



Evangelical Free Church of America
 Administered by: **FCMM Benefits & Retirement**
Mail to: 901 East 78th Street, Minneapolis, MN 55420
 (800) 995-5357 benefits@fcmmbenefits.org

Group Long Term Disability Insurance & Term Life/AD&D
 Enrollment/Update Form
 Policy # 930391/Div #001

FORM 103: SALARY WORKSHEET & INFORMATION CHANGE

Payroll deduction premium payment employees are only eligible to enroll for coverage during the eligibility period established by employer, or they must then wait until a future open enrollment period to apply for coverage.

Staff Benefit premium payment for employees is paid by the employer, then new eligible employees are enrolled the first of the month following the eligibility period and premiums are paid beginning on that date.

Prompt completion of enrollment forms to FCMM Benefits and Retirement enables timely coverage. Accurate and current salary information is necessary for our carrier. Salary changes as well as other updates should be reported on Form 103: Salary Worksheet & Information Change, which may be downloaded from www.fcmmbenefits.org. Up-to-date salary information is essential to be on file for full benefits in the event of a claim. Verification will occur at the time of any claim filed.

(PLEASE PRINT)

EMPLOYEE'S NAME _____ EMAIL _____

EMPLOYEE'S ADDRESS _____

EFCA CHURCH OR ORGANIZATION _____

EMPLOYER ADDRESS _____

EMPLOYER CONTACT NAME _____ EMAIL _____

Combined total of salary and housing allowance is considered when figuring a pastor's "salary" for premium and benefit:

1. Annual Base Salary \$ _____

Line 1 should report the employee's annual salary which does include:

- Salary added for clergy Social Security offset
- Salary added in lieu of health insurance
- Employee payroll-deducted contribution to Health Savings Account or Flexible Spending Account
- Employee payroll-deducted salary deferral for retirement contribution

Line 1 should not include:

- Housing Allowance and/or Fair Rental Value for Parsonage (enter this amount in Line 2)
- Reimbursement for business expenses
- Employer retirement contributions
- Other employer-paid nontaxable benefits (example: dental insurance)

2. Housing Allowance and/or Fair Rental Value \$ _____

(For qualified pastoral staff only)

Line 2 should indicate the employee's approved designated Pastoral Staff housing allowance and/or fair rental value of housing provided by the church (if applicable).

3. TOTAL ANNUAL SALARY (add lines 1 and 2) \$ _____

With initial enrollment, enter this amount on page 1 of enrollment form.

For FCMM Office Use Only

FCMM Depositor #: _____ Received Date: _____ Processed by: _____ Processed Date: _____