency internal use if desired. Otherwise not applicable.

CHANGE IN COVERAGE / ENROLLMENT INFORMATION

Please list each employee who is changing enrollment information (location change, marriage, new dependent, new name, new address, etc.) Please attach an Enrollment Election Form noting the changed information.

Date of Change	Last Name	First Name	MI	Social Security Number	Change Explanation	Enrollment Enclosed (yes / no)

TERMINATIONS

Please report terminations regularly to avoid payment of ineligible claims. TRISTAR Benefits Administrators allows up to three months credit for retroactive terminations.

Last Date of Employment (Coverage Termination Date)	Last Flex Pay date	Last Name	First Name	MI	Social Security Number

Submitted By: _____

Send Update Form and Enrollment Election Form to:

TRISTAR Benefits Administrators
PO Box 65887
West Des Moines, IA 50265
Fax: 515-224-7367 Attention: Shelley Boyle

Archdiocese of St. Louis Employee Flexible Spending Account Election Form



Please choose one of the following:

- Open Enrollment for New Fiscal Plan Year (July 1, 2016 through June 30, 2017)
- New Employee (Fiscal Plan Year July 1, 2016 through June 30, 2017)
- Decline Coverage
- Change of Contribution/Payroll Deduction

Event/Reason for Change: _____

Date of first paycheck affected: _____

(Indicate New Annual Election and per Paycheck Contribution Amount in Section 2)

Shaded Area Completed by Employer
Parish/Agency Employer Number: _____
Effective Date: _____

1. Employee Information	Last Name _____ First Name _____ Middle _____ Initial _____	Year _____ Month _____ Day _____ Date of Birth _____ / _____ / _____	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
	Home Mailing Address _____	Social Security Number _____ - _____ - _____	
	City _____ State _____ Zip _____	Marital Status Married <input type="checkbox"/> Unmarried <input type="checkbox"/>	Date Employed _____ / _____ / _____
	Parish/Agency Employer Name _____	Home Telephone No. (_____) _____ - _____	
2. Medical Reimbursement Plan	MEDICAL REIMBURSEMENT ACCOUNT PLAN (Do <u>not</u> include employee health insurance premium contributions)		
	<p><u>Maximum</u> Allowable Account amount is: \$2,700 per Plan Year</p> <p>Payroll Deduction Amount \$ _____ ÷ _____ = \$ _____</p> <p style="text-align: center;">Total Annual Before-Tax Dollars Contribution Number of Payroll Periods Remaining in Fiscal Plan Year Contribution per Paycheck</p>		
Dependent Care Reimbursement Plan	DEPENDENT CARE REIMBURSEMENT ACCOUNT PLAN		
	<p><u>Maximum</u> Allowable Account amount if Single, Head Of Household Or Married, Filing Joint Return: \$5,000 per Plan Year</p> <p><u>Maximum</u> Allowable Account amount if Married, Filing Separate Return: \$2,500 per Plan Year</p> <p>Payroll Deduction Amount: \$ _____ ÷ _____ = \$ _____</p> <p style="text-align: center;">Total Annual Before-Tax Dollars Contribution Number of Payroll Periods Remaining in Fiscal Plan Year Contribution per Paycheck</p>		
3. Designate Your Beneficiary	I hereby make the following beneficiary designation. In the event of my death, checks payable out of my flexible benefits spending account should be made payable to the undersigned.		
Beneficiary _____ Relationship _____			
4. Employee Health Insurance Premium Payment Plan Waiver	<p>Group sponsored insurance premiums may be funded with pre-tax dollars. Your health insurance contributions will be <u>automatically withheld</u> from your pay <u>before</u> taxes are applied (which creates tax savings) unless you choose to waive. If you choose to waive, your health insurance contributions will be withheld from your pay <u>after</u> taxes are applied (with no affect on payroll taxes).</p> <p>By not electing the waiver, you are authorizing your employer to reduce your salary <u>before taxes</u> by the employee contribution amount, as designated by your employer, to cover the premium for your employer sponsored health insurance plans in which you have elected to enroll.</p> <p><input type="checkbox"/> Waive, deduct my employee health insurance plan contributions <u>after applying taxes</u>, as designated by my employer, to cover the premium for employer sponsored health insurance plans in which I have elected to enroll.</p>		
5. Read and Sign	<p>My signature on this form certifies that I have received and read the printed material explaining my employer's flexible benefits program. I understand that by signing and submitting this form I am making a binding decision which cannot be changed or revoked during the plan year unless there is a change in my family status (e.g., marriage, divorce, birth, or adoption of a child, or termination of spouse's employment). I understand that all unused amounts at the end of the plan year will be forfeited to the employer. I understand that any amounts designated for dependent care reimbursement cannot be used to claim a dependent care income tax credit. I understand any medical reimbursements I receive may not be included as a deduction on my income tax return. I am only requesting reimbursement of any medical or dependent care expenses to the extent they will not be paid or reimbursed under any other plan. I authorize my employer to reduce my pay by the amount I have indicated above.</p> <p>Employee Signature _____ Date _____</p>		

