

The Diocese of Santa Rosa



Lay Employee Benefits Guide

For lay employees working **at least 20 but less than 30 hours** per week regularly and customarily on a permanent, non-seasonal basis.

Effective July 1, 2023 to June 30, 2024

Employee Name: _____

Site Name: _____

Eligibility Date: _____

Benefits Effective Date: _____

This guide and more benefits information are also available at <https://srdiocese.org/lay-employee-benefits>

About the Information in the Benefits Guide

This Benefit Information Guide briefly summarizes your benefits as of July 1, 2023, and is not considered “Evidence of Coverage.” This is not a legal document. This document is not intended to cover every option detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

If there should be any differences between the summaries in this guide and the legal documents, contracts, or policies, the legal contracts and policies will prevail.

Please refer to your policy and plan documents for a complete description of the coverage, exclusions, limitations, conditions, and controlling terms at www.srdiocee.org.

All Benefits in this booklet are subject to change. This is an Employee Benefits Guide and not a contract. All Benefits are subject to the provisions and exclusion on the master contract.

Restricted Rights

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This document is subject to change without notice. The Diocese of Santa Rosa does not warrant that the material contained in this document is error-free. If you find any issues with this document, please write to the Benefits Department at: rdelao@srdiocee.org. The Diocese of Santa Rosa reserves the right to terminate, suspend, withdraw, or modify the benefits described in this document, in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right.

HIPAA and Privacy

At the Diocese of Santa Rosa, we recognize the confidentiality of your personal information, and we are committed to keeping that information private. In addition to our organization's commitment, the federal Health Insurance Portability and Accountability Act (HIPAA) established privacy rules for individually identifiable health information that the Diocese of Santa Rosa had to comply with starting April 14, 2003.

For questions, please contact the Diocesan Benefits Department at (707) 566-3349

☒ EMPLOYEE CHECKLIST:

Congratulations! Provided you are now working at least 20 hours per week to a maximum of 29, you are eligible for partial benefits.

Your Diocesan offered benefits are effective on the first of the month coinciding with or next following your eligibility date⁺.

Follow this checklist to fully complete enrollment in the benefits you are entitled to. Refer to the Lay Employee Benefits Guide for details on each benefit.

Retirement Plan:

- ☐ create your login access at www.OneAmerica.com
- ☐ designate your beneficiary: click, "My Information" then "Personal Information"

If electing payroll deferrals to participate in the 403(b) traditional and/or 403(b) Roth plans:

- ☐ complete the *Employee Salary Deferral Election form** and return it to your administrator

Life Insurance:

- ☐ complete the *Unum Beneficiary form** and return it to your administrator

If electing to purchase additional coverage:

- ☐ complete the online enrollment at:
<https://secure.goco.io/companies/diocese-of-santa-rosa/invite/YzBk>

Acknowledgment of Receipt:

- ☐ sign/date the *Acknowledgment of Receipt form** and return it to your administrator

⁺Your eligibility date is the date on which your employment status qualifies you for benefits.

*All necessary forms to complete are found at the back of this guide.

The Diocese of Santa Rosa is committed to providing a strong benefits package as part of the total compensation program for its employees. Therefore, all benefits offered are selected by a committee comprised of religious and lay employees selects all benefits offered.

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RETIREMENT PLANS SUMMARY



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA® company

401(a) DEFINED CONTRIBUTION RETIREMENT PLAN

Group #G62488

The Diocese of Santa Rosa sponsors a retirement plan designed to cover most employees who work at least 20 or more hours per week. *Coverage under this plan is cost-free to eligible employees.*

Eligibility

- Lay employees must satisfy a required waiting period of 12 months of service and must be scheduled to work regularly and customarily at least 20 or more hours per week for at least 9 months per year.

Employer Contributions

- Contributions to employees' accounts commence on the first of the month following their first anniversary or after completing 12 months of service if there is a break in service. Contribution to employees whose eligibility date is on the first day of a month begins immediately on the first anniversary.
- A contribution equal to 5.5% of the employee's wages is made to the employee's account by the employee's work location monthly.

Vesting

- Employees are immediately vested on the first of the month following their first anniversary or 12 completed months of service if a break in service exists.

