

FCMM Benefit Plan

Employer Guide

Short Term Disability, Long Term Disability, and
Life with Accidental Death & Dismemberment Insurance

BENEFITS & RETIREMENT
fcmm ®
prepare today, ready tomorrow

Contact Us: (800) 995-5357 • benefits@fcmmbenefits.org
FCMM • 901 East 78th Street • Minneapolis, MN 55420



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Welcome

Welcome to the Free Church Ministers and Missionaries (FCMM) Benefit Plan Employer Guide! Thank you for choosing to adopt the FCMM-administered Benefit Plan. FCMM provides affordable benefits to pastors and support staff in participating organizations.

We offer two different Benefit Plans for employers to choose:

1. **Standard Plan** - Includes Long Term Disability (LTD) and Life with Accidental Death and Dismemberment Insurance (Life/AD&D).
2. **Plus Plan** - Includes Short Term Disability (STD), Long Term Disability (LTD) and Life with Accidental Death and Dismemberment Insurance (Life/AD&D).

As an employer participating in the FCMM Benefit Plan, it is important to understand the responsibilities associated with this role. This guide is designed to help you administer the benefits accurately and efficiently.

FCMM recognizes you have many responsibilities beyond coordinating employee benefits, and we are here to support you. If questions arise regarding FCMM or its processes, please refer to this guide first. For inquiries not addressed in the resources provided, feel free to contact FCMM directly. Contact information is listed on the last page of this packet.

Form Guide

Form 100 - Enrollment Application Packet

This packet is required for newly eligible employees enrolling in the Benefit Plan. It includes Enrollment Information, Form 101, Limitations & Exclusions, Form 102, Form 103, and Form 138.

Form 101 - Enrollment Application

This form is included in the Benefit Enrollment Application (Form 100) and is required for enrollment. Employee must complete and sign this form to enroll. Employer must complete the employer section per the church's Employer Benefit Agreement (Form 120) and sign the Authorized Employer Signature.

Limitations & Exclusions

This form is included in the Benefit Enrollment Application (Form 100). It has information regarding the limitations and exclusions of the coverage.

Form 102: Beneficiary Designation

This form is included in the Benefit Enrollment Application (Form 100) and is required for enrollment. Both a primary and contingent beneficiary are required, and a physical signature and date. This form can be updated any time there is a change.

Form 103: Salary Worksheet

This form is included in the Benefit Enrollment Application (Form 100) and is required for enrollment. The employee's total annual salary including housing allowance must be detailed on this form. This form also contains premium payment calculations for benefits. This form can be updated any time there is a change.

Form 104: Application Addendum for Updates

This form is used during the annual open enrollment period only after the employer updates their Employer Benefit Agreement (Form 120). All employees receiving a change to benefits must complete and submit this form during the annual open enrollment period. Employer must complete the employer section per the church's Employer Benefit Agreement (Form 120).

Form 120: Employer Benefit Agreement

This form must be completed by the employer either when initially entering the Benefit Plan or making updates to the plan during the annual open enrollment period. The form details the two benefit plan options, employee classes by benefit, payment methods by benefit, and Life/AD&D coverage amounts. Further information and instructions on completion are detailed on page 4 of this packet.

Form 121: Employer Guide

This guide is used to inform employers about the different aspects of the Benefit Plan. It details how to complete the Employer Benefit Agreement, initiating enrollment for employees, payment methods, paying the quarterly invoice through the online payment portal, and answering frequently asked questions regarding the FCMM Benefit Plan.

Form 138: Coverage Overview

This form is included in the Benefit Enrollment Application (Form 100). It gives a brief coverage overview of each benefit.

Form 150: Employee Welcome Packet

This packet is sent to eligible employees once enrollment is complete and contains helpful Benefit Plan information.

Benefit Certificates

Benefit certificates for STD, LTD, and Life/AD&D are sent to employees upon initial enrollment and contain full benefit information. They can also be requested by emailing Benefit Plan Client Services (benefits@fcmmbenefits.org).



Underwritten by:

Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122

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

Form 138: Coverage Overview

GROUP SHORT TERM DISABILITY (STD) PLAN HIGHLIGHTS

Employee Short Term Disability Insurance

- Pays 60% of Weekly earnings to a maximum weekly benefit of \$1,000
- 14 Day Elimination Period before disability benefit payments begin
- Maximum Benefit Duration is 11 weeks of benefit payments
- Definition of Disability is based on your inability to perform the duties of your own-occupation during the claim period.
- Employees working at least 25 hours per week may be eligible for this plan.

