ARCHDIOCESE OF LOUISVILLE
BENEFIT ENROLLMENT FORM - 2012 PLAN YEAR

PARISH, SCHOOL, AGENCY: _____ **Subgroup #:** _____

EMPLOYEE INFORMATION (please print clearly)

Name: _____ SSN: _____
Last First Middle

Home Phone: _____ Work Phone: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Sex: _____ Marital Status: _____

Original Hire Date: _____ Job Title: _____

Local Hire Date: _____

Hours Worked (per week): _____ Weeks Worked (per year): _____ Annual Salary: $ _____

BENEFITS PROVIDED BY THE ARCHDIOCESE OF LOUISVILLE

☐ TERM LIFE INSURANCE - for employees working 20+ hours per week

Beneficiary's Name: _____ Relationship: _____
Last First Middle

☐ LONG TERM DISABILITY COVERAGE - must work 30+ hours per week

BENEFITS PAID FROM EMPLOYEE BENEFIT DOLLARS, PRE-TAX INCOME OR BOTH

MEDICAL COVERAGE (Check one)

Coverage First		Humana 500	
☐ Individual	$418.46	☐ Individual	$460.62
☐ Employee +1	$836.92	☐ Employee +1	$921.20
☐ Family	$1,255.36	☐ Family	$1,381.80

☐ I do not elect medical coverage.

DENTAL COVERAGE (Check one)

Preventive Plus		Humana PPO		Traditional Preferred	
☐ EE	$13.04	☐ EE	$23.62	☐ EE	$31.66
☐ EE+SP	$28.44	☐ EE+SP	$41.74	☐ EE+SP	$62.88
☐ EE+CH	$31.90	☐ EE+CH	$46.32	☐ EE+CH	$64.12
☐ Family	$49.64	☐ Family	$79.36	☐ Family	$104.04

☐ I do not elect dental coverage.

FLEXIBLE SPENDING ACCOUNTS - Indicate amount to be contributed in whole dollars.
Any monies remaining in spending accounts at plan year end will be forfeited in accordance with IRS regulations.

☐ Health Care Account $_____ per month (minimum $50 per month; maximum $5,000 per year)

☐ Dependent Care Acct $_____ per month (minimum $50 per month; maximum - see plan booklet)

☐ I do not elect to participate in the Flexible Spending Accounts.

BENEFITS PAID FROM EMPLOYEE TAXABLE INCOME

☐ SHORT-TERM DISABILITY - for employees working 30+ hours per week (see plan booklet for rates)

☐ I do not elect Short-term Disability

CASH OPTION

☐ I elect to receive my monthly benefit dollars in cash as taxable income ($50/$100).*

I have received the 2012 Summary Plan Description and understand that I cannot change my benefit elections, except for specific reasons permitted by the IRS, until the next open enrollment.

EMPLOYEE SIGNATURE: _____ DATE: _____

BOOKKEEPER/ADMINISTRATOR: _____ DATE: _____

NOTE: Original For Parish Files; Pink To Employee; Yellow To Chancery.