

## Form 103: Salary Worksheet

This form is for an eligible employee's initial enrollment (*included in the enrollment packet*) **and** for 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)** (*housing allowance NOT included*)

\$ \_\_\_\_\_

- 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 an 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 (Line 3)**

\$ \_\_\_\_\_

- a. Add gross annual base salary and housing allowance amount.

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

### Premium Payment Calculations

#### Standard Plan (LTD & Life/AD&D)

**LTD:**

- .008 (rate) x total annual salary = annual cost
  - If total annual salary exceeds \$170,000, use \$170,000 as your total annual salary.

**Life/AD&D:**

- \$10,000 Coverage = \$36/annually (.0036 rate)
- \$50,000 Coverage = \$180/annually (.0036 rate)
- 1x Coverage = annual salary (rounded to next \$1,000) x .0036 (rate)
  - If total annual salary exceeds \$120,000, use \$120,000 in calculation.

#### Plus Plan (STD, LTD & Life/AD&D)

**STD & LTD:**

- .0092 (rate) x total annual salary = annual cost
  - If total annual salary exceeds \$170,000, use \$170,000 as your total annual salary.

**Life/AD&D:**

- \$10,000 Coverage = \$36/annually (.0036 rate)
- \$50,000 Coverage = \$180/annually (.0036 rate)
- 1x Coverage = annual salary (rounded to next \$1,000) x .0036 (rate)
  - If total annual salary exceeds \$120,000, use \$120,000 in calculation.

#### 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

#### FCMM USE ONLY

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