Custodian

- OneAmerica, founded by American United Life Insurance Company (AUL).
Telephone: 1-800-249-6269.
 - Employees can choose from a variety of investments offered by OneAmerica or a default fund, an age-based fund managed according to the employee's age and target retirement date.
 - Employees can view and monitor their investments by creating a login access code online at www.OneAmerica.com.

Registration

- Employees are enrolled when eligible by the Benefits Administrator at their work location.
- **Employees must create an access login at www.OneAmerica.com to indicate their designated beneficiary.** -No paper form is available.

Note that all mail and quarterly statements from One America are sent by American United Life (AUL). Please open and read before discarding.

403(b) EMPLOYEE VOLUNTARY RETIREMENT PLANS

Employees have the opportunity to enhance their retirement compensation by *voluntarily* deferring part of their salaries into either or both of the two following supplemental plans offered:

- **403(b) Traditional:** Contributions are pre-tax deductible and ***automatically reduce your federal and state income tax***. Distributions are taxable.
- **403(b) Roth:** Contribution **amounts are subtracted from after-tax dollars**, and any qualified distributions from the plan will be completely tax-free.

Eligibility

- Employees working ***at least 20 hours per week for at least 9 months per year*** are eligible to participate in this plan effective immediately – there is no waiting period.

Contribution Limit on employee elective salary deferrals

- Federal law limits the amount individuals may defer under these Plans and any other retirement plan permitting elective contributions during any calendar year. For 2023, the limit is \$22,500.

Catch-up Contributions

- For 2023, employees 50 years old or over may elect to contribute an additional \$7,500 (for a total of \$30,000) before the close of the calendar year.

Custodian

- One America, founded by American United Life Insurance Company (AUL).
Telephone: 1-800-249-6269
- One America is the sole provider of 403(b) Traditional and Roth elective services for our Diocese. Contributions cannot be sent to other institutions.

Enrollment Process

- An Employee Salary Deferral Election Form is found at the end of this package.
- You may enroll or make contribution changes at any time during the year.

Rollover Option

- Employees, may roll over funds from other 403(b) plans, 457(b) governmental plans, or 401(a) plans at any time during the year. Contact One America for instructions.

Loan Plan:

- Loans can be granted from the employees' *Traditional 403(b) plan only* for safe harbor hardship reasons such as necessary medical care expenses, purchase of a principal residence, payment of tuition and related educational expenses, payment necessary to prevent the eviction of participant principal residence, payments for funeral or burial expenses, and expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under Code section 165.
- Loans cannot be granted from the employer contribution amount or 403(b) Roth deferrals.
- For detailed information and process, go to www.OneAmerica.com or contact One America at 1-800-249-6269.

Note that all mail and quarterly statements from One America are sent by American United Life (AUL). Please open and read before discarding.

Term Life with Accidental Death & Dismemberment (AD&D) Insurance



How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why Choose Unum?

Your employer is offering you this coverage at no cost to you.

What else is included?

A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$100,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Work-life balance Employee Assistance Program

(EAP) Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you’re traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you can receive coverage for:

You:	You can receive 2 times your earnings up to a maximum of \$100,000. You can get up to \$100,000 with no medical underwriting.
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Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can get 2 times your earnings of AD&D coverage up to a maximum of \$100,000.
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How do I Enroll?

You will be automatically enrolled in this benefit as of your benefits effective date noted on the front of this guide hence **YOU ARE REQUIRED** to complete the Beneficiary Designation Form found at the end of this guide and turn it in to your Benefits Administrator.

Actively at work

Eligible Diocesan employees must be actively at work to **be eligible** for coverage. Being actively at work means on the day the employee is **eligible** for coverage, the individual must be working at one of **the** company's business locations; or a location where he/she is required to represent the company. 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.

Diocesan Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage; be actively employed in the United States with the Employer to receive coverage; **and** be insured under the plan for spouses and dependents to be eligible for 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.

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

Diocesan 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 65, and will reduce to 50% of the original amount when you reach age 70. 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

Work-life balance Employee Assistance Program (EAP)

The Work-life balance Employee Assistance Program, provided by HealthAdvocate, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Worldwide emergency travel assistance

Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to chance and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

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

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Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



This benefit is included with your "employer paid" Unum Life Ins. coverage.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more



WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

**Better
benefits
at work.™**

unum.com

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority. Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details. Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-2058-1 FOR EMPLOYEES (10-20)



Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home.



