



Form 103: Salary Worksheet

This form is for an eligible employee's initial enrollment (included in the enrollment packet) and for employee salary updates. Accurate and current salary information is necessary for our insurance carrier. In the event a claim is filed for the Short Term Disability or Long Term Disability benefit, up-to-date salary information is required. For those whose benefit is paid through payroll deduction, the insurance carrier will request information of after-tax payroll deduction at the time a claim is filed.

Employee Full Name Employee Email Address
Employer Name Employer Address
Employer Contact Name Employer Email Address

Combined total of annual salary and housing allowance (if applicable) is considered for premium and benefit:

- 1. Gross Annual Base Salary (Line 1) \$
a. Include: salary added for SS offset, salary added in lieu of health insurance, employee retirement salary deferral contributions, and employee payroll-deducted contributions to a HSA or FSA.
b. Do Not Include: housing allowance, reimbursements, employer retirement contributions, or other employer paid nontaxable benefits.
2. Housing Allowance (Line 2) \$
a. Include: Designated housing allowance and/or fair rental value of housing provided by church for qualified pastoral staff.
3. Total Annual Salary \$
a. Add gross annual base salary and housing allowance amount.

Employer Completion [INITIAL ENROLLMENT ONLY]

This section must be completed by the employer per the most recent Form 120: Employer Benefit Agreement. Complete one of the employer pre-determined plan options for the employee listed above.

Effective date of recently updated Form 120: Employer Benefit Agreement:

Option 1: Standard Plan (LTD & Life/AD&D)
Option 2: PLUS Plan (STD, LTD & Life/AD&D)
Premium Payment Calculations
LTD: .008 (rate) x total annual salary = annual cost
Life/AD&D: \$10,000 Coverage = \$36/annually (.0036 rate)
STD & LTD: .0092 (rate) x total annual salary = annual cost
Life/AD&D: \$10,000 Coverage = \$36/annually (.0036 rate)

For questions regarding this form, contact FCMM Client Services at (800)995-5357 or benefits@fcmmbenefits.org.

Form Submission:

Employer, please submit this completed form to FCMM by secure file exchange, fax, or mail.

Secure File Exchange:
https://fcmmbenefits.leapfile.net/

Fax:
(952)853-8474

Mail:
FCMM Benefits & Retirement
901 East 78th
Street, Minneapolis, MN 55420

For FCMM Office Use Only

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