



## Employee Benefits Unit Set-Up and Change Form

Participating Employer/Unit Information:				
Unit Name				
Federal Tax ID:		Unit #		
Address:				
Type of Set-Up	<input type="checkbox"/> New Unit	Effective Date		
	<input type="checkbox"/> Revised Plan Elections	Enrollment Dates (if special enrollment period required)		
Kenedy Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diocesan Entity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of employees		Payroll Provider	<input type="checkbox"/> Paycor Client ID: <input type="checkbox"/> Beene Garter <input type="checkbox"/> Other	
Contact information:				
Name	Title	Phone #	Email	Bookkeeper Self-Service Access (Y/N)
Benefit Plan Selections: Please "x" in appropriate column next to Plan. New units only use "Add" Column.				
<i>Note: Please check with your Diocese regarding any required MCC programs.</i>				
MCC PLAN	Add*	Remove	No Change**	Notes
Medical – BCN Blue Elect Plus				
Medical – BCBSM PPO1				
Medical – BCBSM PPO2				
Medical – BCBSM PPHD				
Dental				
Vision				
Life, AD&D (select one): <input type="checkbox"/> 1 X Base Pay <input type="checkbox"/> 1.5 X Base Pay <input type="checkbox"/> 2X Base Pay				
Optional Life (Includes Employee and Dependent Life)				
Flexible Spending Accounts (Includes Dependent Care Reimbursement Account and Health Care FSAs.)				
403(b) Retirement Savings				
Short-Term Disability (STD)				
Long-Term Disability (LTD)				
Lay Employees' Retirement Plan				Contact MCC if you wish to stop participation.
Unemployment Ins. Program				
Diocesan Priest <input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD				These benefits are established by Diocese
Property Casualty PLFP				Available only to diocesan unit
Clergy Auto				

\*Participation Agreements may be required for all or some of the employee benefit programs selected.

\*\*Current benefit plans remain as is.

Requestor Name (Please print): \_\_\_\_\_

Title: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For MCC Use Only	Department	Date	Completed
	Employee Benefits	Received:	
	IT	Sent:	
	Finance	Sent	
	Risk	Sent	