



**FCMM Benefits & Retirement**  
 901 East 78th Street, Minneapolis, MN 55420  
 Group Short and Long Term Disability Insurance  
 with Term Life/AD&D  
 Enrollment & Update Form  
 Policy #930391/Div #001

**FORM 120: Employer Benefit Agreement**

The following organization elects to participate in the FCMM Benefit Plan. This agreement will determine the specific plan, employee eligibility, waiting period, payment methods, and coverage amounts. Updates to the Benefit Plan on this form can only be made during the annual open enrollment period for a January 1 effective date.

**STEP 1: Benefit Plan Information**

Benefit Plan Options:

The FCMM Benefit Plan offers 2 different plans for organizations to choose. Organizations may choose one plan for their employees, and eligible employees enrolling must enroll in all benefits. The only option for an employee to opt out is if all benefits are paid via payroll deduction.

- **Standard Plan** [Long Term Disability (LTD) Insurance and Life and Accidental Death and Dismemberment (Life/AD&D) Insurance]
- **PLUS Plan** [Short Term Disability (STD) Insurance, Long Term Disability (LTD) Insurance, and Life and Accidental Death and Dismemberment (Life/AD&D) Insurance]

Payment Methods:

*Short Term Disability and Long Term Disability* payment methods (can vary by 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 (further explanation in Form 121)

*Life/AD&D* payment methods (must be the same for all eligible employees):

1. Staff Benefit: benefit paid by employer (*see asterisks on page 2 for premium amounts included in taxable income of employee*)
2. Payroll Deduction: benefit paid by after-tax deduction from employee paycheck

Employer Responsibility:

It is the employer's responsibility to notify employees of their eligibility and submit forms on time, and prompt notification when an employee terminates or is no longer eligible. This is the best way to assure employees are being treated properly, and protects the employer from potential liability. Employers are also responsible to pay the quarterly invoice on time.

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

**STEP 2: Organization Information**

_____ Name of Employer	_____ 1, _____ Effective Start Date of this Agreement <i>(Updates: January 1; New Churches: 1st of month starting Benefit Plan)</i>
_____ Street Address	_____ City, State, Zip code
_____ Employer Contact Name <i>(person at the organization who will be administering the benefit plan)</i>	_____ Employer Signature
_____ Employer Contact Email Address	_____ Today's Date
_____ Employer Contact Phone Number	

**STEP 3: Eligibility and Waiting Period**

**Employee Eligibility Requirements: Choose only one for all eligible employees**

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

**Employee Waiting Period: 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)

# FORM 120: Employer Benefit Agreement

## STEP 4: Specific Plan Information

Choose one option for all eligible employees and complete the specific plan information below.

**Option 1: Standard [LTD & Life/AD&D]**

**Long Term Disability**

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

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**Life/AD&D Insurance**

All Classes:

Premium Payment Method:

Staff Benefit

Payroll Deduction (after-tax deduction)

Class #1: Eligible Pastors, Directors

\$10,000

\$50,000

One Times (1x) Annual Salary\*

Class #2: All other eligible employees

\$10,000

\$50,000

One Times (1x) Annual Salary\*

**Option 2: PLUS [STD, LTD & Life/AD&D]**

**Short Term Disability & Long Term Disability**

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

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**Life/AD&D Insurance**

All Classes:

Premium Payment Method:

Staff Benefit

Payroll Deduction (after-tax deduction)

Class #1: Eligible Pastors, Directors

\$10,000

\$50,000

One Times (1x) Annual Salary\*

Class #2: All other eligible employees

\$10,000

\$50,000

One Times (1x) Annual Salary\*

\*Per IRS guidelines, taxability applies only to staff benefit (employer) paid premiums for one times (1x) annual salary Life/AD&D coverage. The taxable income amount is equal to the total premium paid minus the equivalent premium amount for \$50,000 coverage.

## STEP 5: Submit Form

**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: \_\_\_\_\_