



2020 Budget
Worksheet
Long-Term Disability

Please keep a completed copy for your records.

Completed forms must be returned to Brethren Insurance Services WITHIN 31 DAYS OF YOUR HIRE DATE. If you miss the initial 31-day enrollment period, you may be eligible for late enrollment for life and/or disability coverage. Also, keep in mind that we offer an annual open enrollment for our dental, vision, life and AD&D, long- and short-term disability, and accident plans.

ACCOUNT INFORMATION

Employer or Congregation Name Agreement No. or Church Code

Employee Last Name First Name MI

Employee Address

City State ZIP

Telephone Email

We will use your email address solely to communicate with you about Brethren Insurance Services.

LTD PREMIUM CALCULATION

NOTE: Coverage amount is based on this information. Please submit a new form annually and any time there is a salary and/or housing allowance change.

Salary Effective Date Hours worked per week
(minimum required = 20 hrs/wk)

- A. Your base annual cash salary (Do not prorate)
B. Housing Allowance (includes utilities)
C. Total (A) + (B) (Maximum covered salary is \$90,000)
D. Divide (C) by \$100
E. Multiply (D) by 0.70 (This is your annualized LTD premium)
F. Divide (E) by 12 (This is your monthly LTD premium)

SIGNATURES

I understand that misstatements, misrepresentations, or omissions may result in my insurance coverage being void as of its effective date with no benefits payable. I hereby request the group insurance coverage for which I am or may become eligible and authorize deductions from my earnings to serve as payment for any required contributions. My signature below affirms that all information and statements provided on this form are full, complete, and true to the best of my knowledge.

Fraud Warning Notice: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits a request for enrollment or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature of Employee Date

Signature of Employer Date
(church board chair, district executive, treasurer, or other authorized employer representative)