Additional Short Term Disability Plan Features

- Rehabilitation and Return to Work Assistance Program – depending on your disability, UNUM may create a program tailored to your needs that could assist you in returning to work. This program may pay an additional benefit amount.
- Guaranteed Insurability if you enroll when initially eligible
- Full Maternity Benefits Covered
- Pre-Existing Conditions are eligible for coverage following 12 months of coverage under this plan. A Pre-Existing Condition is any health condition that was known, diagnosed or treated in the 6 months prior to the individuals’ effective date of coverage under this plan.

In general, the Short Term Disability weekly payments will be taxable:

If the employer pays the premiums & employees’ salaries are not grossed-up to include premiums as taxable income.

- If the Employees pay premiums with pre-tax dollars.
- If employees share premium payments with the employer, the portion paid by the employer will be taxable.

In general, the Short Term Disability weekly payment will not be taxable:

If Employees pay premiums with post-tax dollars.

- If the employer pays the premiums and employees’ salaries are grossed-up to include premiums as taxable income.

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GROUP LONG TERM DISABILITY (LTD) PLAN HIGHLIGHTS

Employee Long Term Disability Insurance

- Pays 60% of your monthly earnings to a maximum monthly benefit of \$8,500
- 90 Day Elimination Period before disability benefit payments begin
- Maximum Benefit Duration information in LTD Policy document (request LTD Policy if necessary)
- Definition of Disability is based on your inability to perform the duties of your own- occupation for the first 3 years of a disability
- Additional disability benefits of up to \$1,000/month may be available to you for up to 2 years if you are cognitively disabled or unable to perform two or more Activities of Daily Living (ADLs)
- Employees working at least 25 hours per week may be eligible for the plan

Spouse Long Term Disability Rider

- Pays a benefit if your spouse is cognitively disabled or unable to perform two or more Activities of Daily Living (ADLs)
- Pays a \$1,500 monthly benefit after a 60-day elimination period up to 2 year lifetime maximum payment period



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Information Form
Policy #930391/Div #001

Form 138: Coverage Overview

Additional Long Term Disability Plan Features

- **Conversion** – you may convert your coverage to an individual policy and take it with you if your employment ends
- **Survivor Benefit** – if you pass away while receiving a long term disability benefit, Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment
- **Rehabilitation and Return to Work Assistance Program** – depending on your disability, Unum may create a program tailored to your needs that could assist you in returning to work. This program pays an additional disability benefit of 10% of your gross disability payment to a maximum benefit of \$1,000 per month. You may also qualify for child care reimbursement of \$250 per child, per month, not to exceed \$1,000 per month while participating in this program

GROUP LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT (LIFE/AD&D) PLAN HIGHLIGHTS

Employee Life/AD&D Insurance

- Employees working at least 25 hours per week may be eligible for the plan
- Benefit Age Reduction:
 - \$10,000 under age 70, \$6,500 ages 70 – 75, and \$5,000 ages 75+
 - \$50,000 under age 70, \$32,500 ages 70-75, and \$25,000 age 75+
 - 1x Annual Salary under age 70, 65% ages 70-74, and 50% age 75+
- Guarantee Issue coverage – you will not have to answer any medical questions

Additional Life/AD&D Plan Features:

- **Waiver of Premium** - If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during this period of disability.
- **Survivor Support** counsel included
- **Portability** - If you retire, reduce your hours or leave your Employer, you can take this coverage with you according to the terms of the contract.

VALUE ADD SERVICES

Travel Assistance Benefit

Employees and family are covered while traveling (100 or more miles from home), with crisis management, guaranteed hospital admissions, critical care monitoring, emergency medical evacuation, etc.

Employee Assistance Program

Unum’s Life Balance program is there to assist employees with everyday home, personal and family issues. They provide full access to counseling, information, resources for wellness and free will preparation services.

Will Preparation

Unum’s Life Balance program is there to assist employees with everyday home, personal and family issues. They provide full access to counseling, information, resources for wellness and free will preparation services.

Employer Benefit Agreement (Form 120) Information

The **Employer Benefit Agreement (Form 120)** is completed by the employer either when initially adopting FCMM’s Benefit Plan or when making updates during the annual open enrollment period. This agreement enables the employer to:

- Select the desired Benefit Plan
- Specify the payment method for each employee class and benefit
- Choose Life/AD&D coverage amounts

Plan updates may only be made during the annual open enrollment period and will take effect on January 1. Information provided in Form 120 is also used to complete the employee’s Benefit Enrollment Application (Form 101) and the Application Addendum for Updates (Form 104).

