DIOCESE of COVINGTON

Diocese Enrollment 2020-2021

Forms Due: May 31, 2020

Questions: 513-616-6417

E-mail Forms to DoCOpenEnrollment@gmail.com

EMPLOYEE INFORMATION: (New Hires Eligible 30 days after Date of Hire)

NAME (LAST, FIRST, M.I.)			SOCIAL SECURITY #	SEX F ☐ M ☐
HOME ADDRESS		APT #	DATE OF HIRE	DATE OF BIRTH/Age
CITY	STATE	ZIP CODE	CELL PHONE	WORK PHONE
E-MAIL ADDRESS			SCHOOL	JOB TITLE / POSITION

DEPENDENT INFORMATION: Dependents to be included for Insurance coverage only, *not* FSA or DCAP

NAME (LAST, FIRST, M.I)	DATE OF BIRTH	SOCIAL SECURITY #	SEX	RELATIONSHIP

S125 PLAN ELECTIONS (*Must be made each Plan Year*) Deduction Schedule-18 pays: 9/15/2020 - 5/31/2021

Flexible Sending Account (FSA)
Out-pocket- medical, dental, vision expenses
Contribute $100 to $2750
Annual Election: ☐

Dependent Daycare (DCAP)
Child and/or Adult Daycare expenses
If married filing jointly/single - Contribute up to $5000
If married filing separately - Contribute up to $2500
Annual Amount: ☐

INSURANCE PLAN ELECTIONS (*Automatically Rolls Over*) Deduction Schedule–24 pays: 9/15/2020- 8/31/2021

Dental Care Plus + Vision — Check Box
- Employee Only - $13.62 / pay ☐
- Employee + Spouse - $27.24 / pay ☐
- Employee + Child(ren) - $30.04 / pay ☐
- Family - $56.63 / pay ☐

Legal Shield — Check Box
- Individual - $10.48/pay ☐ Family - $10.49/pay ☐

Identity Theft — Check Box
- Individual - $ 4.23/pay ☐ Family - $ 7.98/pay ☐

Both Plans — Check Box
- Individual - $14.70/pay ☐ Family - $16.95/pay ☐

UNUM GROUP TERM LIFE INSURANCE AND AD&D — Election Amount
- Employee Amount ☐
- Spouse Amount ☐
- Child Amount ☐

Transamerica Universal Life Insurance with Cash Values — Check Box
- Employee Only - **$8.66 / pay** ☐
- Spouse - $8.66 / pay ☐

Unum Long-Term Disability
- Annual Salary ☐ ☐

BENEFICIARIES (For Life Insurance Only)

NAME (LAST, FIRST, M.I)	RELATIONSHIP	SOCIAL SECURITY #	Primary or Secondary

EMPLOYEE AUTHORIZATION

I hereby authorize my employer to deduct from my compensation the required contributions for the benefits I have elected above. I received and read all authorizations provided by each plan elected and agree to comply with such terms and conditions.

SIGNATURE: **DATE:**