

Congregational Selection Form

This form is to be used by congregations and conference offices to enroll or waive participation in The Corinthian Plan.

1. Congregation or conference _____
2. Telephone number _____
3. Address _____
Street City State ZIP code
4. Conference _____
5. Contact person _____ 6. Birth date _____
7. Address (if different from the congregation) _____
Street City State ZIP code
8. Email _____
9. Requested effective date for all coverages _____

Minimum eligibility requirements for employees to participate

Congregations and conferences who employ the following staff are eligible to participate in the plan:

- Credentialed pastors who are working at least 20 hours per week
- Non-credentialed staff who are employed and paid for at least 30 hours per week

Participation options

10. Select one of the following two options.

- We have at least one eligible employee who will be enrolling in the health plan.** Each employee will complete and submit employee enrollment forms for the health plan (Congregational Employee Plan), life insurance, and long-term disability coverage. We understand that ...
- Employees who are waiving health coverage will complete the waiver section of the employee enrollment form, and will enroll in the life and long-term disability coverages, as well as the dental and/or vision coverage (if we have selected these benefits).
 - Our congregation will be billed an annual waiver fee for each full-time or part-time credentialed pastor who waives the health portion of the plan. For 2020, for each full-time pastor working 40 hours per week, the waiver fee is \$1,800 (and is prorated for each pastor working 20 to 39 hours per week).
 - We will be billed the annual access fee of \$10 for each active attendee.
- We believe all our eligible employees now receive their health coverage through one of the valid health plan waive options (see employee enrollment form).** Each employee will complete and submit an employee enrollment form waiving health coverage. Also, each employee will enroll in the life insurance and long-term disability coverages, as well as the dental and/or vision coverage (if we have selected these benefits). We understand that ...
- By choosing to participate, we are reserving our congregation's access to the health plan (Congregational Employee Plan) at a future date without underwriting if we have new employees who are eligible or if a validly waived employee loses eligibility for their current health coverage.
 - Our congregation will be billed an annual waiver fee for each full-time or part-time credentialed pastor who waives the health portion of the plan. For 2020, for each full-time pastor working 40 hours per week, the waiver fee is \$1,800 (and is prorated for each pastor working 20 to 39 hours per week).
 - For pastors paid for 19 hours or less per week, the minimum congregational waiver fee is \$276.
 - We will be billed the annual access fee of \$10 for each active attendee.

If you check this box, skip section entitled, "If you have employees enrolling in the health plan."

11. How many credentialed pastors does your congregation have who are working at least 20 hours per week and paid for at least 10 hours per week? _____

12. How many non-credentialed staff does your congregation have who are employed and paid for at least 30 hours per week? _____

13. Are they all covered by worker's compensation? yes no

14. If you want the bill to be sent to someone other than the contact person, please provide the following information:

Name _____

Address _____

Street

City

State

ZIP code

Telephone or email _____

If you have employees enrolling in the health plan

Explanation of deductibles:

Embedded deductible – As soon as one family member has expenses greater than the individual deductible, the plan begins to pay benefits for that person. Otherwise, all family members' expenses are combined to meet the deductible for family coverage. The embedded deductible option can be paired with a health reimbursement arrangement, but not a health savings account.

Aggregate deductible – All family members' expenses are combined to meet the deductible for family coverage. If only one person has expenses, that person must meet the entire deductible for family coverage. All the aggregate deductible options can be paired with either a health reimbursement arrangement or a health savings account.

15. Choose from the following deductible options.

- \$1,400 for an individual/\$2,800 for a family (embedded deductible)
- \$1,400 for single coverage/\$2,800 for family coverage (aggregate deductible)
- \$2,000 for single coverage/\$4,000 for family coverage (aggregate deductible)
- \$3,000 for single coverage/\$6,000 for family coverage (aggregate deductible)

For life and long-term disability insurance

All of your eligible employees – whether they are enrolling or have a valid waive for the health coverage – will be enrolled in life and long-term disability insurance. If you have a pastor who is working less than 20 hours and being paid for less than 10 hours, he/she is not eligible for life or long-term disability insurance.

The life insurance coverage is equal to the employee's annual salary, up to a \$65,000 maximum. In addition, an equal amount of coverage for accidental death and dismemberment is included.

The long-term disability insurance enables eligible employees who become disabled to receive an income of two-thirds of their monthly salary.

Mennonite Church USA has determined these benefits. There are no selections for you to make for these benefits.

Optional benefits – dental and vision coverage

You may offer your employees either or both of these benefits.

16. Check the benefits you want to offer your employees.

- Dental (Mennonite Church USA Dental Plan)

If you offer dental coverage, all of your eligible employees and their families must enroll in the dental plan – regardless of whether they are enrolling in or have a valid waive for the health plan coverage. Only employees who have other employer-provided dental coverage can opt out of the dental coverage.

- Vision (Vision Service Plan) – select one of the following plans:

- Signature Plan
- Choice with EasyOptions Plan

If you offer vision coverage, coverage is not mandatory for eligible employees and their families. The employee may choose whether to enroll in the vision coverage or waive coverage.

Signature

We understand that ...

- For the health plan – and for the dental and vision plans, if we have selected them, we will be required to contribute no less than 50 percent of total premium*, whether for employee-only or family coverage.
- For the life and long-term disability insurance, we will be required to pay 100 percent of the premium.
- All premiums must be paid when due (allowing for a 30-day grace period) to ensure that employees' coverage is continuous. Failing to do this will result in coverage being canceled.
- Newly eligible employees and their families must enroll within 90 days of when they become eligible for coverage. This ensures that they will receive the full benefits of belonging to a group plan. Failing to add new participants within enrollment guidelines will result in Everence assessing their current health conditions, if the new participants request enrollment outside the open enrollment period. This means employees and their families may be denied immediate coverage and will need to enroll in the plan during the next open enrollment period.

Congregational representative

Date

** For churches who receive subsidies, this may be different.*