Appendix V (continued)

ARCHDIOCESE OF ST. LOUIS

FLEXIBLE SAVINGS ACCOUNT / QUESTIONS AND ANSWERS



WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Savings Account is a benefit that allows you to have your insurance premiums deducted from your paycheck on a pre-tax basis, and also allows you to use pre-tax deductions from your paycheck to pay for certain kinds of medical care expenses and dependent care expenses. For the medical care expense and dependent care expenses, your employer deducts an amount you request from your paycheck and deposits it in an "account" for you. These deductions are not subject to federal income taxes, state income taxes, or FICA taxes because the deductions are withheld before taxes are figured. These deductions are then used to reimburse you for the medical care expenses and dependent care expenses on a "tax-free" basis.

Pre-Tax Premium Payment Plan

Employees pay a share of their health insurance coverage(s). Your employer offers you a way to fund your health premiums with pre-tax dollars. With the Pre-Tax Premium Payment Plan, your insurance payments are deducted from your paycheck before any taxes are figured. Your taxable income is reduced and your take-home pay is increased. To gain the tax advantage, you must enroll as a new employee, during the annual open enrollment period, or when there is a qualifying change in your family or employment status.

Medical Care Expense Plan

Money from your Medical Care Expense "account" can be used to reimburse covered expenses that are not paid by your medical and/or dental insurance. This may include co-pays, deductibles, and coinsurance that you must pay.

You may submit qualified expenses for yourself, your spouse or a dependent child for whom you file as a tax deduction on your federal tax return.

You can also use your Medical Care Expense "account" for most expenses that your health and/or dental insurance plan does not cover. This may include such things as dental expenses, certain prescription drug expenses, vision care expenses such as eye exams and eyeglasses, hearing care expenses such as hearing examinations and hearing aids, or the rental or purchase of medical equipment. Please see a list of eligible and ineligible medical expenses on pages six and seven of this Q & A.

The maximum Flexible Benefits Plan year contribution for Medical Care Expenses is \$2,700.

Appendix V (continued)

Dependent Care (Day Care) Expense Plan

Money from your Dependent Care Expense “account” can be used to reimburse you for any employment related dependent care expenses. The requirements for using the Dependent Care Expense Plan are outlined below. You can only be reimbursed up to the year-to-date total amount you have contributed into your dependent care account. Amounts you have filed that exceed your year-to-date contributions will be reimbursed to you once you have made additional contributions.

Eligible Dependents

Dependent care expenses are reimbursable for the following:

1. Children under the age of 13 who qualify as dependents on your federal income tax return, and/or
2. A disabled spouse or a disabled dependent age 13 or older that is physically or mentally incapable of self-care. The term “physically or mentally incapable of self-care” means an individual who cannot care for his or her hygienic or nutritional needs, who spends eight or more hours a day in your home, and for whom you pay more than one-half the cost of support.