Eligible employees must enroll in all benefits per the specific plan chosen by the employer.

How to Complete Form 120

STEP 1

Complete the “Organization Information” box. The “Effective Start Date” refers to when this form will go into effect. All new organizations to the plan can start on the 1st of any month, all updates for currently enrolled organizations will be January 1. Updates to this agreement can only be made during the annual open enrollment period.

STEP 1: Organization Information	
Name of Organization	_____ <small>(Month) (Day) (Year)</small> Effective Start Date of Agreement (Updates: January 1 st)
Organization Mailing Address	_____ City, State, Zip Code
Employer Contact Name <small>(person at the organization who will be administering the benefit plan)</small>	_____ Employer Signature
	_____ Today's Date
Employer Contact Email Address	_____ Employer Contact Phone Number

STEP 2

Review the information pertaining to Benefit Plan options (Standard vs. Plus), payment methods for each benefit (staff benefit, conventional payroll deduction, or gross-up payroll deduction - further information on page 6), and the employer responsibility for administering the Benefit Plan.

STEP 3

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

- **Option 1: Standard Plan** includes Long Term Disability (LTD) and Life with Accidental Death and Dismemberment (Life/ AD&D)
- **Option 2: Plus Plan*** includes Short Term Disability (STD), Long Term Disability (LTD) and Life with Accidental Death and Dismemberment (Life/AD&D)

**Plus Plan not available in California. Churches in Colorado, Maine, Maryland, Massachusetts, Minnesota, and Oregon should check their PFMLA laws before enrolling.*

STEP 3: Specific Plan Information	
Choose <u>one</u> option for all eligible employees and complete the specific plan information below.	
<input type="checkbox"/> Option 1: <u>Standard [LTD & Life/AD&D]</u>	<input type="checkbox"/> Option 2: <u>Plus [STD, LTD & Life/AD&D]</u>

Employer may choose one plan for all eligible employees. All eligible employees must enroll in all benefits in the plan chosen by the employer.

Disability: Determine which classes you are using and payment methods for each class . You are only required to have 1 class and classes may have different payment methods if necessary. If you choose not to use both disability classes, mark the box “Class # excluded from Benefit Plan.”

Life/AD&D: Determine the Life/AD&D payment methods, which must be the same for all eligible employees. Then determine the Life/AD&D coverage amounts for each pre-determined class. All employees in a specific class must have the same Life/AD&D coverage amount. Coverages include \$10,000, \$50,000, or One Times (1x) Annual Salary.

<p style="text-align: center;">Long Term Disability</p> <p>Class #1: <u>All Employees Excluding Pastors</u></p> <p>Premium Payment Method:</p> <p><input type="checkbox"/> Staff Benefit (employer paid)</p> <p><input type="checkbox"/> Payroll Deduction</p> <p><input type="checkbox"/> Conventional (employee paid)</p> <p><input type="checkbox"/> Gross-up (employer paid)</p> <p><input type="checkbox"/> Class #1 excluded from Benefit Plan</p> <p>Class #2: <u>Pastors</u></p> <p>Premium Payment Method:</p> <p><input type="checkbox"/> Staff Benefit (employer paid)</p> <p><input type="checkbox"/> Payroll Deduction</p> <p><input type="checkbox"/> Conventional (employee paid)</p> <p><input type="checkbox"/> Gross-up (employer paid)</p> <p><input type="checkbox"/> Class #2 excluded from Benefit Plan</p>	<p>Determine disability payment methods for each pre-determined class. Payment methods may vary by class. Only 1 class is required to be completed – mark “Class # excluded” if not using both classes.</p>	<p style="text-align: center;">Life/AD&D Insurance</p> <p>Premium Payment Method (all employees):</p> <p><input type="checkbox"/> Staff Benefit (employer paid)</p> <p><input type="checkbox"/> Payroll Deduction (employee paid)</p> <p>Class #1: <u>All Employees Excluding Pastors</u></p> <p><input type="checkbox"/> \$10,000</p> <p><input type="checkbox"/> \$50,000</p> <p><input type="checkbox"/> One Times (1x) Annual Salary**</p> <p>Class #2: <u>Pastors</u></p> <p><input type="checkbox"/> \$10,000</p> <p><input type="checkbox"/> \$50,000</p> <p><input type="checkbox"/> One Times (1x) Annual Salary**</p>
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STEP 4

Submit Form 120 to FCMM either by Secure File Exchange, fax, or mail. It must be submitted either upon initially adopting FCMM’s Benefit Plan, or during the annual open enrollment period for a January 1st effective date for all updates.

