## ARCHDIOCESE OF LOUISVILLE BENEFIT ENROLLMENT FORM - 2018 PLAN YEAR

PARISH, SCHOOL, DIVISION:			Div	Division #:		
EMPLOYEE INFORMATION (please print clearly	/)					
Name:	-		SSI	N:		
Last	First	Middl	le			
Cell Phone:	H/	ome Phone:				
Home Address:						
Street		City	State	e	Zip	
Date of Birth:	Email Addre	ess:				
Original Hire Date:	Job Title: _					
Local Hire Date:				atus:		
Hours Worked (per week):	Weeks Wor	ked (per year):	Annual Sa	ılary: \$		
Employees must work 30 or more hours per week to be eligible for benefits.						
BENEFITS PROVIDED BY THE ARCHDIOCESE OF LOUISVILLE						
□ TERM LIFE INSURANCE						
Beneficiary's Name:			Rela	ationship:		
Last	First	Middle		•		
LONG TERM DISABILITY COVERAGE	E					
BENEFITS PAID FROM EMPLOYEE PRE-TAX IN	ICOME					
MEDICAL COVERAGE (Check one)						
	Coverage I	<u>First</u>				
Individual \$565.66 If I have elected to cover my spore	Employee +1	\$1,131.64	Family	\$1,697.60		
If I have elected to cover my spouse under my medical coverage, I hereby advise that my spouse is not eligible for coverage under his/her employer. By signing this form below, I certify this information to be true and correct to the best of my knowledge						
and understand that any misstatement constitutes fraud.						
□ I do not elect medical coverage.						
DENTAL COVERAGE (Check one)						
Preve	entive Plus	<u>Humana P</u> □ EE		Traditional Preferred EE \$35.98		
	\$14.82 \$32.32	□ EE □ EE+SP	\$26.84 \$47.44	EE EE+SP	\$35.98 \$71.48	
□ EE+Child(ren		EE+Child(ren)	•	EE+Child(ren)	\$71.48 \$72.88	
□ Family	\$56.42	☐ Family	\$90.20	Family	\$118.24	
□ 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 \$75 per month; maximum \$2,600 per year)						
Dependent Care Acct \$ per month (minimum \$75 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 (see plan booklet for rates)						
☐ I do not elect Short-term Disability						
I have received the 2018 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.						