Eligible Care

To be eligible, care must be employment related. The dependent care must be necessary to allow the adults in the household to work, or in some cases, attend school. Eligible expenses include direct supervision of the eligible dependent(s) and expenses for household services. Most kinds of direct supervision are covered, including:

1. Care provided in your home;
2. Care in a dependent care center. If the facility provides care for over six individuals, the center must comply with applicable local laws and regulations;
3. Care provided in another individual’s home. The individual giving care cannot be your spouse or your child (unless the child is age 19 or older). Also, under no circumstances can the individual be a tax dependent claimed by you; or
4. Dependent care provided in an educational institution. For children too young for kindergarten, nursery schools are assumed to be for dependent care. For school aged children, tuition expense is considered for educational purposes only and is **not** eligible as dependent care expense. If the tuition can be split between education portion and the before and after-school care portion, then the portion of expense for before and after-school care may be eligible for reimbursement.

Eligible Amount

If you are married, both you and your spouse must be working in order for dependent care expenses to be reimbursed. In addition, expenses do not qualify for reimbursement if they exceed your earned income or the earned income of your spouse whichever is the lower income. Earned income includes wages, salaries, tips, and other employee compensation, including net earnings from self-employment.

Appendix V (continued)

When using a Dependent Care Expense Plan, you cannot use the same expenses to calculate your Dependent Care credit on your federal income taxes. You may use the tax credit, or the Dependent Care Expense Plan, or in some instances a combination of both. If your gross family income exceeds \$39,000, you are most likely better served by using the flexible benefits account. You should consult a tax professional if you are unsure of what is best for your situation.

The maximum allowable amount that may be set aside in the Dependent Care Expense Account is:

1. If filing as Single, Head of Household - \$5,000 or less per calendar year if earnings are less.
2. If married and filing a joint Federal Income Tax return - \$5,000 or limited to earnings of the lesser income per calendar year.
3. If married and filing separate Federal Income Tax returns - \$2,500 maximum per person per calendar year.

CAN I VIEW MY ACCOUNT BALANCES ON LINE?

Yes. Please access your account information on-line at the following address:

www.myRSC.com

CAN CONTRIBUTIONS BE TRANSFERRED BETWEEN ACCOUNTS?

Contributions you make to your medical care expense account and to your dependent care account must remain in the designated accounts. You cannot use medical care expense account contributions to pay for your dependent care expenses or vice versa.

WHEN MUST EXPENSES BE INCURRED?

Eligible Medical Expenses must be incurred during the 14 1/2 month period that starts at the beginning of the Plan Year and ends on the 15th of the third month after the end of the Plan Year (e.g. your Plan Year is July 1 to June 30, claims must be incurred no later than September 15 of the following year. The period from July 1 to September 15 of the following year is called the "Grace Period").

Eligible Dependent Care expenses must be incurred during the Plan Year.

HOW ARE MY EXPENSES REIMBURSED?

After you have paid the medical or dependent care expense to the provider of the service, you submit evidence of the expense to the plan. Although in some instances you may pay your health care or dependent care provider in advance for their services, spending account dollars can only be reimbursed after the service has been provided. Expenses must be incurred during the Plan Year and Grace Period (July 1 through September 15 each year) for which you are requesting your reimbursement. You will have until December 15th of each plan year to submit any requests for reimbursement of expenses that were incurred during that Plan year and Grace Period. After that date, claims for expenses incurred in the previous year cannot be reimbursed. Any funds remaining from the previous year will be forfeited.

Appendix V (continued)

Listed below are the procedures to follow when filing a claim for reimbursement of medical care expenses or dependent care expenses:

1. Complete the Flexible Savings Account Reimbursement claim form. This form is available from your employer, from TRISTAR Benefit Administrators, or the benefits website at <http://www.archstl.org/hrbenefits>.
2. Submit documentation of the expense to the following address:

TRISTAR Benefit Administrators
P.O. Box 65887
West Des Moines, IA 50265
3. Expenses are reimbursed biweekly per the reimbursement calendar posted on the Archdiocese of St. Louis benefits website at <http://www.archstl.org/humanr>. You may elect to have reimbursements deposited directly in your bank account by completing an "Authorization Agreement – Automatic Deposits (ACH Credits)" form, that is also posted on the Archdiocese of St. Louis benefits website.

The following claim documentation is required:

Medical Care Expense Plan - Copies of the bills and/or paid receipts or copies of the Explanation of Benefits statement from your health insurance carrier. This includes your co-pay, deductible, and/or coinsurance payments. All prescription drug claims must include documentation from the pharmacy that clearly identifies the name of the medication in order to receive reimbursement from this plan.

