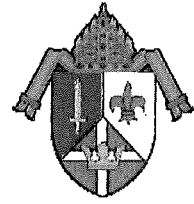


LAY EMPLOYEES' PENSION PLAN
FOR THE
DIOCESE OF COVINGTON
AND THE
DIOCESE OF LEXINGTON



Open Enrollment in the Lay Employees' Pension Plan

Dear Diocesan Lay Employees:

The Diocesan Lay Employees' Pension Plan is offering a period of open enrollment from October 1 to October 31, 2023 for employees who are employed with the diocese and are not participating in the plan. This opportunity allows a greater number of employees of the Diocese of Covington/Lexington to participate in the plan. The Diocesan Lay Employees' Pension Plan is a defined benefit plan. You can view a copy of our pension plan booklet on our website, <https://covdio.org/wp-content/uploads/2022/09/Pension-Plan-Booklet-2021-Version.pdf>.

You are eligible to participate in the plan if:

- You have reached age 21.
- You work 15 or more hours per week for 5 or more months per year.
- And you agree to contribute 3.5% of your gross wages. (Employer will contribute 4.75%.)

If you elected not to participate in the Pension Plan when first eligible, you did not begin accruing a benefit from your date of employment but did receive credit for years of service. An employee entering the plan during this open enrollment will begin accruing a benefit beginning November 1, 2023.

A retirement benefit example is included with this packet. Three enrollment forms (Participation Election Form, Beneficiary Designation Form, and Employment Record Form) are attached and should be completed in their entirety **only if you are entering the pension plan at this time**. Please print legibly. If you wish to participate, please complete the forms and return them to your place of employment. Please make sure that the date of hire is listed on the Employment Record Form. **The bottom portion of the Participation Election Form should be filled in by your place of employment.** Your employer must return it to me by **October 31, 2023. No late submissions will be accepted.** Please turn in your forms as soon as possible to help with processing the Nov. 15th payroll. Forms can be returned by mail to Joy Bricking, Diocese of Covington, 1125 Madison Ave., Covington, KY 41011, fax to Joy Bricking at 859-392-1589, or by e-mail, jbricking@covdio.org.

PLEASE NOTE: If you convert from an ineligible status to an eligible status during the year (e.g. increase in hours, change positions, etc.), please be sure to notify the Diocesan Payroll office so you can be enrolled in the Pension Plan at the time of your status change. You will also need to supply the Payroll Office with the Beneficiary Designation and Employment Record forms.

If you are unsure whether or not you are already a pension plan participant, please check your paystub to see if deductions are being taken out for the pension plan. If you have questions, please feel free to contact me at jbricking@covdio.org or 859-392-1593.

Sincerely,

Joy Bricking
Open Enrollment Administrator

Diocese of Covington/Lexington
Lay Employees' Pension Plan
Retirement Benefit Example

The example below assumes an employee that works for a Diocesan entity for 20 years, and retires at age 65.

- Factors:
1. Salary below has been increase by a 2% inflation factor each year.
 2. The plan calls for a **3.5%** contribution from the employee
 3. The plan accrues a benefit equal to **1.77%** of the employee's compensation.
 4. Parish/Institution pays **4.75%** into the Pension Plan for the employee's benefit.

Year	Employee Compensation	Employee Contribution	Benefit Accrued	Parish/School Pays
2018	\$ 28,826	\$ 1,009	\$ 510	\$ 1,369
2019	\$ 29,403	\$ 1,029	\$ 520	\$ 1,397
2020	\$ 29,991	\$ 1,050	\$ 531	\$ 1,425
2021	\$ 30,590	\$ 1,071	\$ 541	\$ 1,453
2022	\$ 31,202	\$ 1,092	\$ 552	\$ 1,482
2023	\$ 31,826	\$ 1,114	\$ 563	\$ 1,512
2024	\$ 32,463	\$ 1,136	\$ 575	\$ 1,542
2025	\$ 33,112	\$ 1,159	\$ 586	\$ 1,573
2026	\$ 33,774	\$ 1,182	\$ 598	\$ 1,604
2027	\$ 34,450	\$ 1,206	\$ 610	\$ 1,636
2028	\$ 35,139	\$ 1,230	\$ 622	\$ 1,669
2029	\$ 35,842	\$ 1,254	\$ 634	\$ 1,702
2030	\$ 36,558	\$ 1,280	\$ 647	\$ 1,737
2031	\$ 37,290	\$ 1,305	\$ 660	\$ 1,771
2032	\$ 38,035	\$ 1,331	\$ 673	\$ 1,807
2033	\$ 38,796	\$ 1,358	\$ 687	\$ 1,843
2034	\$ 39,572	\$ 1,385	\$ 700	\$ 1,880
2035	\$ 40,363	\$ 1,413	\$ 714	\$ 1,917
2036	\$ 41,171	\$ 1,441	\$ 729	\$ 1,956
2037	\$ 41,994	\$ 1,470	\$ 743	\$ 1,995

(a) $\$ 24,514 \div 12 = \$ 2,043$

(b) $\$ 1,033$

This is the **TOTAL** amount paid in by the employee over their entire career.

