

**FORM 120: Employer Benefit Agreement**

The following employer agrees to participate in the Free Church Ministers' and Missionaries' (FCMM) Long Term Disability (LTD) Insurance with Life and Accidental Death and Dismemberment (Life/AD&D) Insurance Plan. This agreement will determine the premium payment methods for each benefit separately, and the Life/AD&D insurance coverage amount for each eligible employee class. Employer Benefit Agreement changes may only be made once a year, and must be submitted to FCMM by November 15 for a January 1 effective date.

Prompt notification of these benefits to new eligible employees and employee terminations is the best way to assure employees are being treated properly, and protects the employer from potential liability. Eligible employees are those who fall under one of the employee classes in this agreement, and work at least 25 hours a week, see employee eligibility section on next page.

Please note, all eligible employees are required to enroll in both LTD and Life/AD&D.

LTD premiums can be administered in one of three ways for eligible employees, and are paid by the employer on a quarterly basis. These premium payment methods can vary by employee class.

1. **Staff Benefit:** benefit paid by employer
2. **Payroll Deduction:** benefit paid by after-tax deduction from employee paycheck
  - a. **Conventional**
  - b. **Tax-choice** (LTD only)

Life/AD&D premiums can be administered one of two ways for eligible employees, and are paid by the employer on a quarterly basis. Only one premium payment method for all eligible employees.

1. **Staff Benefit:** benefit paid by employer
2. **Payroll Deduction:** benefit paid by after-tax deduction from employee paycheck

**Form Submission:**

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

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

**Secure File Exchange:**  
<https://fcmmbenefits.leapfile.net/>

**Fax:**  
(952)853-8474

For questions regarding this agreement, contact FCMM Client Services at (800)995-5357 or [benefits@fcmmbenefits.org](mailto:benefits@fcmmbenefits.org).

<hr/> Name of Employing Organization	<hr/> Effective Start Date of this Agreement
<hr/> Street Address	<hr/> City, State, Zip code
<hr/> Employer Contact Name <i>(person at the organization who will be administering the benefit plan)</i>	<hr/> Employer Signature
<hr/> Employer Contact Email Address	<hr/> Today's Date
<hr/>	<hr/> Employer Contact Phone Number

# FORM 120: Employer Benefit Agreement

Employee Eligibility Requirements:  
**Must choose only one for all eligible employees**

- DEFAULT (work at least 25 hours a week)  
 Other by request (documentation required)

Employee Waiting Period:  
**Must choose only one for all eligible employees**

- DEFAULT (coverage begins 1st of month following eligible class full-time hire date)  
 Other by request (documentation required)

## Long Term Disability Insurance (REQUIRED)

*At least one employee class is required.*

Class #1: \_\_\_\_\_

**Description of employee class**

Premium Payment Method:

- Staff Benefit  
 Payroll Deduction (after-tax deduction)  
     Conventional  
     Tax Choice

Class #2: \_\_\_\_\_

**Description of employee class**

Premium Payment Method:

- Staff Benefit  
 Payroll Deduction (after-tax deduction)  
     Conventional  
     Tax Choice

Class #3: \_\_\_\_\_

**Description of employee class**

Premium Payment Method:

- Staff Benefit  
 Payroll Deduction (after-tax deduction)  
     Conventional  
     Tax Choice

Class #4: \_\_\_\_\_

**Description of employee class**

Premium Payment Method:

- Staff Benefit  
 Payroll Deduction (after-tax deduction)  
     Conventional  
     Tax Choice

## Life/AD&D Insurance (REQUIRED)

*At least one employee class is required.*

Premium Payment Method:  
**Must choose only one for all eligible employees**

- Staff Benefit  
 Payroll Deduction (after-tax deduction)

Benefit Amount:

*All eligible employees must fall into one of the classes detailed below. While the premium payment method for all employees is the same, the coverage amount can vary. Please indicate the amount for each class below.*

Class #1: Eligible Pastors, Directors

- \$10,000  
 \$50,000

Class #2: All other eligible employees

- \$10,000  
 \$50,000

**For FCMM Office Use Only**

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