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

Fax: (952)853-8474

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

Premium Rates and Payment Methods

Option 1: Standard Plan (LTD & Life/AD&D)

Long Term Disability (LTD)

- $.008 \text{ (rate)} \times \text{total annual salary}^* = \text{annual cost}$
**if total annual salary exceeds \$170,000, use \$170,000 as total annual salary*
 - Quarterly Cost = annual cost / 4
 - Cost per Payroll = annual cost / # annual payrolls

Life with Accidental Death & Dismemberment (Life/AD&D)

- \$10,000 Coverage x .0036 (rate) = \$36 annual cost
- \$50,000 Coverage x .0036 (rate) = \$180 annual cost
- 1x Coverage = $.0036 \text{ (rate)} \times \text{total annual salary}^{**} = \text{annual cost}$
***if total annual salary exceeds \$120,000, use \$120,000 as total annual salary*
 - Quarterly Cost = annual cost / 4
 - Cost per Payroll = annual cost / # annual payrolls

Option 2: Plus Plan (STD, LTD, & Life/AD&D)

Disability – Short and Long Term Disability (STD & LTD)

- $.0092 \text{ (rate)} \times \text{total annual salary}^* = \text{annual cost}$
**if total annual salary exceeds \$170,000, use \$170,000 as total annual salary*
 - Quarterly Cost = annual cost / 4
 - Cost per Payroll = annual cost / # annual payrolls

Life with Accidental Death & Dismemberment (Life/AD&D)

- \$10,000 Coverage x .0036 (rate) = \$36 annual cost
- \$50,000 Coverage x .0036 (rate) = \$180 annual cost
- 1x Coverage = $.0036 \text{ (rate)} \times \text{total annual salary}^{**} = \text{annual cost}$
***if total annual salary exceeds \$120,000, use \$120,000 as total annual salary*
 - Quarterly Cost = annual cost / 4
 - Cost per Payroll = annual cost / # annual payrolls

Disability (STD and/or LTD) Payment Methods – payment methods can vary by employee class

- Staff Benefit [Employer Paid]
 - Premium is paid by the employer.
 - Benefit will be taxable income if member becomes disabled and claim is approved.
- Payroll Deduction | Conventional [Employee Paid]
 - Premium is paid through an after-tax payroll deduction from the employee's paycheck.
 - Benefit will not be taxable income if member becomes disabled and claim is approved.
- Payroll Deduction | Gross-up [Employer Paid]
 - Premium is paid when employer adds an earning amount equivalent to the disability (STD and/or LTD) premium amount. Amount is then deducted as an after- tax deduction from employee's paycheck.
 - Benefit will not be taxable income if the member becomes disabled and claim is approved.
 - This method allows the benefit to be employer paid and not be taxable in the event of an approved claim.

Life/AD&D Payment Methods – payment methods must be the same for both employee classes

- Staff Benefit [Employer Paid]
 - Premium is paid by the employer.
- Payroll Deduction [Employee Paid]
 - Premium is paid through a payroll deduction from the employee's paycheck.
- *Gross-up Option For Individual Employees (employer paid)*
 - *If an employer does not want to provide Life/AD&D coverage as a staff benefit (employer paid) to all employees, an employer may add the premium amount to the specific employee's salary and then deduct the same amount as a payroll deduction, similar to how the gross-up payment method works for disability. The benefit is then employer paid, and still follows the premium payment method of payroll deduction.*

Benefit Plan Invoice Payment Schedule

1 st Quarter (January – March)	2 nd Quarter (April - June)	3 rd Quarter (July - September)	4 th Quarter (October - December)
Mailed - November Due - December 15	Mailed - February Due - March 15	Mailed - May Due - June 15	Mailed - August Due - September 15

Payment Portal Instructions

FCMM is partnered with the Wells Fargo E-Bill Express Payment Portal to give employers the ability to pay their quarterly invoices online. This is a great option to easily pay your organization's quarterly invoice and ensure your invoice payment is received on time. Below are instructions on how to access your online account and pay the quarterly invoice through the E-Bill Express Payment Portal.

