

## Enrollment Information

Please complete all required forms entirely, and submit to your employer to be reviewed, signed, and sent to FCMM for processing. Enrollment forms must be submitted to FCMM within 30 days of the eligibility date. Once your enrollment is processed, you will receive a Welcome Email that will include the LTD Certificate, STD Certificate (if enrolled in the Plus Plan), and Life/AD&D Class Certificate.

### 1. Complete Enrollment forms

- Form 101 - Enrollment Application
- Limitations & Exclusions
- Form 102 - Beneficiary Designation
- Form 103 - Salary Worksheet

### 2. Understand the Terms

- *Standard Plan vs. Plus Plan:* The Standard Plan includes Long Term Disability Insurance and Life/AD&D Insurance. The Plus Plan includes Short Term Disability and Long Term Disability Insurance and Life/AD&D Insurance. The plan is chosen by the employer and detailed on the Form 120.
- *Hire Date/Eligibility Date:* The date you start working at least 25 hours a week and enter an eligible class determined on the Form 120.
- *Coverage Effective Date:* 1st of the month following the "Hire Date/Eligibility Date".
- *Authorized Signature:* Employer signature (EX: treasurer, pastor, administrator, etc.)
- *Open Enrollment Period:* Enrollment Applications may be submitted during the annual open enrollment dates each fall for a January 1 start date of benefits for newly eligible employees or changes to benefits.

### 3. Electronically Send Completed Forms to FCMM

- Submit within 30 days of eligible hire date
- Secure File Exchange Portal (preferred): <https://fcmmbenefits.leapfile.net/>
- Fax: 952.853.8474

### 4. Contact Client Services with Questions

- Email (preferred): [benefits@fcmmbenefits.org](mailto:benefits@fcmmbenefits.org)
- Phone: 1.800.995.5357

*All forms in this packet are current as of 09/2025.*



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  
Enrollment Form  
Policy #930391/Div #001

**Form 101: Enrollment Application**

**Employee Social Security Number** \_\_\_\_\_ **Gender**  M  F **Date of Birth (mm/dd/yyyy)** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Employee First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Employee Home Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_ **Job Title** \_\_\_\_\_ **Pastor or Non-Pastor**

**Hire Date/Eligibility Date** \_\_\_\_\_ **Total Annual Salary** \$ \_\_\_\_\_ **Salary or Hourly**   **Hours Worked Per Week** \_\_\_\_\_

**Employer Completion REQUIRED**

This section must be completed by the employer.

Complete one of the employer pre-determined plan options for the employee listed above.

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

Long Term Disability Payment Method:  
 Staff Benefit  
 Payroll Deduction

Life/AD&D Payment Method  
 Staff Benefit  
 Payroll Deduction

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

Short Term & Long Term Disability Payment Method:  
 Staff Benefit  
 Payroll Deduction

Life/AD&D Payment Method:  
 Staff Benefit  
 Payroll Deduction

If **payroll deduction** for one benefit (STD, LTD, and/or Life/AD&D), employee must affirm below:

- Yes, I would like to participate in the FCMM Benefit Plan (Disability and Life/AD&D) at this time, and I authorize my employer to make the necessary deductions from my salary to pay the benefit premiums when my insurance becomes effective. I understand my payroll deduction amount will change if my coverage or costs change.
- No, I do not wish to participate in the FCMM Benefit Plan (Disability and Life/AD&D) at this time through payroll deduction. I understand I cannot enroll again until the annual open enrollment, if I wish to elect this coverage in the future. Enrolling at a future date will include a pre-existing limitation on coverage.

.....  
*I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off, or leave of absence on the date this insurance would otherwise become effective. I have read and understand the information in Form 138 - Coverage Overview, Limitations & Exclusions, benefit amounts, and offsets. My signature verifies the accuracy of information contained on this form.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Coverage Effective Date:** \_\_\_\_ / 0 1 / \_\_\_\_ **Authorized Employer Signature:** \_\_\_\_\_

# GROUP LIFE/AD&D, STD & LTD Plan Exclusions and Limitations

## STD PLAN

## LTD PLAN

### **Active employee**

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

### **Delayed effective date of coverage**

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### **Termination of coverage**

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

### **Definition of disability**

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is performed for a specific employer, at a specific location.

You are considered disabled when Unum determines that:

- You are limited from performing the material & substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury.