This benefit is included with your "employer paid" Unum Life Ins. coverage.

IF YOU EXPERIENCED A MEDICAL EMERGENCY WHILE TRAVELING, WOULD YOU KNOW WHOM TO CALL?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it’s always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

USE YOUR TRAVEL ASSISTANCE PHONE NUMBER TO ACCESS:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOU TO:

- Multi-lingual, medically certified crisis management professionals.
- A state-of-the-art global response operations center.
- Qualified medical providers around the world.

With the Assist America Mobile App, you can:

- Call Assist America’s Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.



Download and activate the app today from the Apple App Store or Google Play.

Reference Number: 01-AA-UN-762490

24/7 SERVICES ANYWHERE IN THE WORLD

Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.



You can access travel assistance services through the phone number on your travel assistance wallet card. If you have misplaced your card, contact your human resources department and ask for a replacement.

If you need travel assistance anywhere in the world, contact us day or night.



Within the U.S.
1-800-872-1414



Outside the U.S.
(U.S. access code) +609-986-1234



Via e-mail:
medservices@assistamerica.com

WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOU TO:

- Multi-lingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

TRAVEL ASSISTANCE FAQs

Which countries can I travel to?

Assist America's services have no geographical exclusions. Its worldwide network stands ready to help wherever your travels take you.

Is my family covered?

Your spouse and dependent children up to age 19 (or the age specified by your medical plan) are covered.**

Are pre-existing conditions excluded?

No. Whether your medical emergency is the result of a new or pre-existing condition, Assist America's trained representatives will help you find qualified medical care and facilities.

What about sports-related injuries?

Whether you've been involved in recreational or extreme sporting, worldwide emergency travel assistance will provide support for all your medical needs.

Who pays for the services I use if I have a travel emergency?

Assist America arranges and pays for 100% of the services the company provides, with no caps or charge-backs to either you or your employer. But you must call Assist America first — you can't be reimbursed for services you arrange on your own.*



**Better benefits
at work.™**

unum.com

* Hospital admission is coordinated by Assist America, Inc. It may require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America, Inc. within 45 days. Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses, such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

**Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-1935-1 FOR EMPLOYEES (11-20)



Diocese of Santa Rosa

Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Voluntary Enrollment - Employee Paid



How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you buy a minimum of \$10,000 of coverage now that you become benefits eligible, you can increase your coverage in the future up to \$150,000 to meet your growing needs with no medical underwriting.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

How do I enroll?

Click this [link](https://secure.goco.io/companies/diocese-of-santa-rosa/invite/YzBk) to enroll

OR GO TO:

<https://secure.goco.io/companies/diocese-of-santa-rosa/invite/YzBk>

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you may apply for coverage for:

You:	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$150,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.
Your spouse:	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000 with no medical underwriting, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your children:	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your spouse:	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your children:	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No medical underwriting is required for AD&D coverage.

What is the cost of this coverage?

Please see next page for worksheet to estimate your cost. Final premium is calculated upon enrollment..

How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.
Use the rate table (at right) to find the rate based on age.
(Choose the age you will be when your coverage becomes effective on 01/01/2023. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 01/01/2023.)
4. Enter your cost.

	1	2	3	4
Employee	\$____,000	÷ \$1,000 = \$____	X \$____	= \$____
Spouse	\$____,000	÷ \$1,000 = \$____	X \$____	= \$____
Child	\$____,000	÷ \$1,000 = \$____	X \$____	= \$____
Total cost				

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$1,000 of coverage	Per \$1,000 of coverage	\$0.350 per \$1,000 of coverage
	Cost	Cost	
15-24	\$0.030	\$0.030	
25-29	\$0.030	\$0.030	
30-34	\$0.040	\$0.040	
35-39	\$0.070	\$0.070	
40-44	\$0.100	\$0.100	
45-49	\$0.150	\$0.150	
50-54	\$0.230	\$0.230	
55-59	\$0.340	\$0.340	
60-64	\$0.450	\$0.450	
65-69	\$0.750	\$0.750	
70-74	\$1.200	\$1.200	
75+	\$2.060	\$2.060	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.
Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	\$____,000	÷ \$1,000 = \$____	X \$0.020	= \$____
Spouse	\$____,000	÷ \$1,000 = \$____	X \$0.020	= \$____
Child	\$____,000	÷ \$1,000 = \$____	X \$0.020	= \$____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$1,000 of coverage	\$0.020
Spouse	per \$1,000 of coverage	\$0.020
Child	per \$1,000 of coverage	\$0.020

