

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

Enrollment Form N
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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<br>of Manse as Reported on IRS Form 1040 – Schedule SE<br><br>(for most recently completed tax year) |  | \$ _____ |
| 3. Total (add lines 1. and 2.)  |  | \$ _____ |
| 4. Quarterly Salary (divide line 3. by 4)   |  | \$ _____ |
| 5. Group Rate   |  | .1510    |
| 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 \_\_\_\_\_