Log in to E-Bill Express Payment Portal:

1. Go to the E-Bill Express Payment Portal link: www.e-billexpress.com/ebpp/FCMM
2. For new users: click *Enroll* to set up your account or click *Pay Now* to make a one-time payment
 - a. Enter your organization's *Customer Number* and organization's *Zip Code* (Customer Number refers to your Church ID found on the quarterly invoice)
 - b. Verify Name, Address, and Contact Info
 - c. Create Login ID and Password, choose a security image, and choose security questions
 - d. Accept Terms of Service
 - e. Set up payment accounts
3. For existing users: enter *Login ID* and *Password*
 - a. If you forget the Login ID, click *Forgot your Login ID* on the login page. Enter your Customer Number and associated organization email. This will send your Login ID to the organizational email address on file with the payment portal.
 - b. If you forget your password, click *Password Help* on the login page. Enter Login ID and associated organizational email. This will send a link to the organizational email address on file with the payment portal to reset your password.

Pay Quarterly Invoice Online:

1. Follow instructions above to log in to the E-Bill Express Payment Portal
2. Click *Pay My Bills* to view current invoice
3. Either confirm your payment method or add a payment method
4. Pay amount due of quarterly invoice

Additional Payment Portal Information:

- Quarterly invoices will continue to be mailed even if you pay online
- Accepted payments include employer bank ACH or debit card (credit cards are not accepted)
- If you only pay a portion of the invoice amount for any reason, (referred to as Short Paying (SP) in the portal) indicate the reason from the SP dropdown
- Do not pay premiums for employees no longer eligible for the Benefit Plan. Indicate reason for Short Pay in the drop down, then enter employee's name and last day of eligibility in the text box provided
- Refer to the [FAQ](#) and [Contact Us](#) links at the bottom of the E-Bill Express Payment Portal for more instructions and information about paying your quarterly invoice online
- Save the payment portal link above for future quarterly invoice payments
- The E-Bill Express Payment Portal is hosted by Wells Fargo
- ***If you have trouble paying your invoice, capture a screen shot of the error message or issue (if possible), then email us the screen shot at benefits@fcmmbenefits.org, or call 800-995-5357 for further assistance.***

Enrollment Checklist for Eligible Employees

- ✓ Determine eligibility based on the terms of your Employer Benefit Agreement (Form 120)
 - Note the plan type, class numbers and payment method for each benefit, and Life/AD&D coverage amount for each eligible employee.
- ✓ Notify employees of their eligibility to participate in the FCMM Benefit Plan
 - Unless otherwise noted on your Employer Benefit Agreement (Form 120), all employees scheduled to work at least 25 hours a week are eligible to participate in the Benefit Plan and their coverage begins the 1st of the month following their eligible full-time hire date.
 - Inform employees immediately following their eligible full-time hire date.
 - If employees miss the enrollment window, they will need to wait until the annual open enrollment period.
- ✓ Download the FCMM Benefit Plan Enrollment Application (Form 100) from the FCMM website
 - Always download the enrollment packet from the website (fcmmbenefits.org/documents) to ensure you are using the current version of the forms. Outdated forms will not be accepted.
- ✓ Distribute the FCMM Benefit Plan Enrollment Application Packet (Form 100) to eligible employees
 - Benefit Enrollment Applications (Form 100) must be submitted to FCMM within 30 days of their eligible full-time hire date.
 - Eligible employees must complete all forms found in the Benefit Enrollment Application (Form 100):
 - Form 101 - Enrollment Application
 - Form 102 - Beneficiary Designation
 - Form 103 - Salary Worksheet
 - If an employee wants to opt out of all benefits, at least one benefit must be paid via payroll deduction. The employee must complete Form 101 and mark "No, I do not wish to participate...", sign the form, and submit to their employer for record keeping.
- ✓ Complete the required employer sections
 - Form 101 – complete the “Employer Completion REQUIRED” section with the plan option, payment methods, coverage effective date, and sign the authorized employer signature.
- ✓ Review all forms for completion of information and physical signatures
- ✓ Make copies of all completed forms to keep on file at your location
- ✓ Send an electronic version of the application to FCMM for approval within 30 days of hire
 - Secure File Exchange - <https://fcmmbenefits.leapfile.net/>
 - Fax - 952.853.8474
- ✓ Begin payroll deductions for disability (STD and/or LTD) and Life/AD&D premiums if necessary
- ✓ Prepare for the next quarterly invoice payment
 - November - 1st quarter invoice mailed (DUE December 15th)
 - February - 2nd quarter invoice mailed (DUE March 15th)
 - May - 3rd quarter invoice mailed (DUE June 15th)
 - August - 4th quarter invoice mailed (DUE September 15th)

Frequently Asked Questions

Benefit Plans

What is the difference between the Standard Plan and Plus Plan?