Dependent Care Claim - A receipt that includes the name, address, and signature of the child care provider, as well as the provider's Social Security Number or Federal Tax ID number. The Flexible Savings Account Reimbursement form will serve as a valid receipt when it contains the preceding information.

CAN I CHANGE MY MIND ABOUT HOW MUCH MONEY I PUT INTO THE PLAN?

Generally, you cannot change your election to participate in the Plan or vary the salary reduction amounts you have selected during the Plan Year. However, the Internal Revenue Service (IRS) permits you to change the amount you put into the plan, if you have experienced one of the following events:

1. Marriage or divorce of the employee;
2. The death of the employee's spouse or dependent;
3. The birth or adoption of a child of the employee;
4. The termination of employment (or the commencement of employment) of the employee's spouse;
5. The switching from part-time to full-time employment status or from full-time to part-time status by the employee or the employee's spouse;
6. The taking of an unpaid leave of absence by the employee or the employee's spouse, or

Appendix V (continued)

returning from the leave; or

7. Significant change in the health coverage of the employee or spouse attributable to the spouse's employment. **Proof of change will be required.**

This is not an exhaustive list. Please refer to the Summary Plan Description, as found on the Archdiocese benefits website at www.archstl.org/hrbenefits, click on Archdiocesan Employees Benefits.

If a change in status occurs, you must inform Archdiocese of St. Louis and complete a new election form for pre-tax premiums and contributions within 30 days of the occurrence.

BECAUSE I WILL PAY LESS FICA TAXES, WHAT HAPPENS TO MY SOCIAL SECURITY BENEFITS WHEN I RETIRE?

You may receive a slightly lower monthly Social Security check if you participate in the Flexible Savings Account. The effect on Social Security benefits will vary based on the number of years that you participate, and how close you are to retirement. Please consult your financial advisor if you have any questions or concerns on how Social Security might be affected.

WHAT HAPPENS TO MY MONEY IN THE PLAN AT THE END OF THE YEAR?

There is a provision in the federal law that states you must use all of the money deposited in your medical care expense and dependent care expense account each year, or you will forfeit any money remaining at the end of the year. For eligible Medical Care expenses, you have 3 months after the end of the plan year and grace period to file claims incurred during the plan year and grace period. For eligible Dependent Care expenses, you have 3 months after the end of the plan year to file claims incurred during the plan year.

The possibility of forfeiture means you should carefully plan before you make your decision regarding the amount you want your employer to deduct from your paycheck. You should consider what kinds of predictable dependent care and health care expenses you expect to have during the year and then deposit the amount you expect to use.

WHAT HAPPENS IF I TAKE A LEAVE WITHOUT PAY?

You may continue participating in the plan if you continue to make contributions while you are on leave. You can also meet with your employer and make arrangements to pre-pay for the time period you plan to be away from work or make an agreement to make retrospective contributions upon your return to work.

WHAT HAPPENS IF MY EMPLOYMENT ENDS?

If you terminate, your salary reductions will terminate. You will not be able to receive reimbursements for Medical Care and/or Dependent Care expenses incurred after your date of termination. However, you may claim reimbursement for any Medical Care or Dependent Care expenses incurred during the period of coverage prior to termination, provided that you file a claim within 30 days following the close of the Plan Year in which the expense arose.

The same provisions apply if you are away from work for disability or on a leave of absence. During disability or leave of absence, deposits to the account(s) continue for as long as you receive

Appendix V (continued)

a regular paycheck. If you discontinue making deposits to your spending account, you are no longer considered a participant in the plan and are subject to all rules regarding claim filing as described in the preceding paragraph.

WHAT HAPPENS IF I TRANSFER TO A DIFFERENT ARCHDIOCESE EMPLOYER DURING THE PLAN YEAR?

Your plan participation and annual election would remain unchanged. Upon your transfer to another Archdiocese employer, the balance of the annual contribution election not yet deducted from your pay would be withheld evenly over the remaining paydays with your new employer. Verify that your new Archdiocese employer has a copy of the Flexible Savings Account Election Form that you completed with your previous Archdiocesan employer or a copy of your Open Enrollment Confirmation Statement. You may continue to request reimbursements from your medical and/or dependent care spending accounts throughout the Plan Year.