Consider this an employee will collect back everything that they paid into the pension plan within **24** months of retirement.

Since the employee contribution is fixed at 3.5%, and the benefit accrual is fixed at 1.77%, this is true regardless of the amount of the employee's compensation.

This is the amount of monthly benefit the employee collects for the rest of their life !

AMOUNTS SHOWN ARE EXAMPLES ONLY - ACTUAL BENEFITS WILL BE CALCULATED AT THE TIME OF RETIREMENT BASED ON ACTUAL SALARY EARNED DURING THE PARTICIPATION PERIOD.

PLEASE PRINT OR TYPE

PARTICIPATION ELECTION FORM

Name _____ SSN _____
Address _____
City _____ State _____ Zip _____
Phone _____ Gender _____ Date of Birth _____
Most recent Date of Diocesan Hire _____

If previously employed with the Diocese, please complete an Employment Record Form.

By signing this form, I understand the following:

- I elect to participate in the above referenced plan.
- I agree to make contributions equal to 3 ½% of my gross wages to the plan by automatic payroll deduction, effective November 1, _____.

→ Employee Signature _____ Date _____
(Do not print)

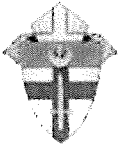
MUST BE RECEIVED BY YOUR PAYROLL DEPARTMENT PRIOR TO NOVEMBER 1ST

For Office Use Only

Parish/School _____

Employee ID/File Number _____ Hours Worked Per Week _____

→ Verified By _____ Date _____
(Plan Representative or Payroll Dept)



Diocese of
COVINGTON

Beneficiary Designation Form

Plan Name: Employees' Pension and Investment Plan of Diocese of Covington
and Other Adopting Employers

Please print or type the information below.

Participant Information

Participant Name _____

Address: _____

City _____ State _____ Zip Code _____

Date Of Birth _____ Social Security Number _____

☐ Married ☐ Single ☐ Divorced Gender: ☐ Male ☐ Female

Is there a Qualified Domestic Relations Order (QDRO) in place? If yes, please attach. ☐ Yes ☐ No

Primary Beneficiary(ies) Information:

Beneficiary Name: _____ Percentage of Benefit: _____

Date of Birth: _____ Relationship to Participant: _____

Gender: ☐ Male ☐ Female

Beneficiary Name: _____ Percentage of Benefit: _____

Date of Birth: _____ Relationship to Participant: _____

Gender: ☐ Male ☐ Female

Beneficiary Name: _____ Percentage of Benefit: _____

Date of Birth: _____ Relationship to Participant: _____

Gender: ☐ Male ☐ Female

Secondary Beneficiary(ies) Information: (payable only in the event there are no surviving primary beneficiaries at date of participant's death)

Beneficiary Name: _____ Relationship to Participant: _____

Beneficiary Name: _____ Relationship to Participant: _____

Beneficiary Name: _____ Relationship to Participant: _____

Participant's Signature _____

Date _____

For questions, please contact Nyhart.

Please Mail Completed forms to:

Plan Administration
Phone: 888-901-2090
Email: covlex@nyhart.com

Nyhart
P.O. Box 219240
Kansas City, MO 64121

EMPLOYMENT RECORD FORM

Name _____ SSN ____/____/____

Date of Birth _____

Most recent Date of Diocesan Hire _____

Previously employed by the Diocese? ☐ NO ☐ YES

If YES, please provide the information requested below regarding your previous years of employment with the Diocese (beginning with your present employment). This information is necessary to verify and credit you with the appropriate number of years of employment with a parish, school, agency or institution which participates in this plan.

Employment Date (month/year): From _____ To _____

Parish/School _____

Location _____

Position _____

Employment Date (month/year): From _____ To _____

Parish/School _____

Location _____

Position _____

Employment Date (month/year): From _____ To _____

Parish/School _____

Location _____

Position _____

Employment Date (month/year): From _____ To _____

Parish/School _____

Location _____

Position _____

➔ **Employee Signature** _____ **Date** _____