



Diocese Enrollment 2022-2023

Forms Due:
May 31, 2022

Questions:
513-616-6417

E-mail Forms to DoCOpenEnrollment@gmail.com
Questions: Karenbottorff@gmail.com

EMPLOYEE INFORMATION:				
NAME (LAST, FIRST, M.I.)		SOCIAL SECURITY #		SCHOOL
HOME ADDRESS	APT #	DATE OF HIRE		DATE OF BIRTH / AGE
CITY	STATE	ZIP CODE	CELL PHONE	WORK PHONE
E-MAIL ADDRESS		JOB TITLE / POSITION		PAID DURING THE SUMMER Yes <input type="checkbox"/> No <input type="checkbox"/>

DEPENDENT INFORMATION: Dependents to be included for Insurance coverage only, <i>not</i> FSA or DCAP				
NAME (LAST, FIRST, M.I.)	D.O.B.	SOCIAL SECURITY #	SEX	RELATIONSHIP

\$125 PLAN ELECTIONS (Must be made each Plan Year) Deduction Schedule-18 pays: 9/15/2022 - 5/31/2023
*** New Hire Eligibility- If hire date is after September 1st, 2022, eligibility for FSA/DCAP is September 1st, 2023**

Flexible Sending Account (FSA) Out-pocket- medical, dental, vision expenses Contribute \$100 to \$2850	Annual Election <input type="text"/>	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 Election <input type="text"/>
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INSURANCE PLAN ELECTIONS (Automatically Rolls Over) Deduction Schedule: 24 Pays: 9/15-8/31
*** New Hire Eligibility- 1st day of month following 30 days of employment.**

Dental Care Plus Employee Only \$13.62 / pay <input type="checkbox"/> \$11.24 / pay <input type="checkbox"/> Employee + Spouse \$27.24 / pay <input type="checkbox"/> \$22.49 / pay <input type="checkbox"/> Employee + Child(ren) \$30.04 / pay <input type="checkbox"/> \$24.80 / pay <input type="checkbox"/> Family \$56.63 / pay <input type="checkbox"/> \$46.75 / pay <input type="checkbox"/>	HMO* <input type="checkbox"/>	PPO** <input type="checkbox"/>	Legal Shield Individual - \$10.48 / pay <input type="checkbox"/> Family - \$10.49 / pay <input type="checkbox"/> Identify Theft Individual - \$ 4.23 / pay <input type="checkbox"/> Family - \$ 7.98 / pay <input type="checkbox"/> Both Plans Individual - \$14.70 / pay <input type="checkbox"/> Family - \$16.95 / pay <input type="checkbox"/>
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* HMO Plans: Does not include Out-of-Network Dentists
 ** PPO Plans: Does include Out-of-Network Dentists but Orthodontia and Implants are not covered.

UNUM Group Term Life Insurance and AD&D Employee Amount (\$10,000-\$500,000) <input type="text"/> Spouse Amount (\$5,000-\$150,000) <input type="text"/> Child Amount (\$2,000-\$10,000) <input type="text"/> Maximum Guaranteed Issue Amount is 5X Salary Current Salary <input type="text"/>	Benefit Amount <input type="text"/> <input type="text"/> <input type="text"/>	Transamerica Universal Life Insurance with Cash Values Employee Only - \$8.66 / pay <input type="checkbox"/> Spouse - \$8.66 / pay <input type="checkbox"/> Unum Long-Term Disability Current Salary <input type="text"/>	Check Box <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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BENEFICIARIES (For Life Insurance Only)			
NAME (LAST, First, M.I.)	RELATIONSHIP	SOCIAL SECUTITY #	PRIMARY OR SECONDARY

EMPLOYEE AUTHORIZATION/SIGNATURE:	Date:
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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