After 36 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are

unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

### **Deductible income**

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- Legal judgments and settlements
- Other group or association disability programs or insurance
- Social Security or similar governmental programs
- Social Security or similar governmental programs
- Automobile liability insurance policy
- Governmental retirement system
- Third-party settlements
- Other group insurance plans
- Retirement payments

### **Exclusions & limitations**

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries
- The loss of a professional or occupational license does not, in itself, constitute disability
- Commission of a crime for which you have been convicted. Unum will not pay a benefit for any period of disability during which you are incarcerated.

## **STD PLAN**

- Pre-existing conditions
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law)

### **Pre-existing conditions**

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 6 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage

## **LTD PLAN**

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

## **LIFE / AD&D INSURANCE ~ Exclusions and limitations**

### **Actively at work**

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off. Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

### **Exclusions and limitations**

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations: Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

### **Delayed effective date of coverage**

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### **Age reduction**

Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

### **Termination of coverage**

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

*Underwritten by: Unum Life Insurance Company of America, Portland, Maine*

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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  
Enrollment & Update Form  
Policy #930391/Div #001

**Form 102: Beneficiary Designation**

Please complete the beneficiary information on this form. If you wish to change your beneficiary at any time please complete a new Form 102. The form with the most recent signature date will replace all other elections or directions. Beneficiary designation will affect your LTD Survivor Benefit and Life/AD&D Insurance coverage.

**Employee Social Security Number**

**Gender**

**Date of Birth (mm/dd/yyyy)**

M  F

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Employee First Name**

**M.I. Last Name**

**Phone Number**  
\_\_\_\_\_

**Email Address**  
\_\_\_\_\_

**(I) PRIMARY BENEFICIARY(S) (REQUIRED)**

<u>Name (last name, first, middle initial):</u>	<u>Relation to You:</u>	<u>Benefit %:</u>
(1)		
(2)		

*\*Total of all Primary Beneficiary designations must equal 100%.*

**(II) CONTINGENT BENEFICIARY(S) (REQUIRED)**  
If the beneficiary(ies) named above are not living, then pay:

<u>Name (last name, first, middle initial):</u>	<u>Relation to You:</u>	<u>Benefit %:</u>
(1)		
(2)		
(3)		
(4)		

*\*Total of all Contingent Beneficiary designations must equal 100%.*

*I certify all statements I provided are true to the best of my knowledge and belief, and I understand a copy of this form will be made available to me at my request. I have read and understand the "Limitations and Exclusions" included with this enrollment form.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**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**

<b>Standard Plan (LTD &amp; Life/AD&amp;D)</b>	<b>Plus Plan (STD, LTD &amp; Life/AD&amp;D)</b>
<p><b>LTD:</b></p> <ul style="list-style-type: none"> <li>• .008 (rate) x total annual salary = annual cost                             <ul style="list-style-type: none"> <li>○ <i>If total annual salary exceeds \$170,000, use \$170,000 as your total annual salary.</i></li> </ul> </li> </ul> <p><b>Life/AD&amp;D:</b></p> <ul style="list-style-type: none"> <li>• \$10,000 Coverage = \$36/annually (.0036 rate)</li> <li>• \$50,000 Coverage = \$180/annually (.0036 rate)</li> <li>• 1x Coverage = annual salary (rounded to next \$1,000) x .0036 (rate)                             <ul style="list-style-type: none"> <li>○ <i>If total annual salary exceeds \$120,000, use \$120,000 in calculation.</i></li> </ul> </li> </ul>	<p><b>STD &amp; LTD:</b></p> <ul style="list-style-type: none"> <li>• .0092 (rate) x total annual salary = annual cost                             <ul style="list-style-type: none"> <li>○ <i>If total annual salary exceeds \$170,000, use \$170,000 as your total annual salary.</i></li> </ul> </li> </ul> <p><b>Life/AD&amp;D:</b></p> <ul style="list-style-type: none"> <li>• \$10,000 Coverage = \$36/annually (.0036 rate)</li> <li>• \$50,000 Coverage = \$180/annually (.0036 rate)</li> <li>• 1x Coverage = annual salary (rounded to next \$1,000) x .0036 (rate)                             <ul style="list-style-type: none"> <li>○ <i>If total annual salary exceeds \$120,000, use \$120,000 in calculation.</i></li> </ul> </li> </ul>

**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**

No.: \_\_\_\_\_ Received in Good Order: \_\_\_\_\_