

Personal

Name - First, M, Last, Suffix

Gender M/F

Tax ID/SSN

Date of Birth

Home Address

City State Zip

Clergy or Lay

Active or Retired

Home Phone

Cell Phone

Personal Email Address

Work Email Address

Employment

Employer

Employer Address

Employer Contact Person

Employer Contact Position

Employer Contact Phone

Employer Contact Email

Hire Date

Position Title

Annual scheduled hrs.

Salaried or hourly?

Hourly Rate

O.T. Exempt?

Annual Income Amounts

Cash Stipend

Y/N

Church/employer provided housing?

Housing Allowance

Y/N

Are meals provided?

Social Security Tax Reimbursement

Y/N

Housing Equity - amount:

Employer-Paid Tuition for Dependents

Y/N

Utilities - Yearly amount:

Other Taxable Income

Y/N

Cash compensation for housing?

Enter Amounts:

INSURANCES

Lay employees may participate in insurance benefits (health, dental, life, & disability) at their cost if the employee works 1000 hours or more annually. New hire effective date must start on the 1st of the month & enrollment must be within 30 days of hire.

Please mark Yes or No for each insurance plan below.

Effective Date Enrollment/Change (MM/DD/YYYY)

Medical Insurance

Employee coverage paid by:

Spouse/Partner coverage paid by:

Dependent coverage paid by:

If no, please provide source of health coverage, level of coverage, and % paid by institution/employer:

Dental Insurance

Employee coverage paid by:

Spouse/Partner coverage paid by:

Dependent coverage paid by:

Insurance - Health & Dental

Insurance (continued) - Life & Disability

Group Life/ADD \$40,000 for Clergy (additional to that provided by the pension benefits), \$40,000 for lay employees.

Y/N Percentage paid by employer: % By employee: % *It is customary for this to be provided by the employer.*

Supplemental Life Insurance above the standard Group Life plan above is available.

Y/N Percentage paid by employer: % By employee: % *Contact the Missioner for Diocesan Services for details.*

Short Term Disability Insurance

Y/N Percentage paid by employer: % By employee: %

Long Term Disability Insurance

Y/N Percentage paid by employer: % By employee: % *Contact the Missioner for Diocesan Services for details.*

Dependent(s)

Marital Status: (Single, Married, Divorced, or Widowed)

Med	Den	Spouse's Name (First, MI, Last, Suffix)	Tax ID/SSN	Date of Birth	Gender	Date of Marriage:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Dependents:

Med	Den	Name (First, MI, Last, Suffix)	Tax ID/SSN	Date of Birth	Gender	Relationship
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pension

PENSION PLAN

Employers are required to provide Pension Benefits if the employee works 1000 or more hours annually or is salaried clergy.

Pension Plan: Clergy Clergy Defined Benefit Not eligible with CPG
 Lay Defined Contribution (5% Base + 4% Matching)
 Lay Employee Contribution Amount: % or \$

RSVP (401k) PLAN

Employee voluntary withholding

Plan in place
 Open new plan
 Not interested now

Signatures

Institution Name & City: _____ Date: _____
 Employer Signature: _____ Employee Signature: _____
 Employer Printed Name: _____ Employee Printed Name: _____
 Employer Position: _____