



Diocese Enrollment 2024-2025

Form is due no later than 30 days from Hire Date

Questions:
Karenbottorff@gmail.com

Please note that it is the employee's responsibility to retain a digital copy of this form including original date and time stamp.

E-mail Forms to: DoCOpenEnrollment@gmail.com

EMPLOYEE INFORMATION:				
NAME (LAST, FIRST, M.I.)		SOCIAL SECURITY #		SCHOOL / CHURCH
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

S125 PLAN ELECTIONS (Must be made each Plan Year) Deduction Schedule-18 pays: 09/15/2024 - 05/31/2025
 * New Hire Eligibility- If hire date is on or after September 1st, 2024, eligibility for FSA/DCAP is September 1st, 2025

Flexible Sending Account (FSA) & LFSA
 Out-pocket- medical, dental, vision expenses
 Contribute \$100 to \$3,200
 (Maximum Rollover \$640)

Enter annual deduction on Chard-Snyder.com Website

Dependent Daycare (DCAP)
 Child and/or Adult Daycare expenses
 Married filing jointly/single - Contribute up to \$5,000
 Married filing separately - Contribute up to \$2,500

Enter annual deduction on Chard-Snyder.com Website

INSURANCE PLAN ELECTIONS - Deduction Schedule: 24 Pays: 09/15-08/31
 * New Hire Eligibility- 1st day of month following date of hire.

Delta Dental of Kentucky	PPO
Employee Only	\$13.16 / pay <input type="checkbox"/>
Employee + Spouse	\$26.32 / pay <input type="checkbox"/>
Employee + Child(ren)	\$29.03 / pay <input type="checkbox"/>
Family	\$54.72 / pay <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"/>

UNUM Group Term Life Insurance and AD&D

	Benefit Amount
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

Transamerica Universal Life Insurance with Cash Values
 (Separate Enrollment form will be sent)

	Check Box
Employee Only - \$8.66 / pay	<input type="checkbox"/>
Spouse - \$8.66 / pay	<input type="checkbox"/>

Unum Long-Term Disability

Current Salary

BENEFICIARIES (For Life Insurance Only)			
NAME (LAST, First, M.I.)	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH

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.