



Unit Set-Up and Change Form

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|--|--|---------------------------------------|---|--------------------------------|-------------------------|
| Unit/Participating Employer Information <i>All sections to be completed in full. Use 'Enrollment dates' only if a special enrollment period is required.</i> | | | | | |
| Type of set-up: <input type="checkbox"/> New unit/participating employer <input type="checkbox"/> Revised benefit plan selections | | Effective date <i>MM/DD/YYYY</i> | Enrollment dates <i>MM/DD/YYYY to MM/DD/YYYY</i> | | |
| Unit/participating employer name | | | | | Unit number <i>####</i> |
| Address <i>Street address or PO box, city, state, and zip code</i> | | | | Federal tax ID <i>##-#####</i> | |
| Number of employees | Payroll provider: <input type="checkbox"/> Beene Garter <input type="checkbox"/> Paycor <input type="checkbox"/> Other | Paycor client ID <i>If applicable</i> | <input type="checkbox"/> Diocesan entity <input type="checkbox"/> Listed in Kenedy Directory | | |
| Bookkeeper/Business Manager(s) Contact Information | | | | | |
| Name <i>First and last</i> | | Title | | | |
| Email | | Phone <i>(###) ###-####</i> | <input type="checkbox"/> Accesss to Bookkeeper Self-Serve requested | | |
| Name <i>First and last</i> | | Title | | | |
| Email | | Phone <i>(###) ###-####</i> | <input type="checkbox"/> Accesss to Bookkeeper Self-Serve requested | | |
| Name <i>First and last</i> | | Title | | | |
| Email | | Phone <i>(###) ###-####</i> | <input type="checkbox"/> Accesss to Bookkeeper Self-Serve requested | | |
| Unit/Participating Employer Benefit Plan Selections | | | | | |
| Note: Please check with your Diocese regarding any required MCC programs. Participation agreements may be required for some or all of the employee benefit programs selected. | | | | | |
| PPO1 Medical Plan | <input type="checkbox"/> Add <input type="checkbox"/> Drop | Short Term Disability Plan | <input type="checkbox"/> Add <input type="checkbox"/> Drop | | |
| PPO2 Medical Plan | <input type="checkbox"/> Add <input type="checkbox"/> Drop | Long Term Disability Plan | <input type="checkbox"/> Add <input type="checkbox"/> Drop | | |
| PPOHD Medical Plan | <input type="checkbox"/> Add <input type="checkbox"/> Drop | 403(b) Retirement Savings Plan | <input type="checkbox"/> Add <input type="checkbox"/> Drop | | |
| BCN Blue Elect Plus Medical Plan | <input type="checkbox"/> Add <input type="checkbox"/> Drop | Unemployment Insurance | <input type="checkbox"/> Add <input type="checkbox"/> Drop | | |
| Dental Plan | <input type="checkbox"/> Add <input type="checkbox"/> Drop | Property/Casualty RMP | <input type="checkbox"/> Add <input type="checkbox"/> Drop | | |
| Vision Plan | <input type="checkbox"/> Add <input type="checkbox"/> Drop | Clergy Automobile Insurance | <input type="checkbox"/> Add <input type="checkbox"/> Drop | | |
| Flexible Spending Accounts | <input type="checkbox"/> Add <input type="checkbox"/> Drop <i>Includes dependent care FSA, standard health care FSA, and limited purposes health care FSA</i> | | | | |
| Life and AD&D Insurance | <input type="checkbox"/> Add <i>If adding, select level of coverage:</i> <input type="checkbox"/> 1x <input type="checkbox"/> 1.5x <input type="checkbox"/> 2x <i>or</i> <input type="checkbox"/> Drop | | | | |
| Optional Life Insurance | <input type="checkbox"/> Add <input type="checkbox"/> Drop <i>Includes employee and dependent life insurance</i> | | | | |
| Lay Employees' Retirement Plan | <input type="checkbox"/> Add <i>Contact MCC if you wish to stop participation</i> | | | | |
| Requestor Information <i>You must sign and date this form for it to be valid.</i> | | | | | |
| I acknowledge that offering a High Deductible Health Plan (PPO2 and/or PPOHD) requires an employer contribution to an employee Health Savings Account of \$50 per month for each employee electing either of these plans. | | | | | |
| I understand each unit is required to adopt the Section 125 Church Flexible Benefit Plan as Amended and Restated in order to deduct pre-tax the employee cost share for medical, dental and vision plans and contributions to Flexible Spending Accounts and Health Savings Account. | | | | | |
| Name <i>First and last</i> | | Title | | | |
| Signature | | | | Date <i>MM/DD/YYYY</i> | |