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

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.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

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 or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's 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

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.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age Reduction

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

Termination of coverage

Your coverage and your dependents' 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

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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***Please complete the attached forms
and turn them in to your HR
Department within 30 days of your
eligibility date.***

✓ *Make a copy for your records.*

Required forms:

- Unum Life and AD&D Ins. -Beneficiary Designation.
- Acknowledgment of Receipt

Optional form:

- Employee Salary Deferral Election Forms

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Diocese of Santa Rosa

403(b) Retirement Plan

Participation in this plan is voluntary

Employee Salary Deferral Election Form

Employee Name: _____

Address: _____

Social Security Number: _____ DOB: _____

Entity Name and City: _____

I hereby elect to revoke any previous contribution instructions and I now request that the amount(s) set forth below be deducted from my compensation for **each per pay period** starting with the payroll period of: _____ to my account as indicated below.

Name: Diocese of Santa Rosa Employee Savings Plan

Custodian: One America

_____ **403(b) Traditional** - Amount: \$_____ or percentage _____%.

The contribution amount is subtracted from gross pay as **pre-tax dollars**.

_____ **403(b) ROTH** - Amount: \$_____ or percentage _____%.

The contribution amount is subtracted from **after-tax dollars**.

I understand that the above elections will be withheld from my compensation and deposited in my account at OneAmerica each pay period and shall remain in place until such time as I modify this election by filing a revised Employee Salary Deferral Election form with my employer.

Employee Signature

Date

For office use only: Date form rec'd: _____ Deduction entered in IBS: _____

If payroll for your site is processed at the Chancery Office, please FAX to confidential # 707-566-3381: _____

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BENEFICIARY DESIGNATION FORM
GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT
CRITICAL ILLNESS AND ACCIDENT INSURANCE
Unum Life Insurance Company of America
Unum Insurance Company
Provident Life and Accident Insurance Company
The Paul Revere Life Insurance Company

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

SECTION 1: Employee Information

Name (Last Name, Suffix, First Name, MI)		Social Security Number
Policy Number(s) 956634		Division Number(s)
Employer Name DIOCESE OF SANTA ROSA	Check the coverages listed below to which this beneficiary designation applies: <input type="checkbox"/> Basic Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accident <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input checked="" type="checkbox"/> All	

SECTION 2: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

1. Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Telephone: _____
Social Security Number: _____
Email address: _____
Percentage: _____ (Total must equal 100% between all beneficiaries)
2. Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Telephone: _____
Social Security Number: _____
Email address: _____
Percentage: _____ (Total must equal 100% between all beneficiaries)
3. Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Telephone: _____
Social Security Number: _____
Email address: _____
Percentage: _____ (Total must equal 100% between all beneficiaries)



BENEFICIARY DESIGNATION FORM
GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT
CRITICAL ILLNESS AND ACCIDENT INSURANCE

SECTION 3: Contingent Beneficiary (ies)

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

1. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Social Security Number: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all beneficiaries)

2. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Social Security Number: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all beneficiaries)

3. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Social Security Number: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all beneficiaries)

SECTION 4: Signature

X

Employee Signature

Date

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- **Critical Illness** is insurance elected by you for which you pay the premium.
- **Accident** is insurance elected by you for which you pay the premiums.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



ACKNOWLEDGMENT OF RECEIPT

Please read and initial each item below.

I acknowledge that:

- ☐ I have been given the appropriate summary of benefits information
- ☐ I reviewed the information in the Lay Employee Benefits Guide
- ☐ I understand the benefits available to me as an Employee at one of the sites of the Diocese of Santa Rosa
- ☐ I am required to follow and complete the steps provided to me on page 3 to completely enroll in all the benefits I am entitled to.

Please sign and date below and return to your HR Director:

Print Name: _____

Signature: _____ Date: _____

Office use only:

Received on: _____ *by:* _____

Site Name: _____