WHAT EXPENSES ARE ELIGIBLE FOR REIMBURSEMENT UNDER THE MEDICAL CARE EXPENSE PLAN?

Generally, any expense that is allowed under IRS Code § 213 is eligible except as shown on the following page. Please refer to your Flexible Savings Account Summary Plan Description for details.

1. Acupuncture.
2. Ambulance.
3. Chiropractic related services.
4. Deductible, coinsurance, and co-payments.
5. Dental fees - exams, fillings, x-rays, dentures, orthodontic fees, etc. For orthodontic services, payment can only be considered for services actually performed during the Plan Year, including the initial placement fee, and monthly adjustment fees, and not the total orthodontia fee
6. Hearing aids and batteries.
7. Learning disability - Tutoring by licensed school or therapist as recommended by a physician.
8. Laser surgery for vision improvement.
9. Massage Therapy
10. Medical fees such as x-ray and laboratory services.
11. Over-the-counter drugs. Over-the-counter (OTC) medicines and drugs still must meet the definition of “medical care” in IRC section 213(d)(1) which defines “medical care” to include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure of function of the body. For example, antacids, allergy medicine, pain relievers, cold medicine without a physician’s prescription would be considered expenditures for “medical care.” As of 1/1/2011, under the new healthcare reform legislation, OTC drugs, medicines and healthcare items will be eligible for reimbursement **only if the request is accompanied by a doctor’s prescription.**
12. Physical Therapy or Occupational Therapy by a licensed therapist.
13. Physician fees.
14. Psychotherapy and psychoanalysis provided the expenses are for medical care.
15. Special schools to relieve a handicapped condition.
16. Vaccinations and immunizations.
17. Transportation expenses, if the expenses are primarily for and essential to medical care.
18. Vision care - Eye Exams, Eyeglasses, Contact lenses, and contact lens solution.
19. Weight loss programs and/or drugs prescribed to induce weight loss, provided the program is

Appendix V (continued)

prescribed by a doctor to treat an existing disease (e.g. obesity, heart disease, or diabetes), and is not simply to improve general health.

20. Wheelchairs-includes rental or purchase.

Appendix V (continued)

**WHAT EXPENSES ARE *NOT* ELIGIBLE FOR REIMBURSEMENT UNDER THE
MEDICAL CARE EXPENSE PLAN?**

1. Abortion related services, including Mifeprex or other abortion pills
2. Any item that does not constitute “medical care” as defined under Code § 213.
3. Any item that is not reimbursable under Code § 213 due to the rules in Prop. Treas. Reg. § 1.125-2, Q-7(b)(4) or other applicable regulations.
4. Automobile insurance premiums.
5. Bottled water.
6. Contraceptives, including, but not limited to oral contraceptives, contraceptive devices (i.e. diaphragms, IUD’s), contraceptive injectionables (e.g. Depo-Provera), or contraceptive implants (i.e. Norplant).
7. Cosmetic surgery or other similar procedures, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease. "Cosmetic surgery" means any procedure or drug which is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease.
8. Cosmetics, toiletries, toothpaste, etc.
9. Costs for sending a problem child to a special school for benefits the child may receive from the course of study and disciplinary methods.
10. Custodial care.
11. Diaper service or diapers.
12. Dietary supplements (e.g. vitamins) that are merely beneficial to the general health of the employee or the employee’s spouse or dependents are not eligible for reimbursement.
13. Foods associated with a weight loss program.
14. Funeral and burial expenses.
15. Health club dues or fitness programs.
16. Health insurance premiums, Vision Plan premiums and Dental Plan premiums.
17. Home or automobile improvements.
18. Household and domestic help (even though recommended by a qualified physician due to an employee or dependent's inability to perform physical housework).
19. In vitro fertilization, gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, or other artificial fertilization procedures.
20. Long-term care services.
21. Marijuana and other controlled substances that are in violation of federal laws, even if prescribed by a physician.
22. As of 1/1/2011, under the new healthcare reform legislation, OTC drugs, medicines and healthcare items will be eligible for reimbursement only if the request is accompanied by a doctor’s prescription. This means that by federal law, items such as cough medicine, pain relievers, acid controllers, allergy medicines, eye care solutions, first aid products, diaper rash ointments, to name a few, will no longer be reimbursed unless there is a doctor’s prescription submitted along with the reimbursement claim form.
23. Social activities, such as dance lessons, even if recommended by a qualified physician for general health improvement.
24. Maternity clothes.
25. Salary expense of a nurse to care for a healthy newborn at home.
26. Sterilization, tubal ligation, or vasectomy.
27. Uniforms or special clothing.
28. Methotrexate, (Brand name: Trexall, Folex, Rheumatrix, and Amethopterin) and Misoprostol (Brand name Cytotec)

