

**Non-Contributory Long Term Disability Plan
UNUM**

Enrollment Form N

Name _____ Soc Sec # _____

Birth Date _____ Employment Date _____

Position _____ Church & Presbytery _____

Quarterly Premium Calculation

- | | |
|---|-----------|
| 1. Your Annual Church Salary | \$ □□,□□□ |
| 2. Annual Housing Allowance and/or Fair Rental Value
of Manse As Reported on IRS Form 1040 - Schedule SE

(for most recently completed tax year) | \$ □□,□□□ |
| 3. Total (add lines 1. and 2.) | \$ □□,□□□ |
| 4. Quarterly Salary (divide line 3. by 4) | \$ □□,□□□ |
| 5. Group Rate | .0034 |
| 6. Quarterly Premium (multiply line 4. times line 5.) | \$ □□□.□□ |

Benefit Summary

- | | |
|-----------------------|---|
| Monthly Benefit: | 60% of monthly earnings to a maximum benefit of \$5,000 per month. 70 % all sources integration |
| Elimination Period: | 180 days (disabled participant would have to wait this length of time before benefits would begin) |
| Duration of Benefits: | if under age 62 when disabled then to age 67; if age 62 then 60 months; if age 63 then 48 months; if age 64 then 42 months; if age 65 then 36 months; if age 66 then 30 months; if age 67 then 24 months; if age 68 then 18 months; if age 69 and over then 12 months |
| Deductible Income: | benefits are reduced for Social Security retirement/disability payments received by employee Worker's Compensation, and certain other income |
| Pre-existing: | a condition existing 3 months before enrollment will be excluded for 12 months |

Please complete, sign and return this form to the General Assembly's Board of Stewardship.

I understand that the presbytery or agency is providing this coverage as a benefit to its full-time ministers and, in some cases, other eligible employees. Moreover, the information submitted on this form will determine the premium and, therefore, will impact any future benefits.

Employee Signature _____

Date _____