The Standard Plan includes Long Term Disability (LTD) and Life with Accidental Death and Dismemberment (Life/AD&D). The Plus Plan includes Short Term Disability (STD), Long Term Disability (LTD), and Life with Accidental Death and Dismemberment (Life/AD&D).

Can some employees be on the Standard Plan and others be on the Plus Plan?

No, all employees must be on the same plan.

Enrollment

Who is eligible for benefits?

All employees scheduled to work at least 25 hours a week are eligible for the Benefit Plan. The “eligible class full-time hire date” refers to the date when an employee became eligible for the FCMM Benefit Plan.

What enrollment forms are required?

Eligible employees need to complete:

- Form 101 - Enrollment Application
- Form 102 - Beneficiary Designation
- Form 103 - Salary Worksheet

What is an employee’s waiting period for benefits?

The waiting period for coverage begins the 1st of the month following the eligible class full-time hire date.

What is an employee class?

For disability (STD and/or LTD), each pre-determined class can have different payment methods.

For Life/AD&D, the employee classes are pre-determined and the premium payment method must be the same for both classes while coverage amount may vary by class.

What if I miss the window for enrollment?

Employees who miss the window for enrollment will need to wait until the open enrollment period to apply for the Benefit Plan.

What is open enrollment?

Open enrollment occurs only once a year. This period is for employees who missed their initial enrollment or employers making changes to their Employer Benefit Agreement. Enrollment and change forms must be submitted during the open enrollment dates for a January 1 effective date.

Forms & Resources

Where do I find forms and other benefit information?

All forms are found on our website, <http://www.fcmmbenefits.org> under the “Forms & Document” tab.

Invoices & Premiums

When are Benefit Plan premiums paid?

Benefit Plan premiums for STD, LTD, and Life/AD&D are paid to FCMM by the employer quarterly (see page 8 for invoice payment schedule).

What are the premium rates and payment methods for the Standard and Plus plans?

See page 8 for premium rates and payment methods.

Updates & Changes

When can I update the Employer Benefit Agreement?

It can only be updated during the annual open enrollment period for January 1 effective date.

Do I need to update employee salaries with FCMM?

Yes! Any time there is a salary update, FCMM needs to be informed because the salary amount affects the disability (STD and/or LTD) potential benefit amount.

Complete *Form 103: Salary Worksheet* and submit to FCMM as soon as administratively feasible. FCMM will apply the premium change on the next quarterly invoice.

What if an employee ends employment or is no longer eligible?

Inform FCMM by email immediately with the employee’s last date of eligible employment. FCMM issues premium refunds if necessary.

Active employment is work for earnings which are paid regularly where the employee is performing the material and substantial duties of their regular occupation. Severance pay is NOT active employment, and employees cannot continue to be covered.

Benefit Information

What is the Long Term Disability maximum salary used to calculate the maximum benefit?

The maximum salary to receive the maximum benefit for an approved Long Term Disability claim is \$170,000/year.

What is the Short Term Disability maximum salary used to calculate the maximum benefit?

The maximum salary to receive the maximum benefit for an approved Short Term Disability claim is \$86,600/year.

Are Life/AD&D premiums taxable?

Per the IRS, taxability of premiums applies only to staff benefit (employer) paid 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.

Example: If employee’s total annual salary equals \$90,000, the 1x Annual coverage amount is \$90,000. The total annual premium is \$324. The total annual premium for \$50,000 is \$180. Taxable income amount for \$90,000 of coverage (\$324) minus the total premium amount for \$50,000 (\$180) equals \$144.

How do I file a claim?

Review *Form 135: Filing A Claim* then contact FCMM Client Services at benefits@fcmmbenefits.org for more next steps.

Contact Information

Where to Send Documents

Address

FCMM Benefits & Retirement
901 East 78th Street
Minneapolis, Minnesota 55420

Secure File Upload

<https://fcmmbenefits.leapfile.net/>

Fax

(952) 853-8474

How to Contact

Email

benefits@fcmmbenefits.org

Phone

(800) 995-5357

Website

www.fcmmbenefits.org

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