Appendix V (continued)

**.HOW DOES THE FLEXIBLE SAVINGS ACCOUNT AFFECT
YOUR TAKE-HOME PAY?**

See this financial example to see how a participant can
save money by using the Flexible Savings Account:

Without Flexible Savings Account		With Flexible Savings Account	
Monthly Taxable Salary	\$2,100	Monthly Salary	\$2,100
Income Tax (15%)	-315		
State Tax (6%)	-126	Bills Paid Before Taxes:	
Social Security (5.65%)	-119	Medical Expenses	-20
Take-Home Pay	<u>\$1,540</u>	Medical Expenses	-10
		Dependent Care Expenses	-20
		Medical Expenses	-200
Bills Paid After Taxes:		Monthly Taxable Salary	\$1,850
Medical Expenses	-20		
Dental Expenses	-10	Income Tax (15%)	-277
Vision Care Expenses	-20	State Tax (6%)	-111
Dependent Care Expenses	<u>-200</u>	Social Security (5.65%)	<u>-105</u>
Spendable Income	\$1,290	Spendable Income	\$1,357

This financial illustration shows the potential positive net increase in monthly spendable income of \$67 (annually \$804) for a person with the above income and tax scenario and with the stated medical reimbursement and/or dependent care reimbursement elections.

Your personal net savings are dependent upon your specific income and tax situation, and medical reimbursement and/or dependent care reimbursement elections.

Appendix V (continued)

WORKSHEET FOR ESTIMATING YOUR FLEXIBLE SAVINGS ACCOUNT EXPENSES

1. Estimate Your Personal Expenses that are <u>not</u> paid for by insurance		Monthly Expenses	Annual Expenses	
	Estimate Your Medical Care Expenses			
	Health Insurance Deductibles/Coinsurance	\$ _____	\$ _____	
	Dental Expenses (Braces, Exams, Dentures)	\$ _____	\$ _____	
	Vision Care (Exams, Contacts, Eye Glasses)	\$ _____	\$ _____	
	Medical Expenses Not Covered by your Insurance Plan	\$ _____	\$ _____	
	TOTAL #1	\$ _____	\$ _____	
	Estimate Your Dependent Care Expenses			
	If you are a single parent or if you and your spouse are employed, how much do you pay for childcare?	\$ _____	\$ _____	
	Do you have any dependents including parents for whom you provide dependent care? Yes _____ No _____			
If yes, how much do you pay for this care?	\$ _____	\$ _____		
TOTAL #2	\$ _____	\$ _____		
2. Total Your Personal Estimated Expenses		Monthly Before-Tax Dollars	Annual Before-Tax Dollars	
	Health Care Expenses Account			
	TOTAL #1	_____ x 12 =	_____	
	Dependent Care Expenses Account			
TOTAL #2	_____ x 12 =	_____		
TOTAL	_____ x 12 =	_____		
3. Calculate Your Per-Paycheck Deduction		Annual Before-Tax Dollars	# of Payroll PAY DATES per year (i.e., 12, 24, 26)	Per Paycheck Deduction
	Health Care Account*	_____ ÷ _____	=	_____
	Dependent Care Account**	_____ ÷ _____	=	_____
	TOTAL	_____ ÷ _____	=	_____

* Health Care Account may not exceed: \$2,700 per Plan Year.

**Dependent Care Account may not exceed: \$5,000 if Single, Head of Household, or Married filing jointly, or \$2,500 if Married filing separately per Plan Year.

Appendix V (continued)