

A not-for-profit ministry of Church of the Brethren Benefit Trust Inc. 1505 Dundee Avenue • Elgin, Illinois 60120-1619 800-746-1505 • 847-695-0200 • Fax 847-742-6336 insurance@cobbt.org • www.bbtinsurance.org

2022 Budget Worksheet Long-Term Disability

Please keep a completed copy for your records.

Employer Name		Church Code		
Employee Last Name		First Name	MI	
Employee Address				
City	State_		ZIP	
el ephone	Email		to communicate with you about Brethren Insurance Se.	
LTD PREMIUM CALCULAT	ION			
		mit a new form annually and	d any time there is a salary and/or housing	
alary Effective Date		per week	_	
. Your base annual cash salary	(Do not prorate)		A	
. Housing Allowance (includes (If you use a parsonage, use 20			B	
. Total (A) + (B) (Maximum co	overed salary is \$90,000)		C	
. Divide (C) by \$100			D	
E. Multiply (D) by 0.70 (This is your annualized LTD premium)			E	
Divide (E) by 12 (This is you	r monthly LTD premium)		F	
SIGNATURES				
reby request the group insurance coverage ntributions. My signature below affirms th	for which I am or may become eligib nat all information and statements pro p, with intent to defraud or knowing	le and authorize deductions from ovided on this form are full, compl that he/she is facilitating a fraud	is of its effective date with no benefits payable. I my earnings to serve as payment for any required ete, and true to the best of my knowledge. against an insurer, submits a request for enrollm	
ignature of Employee	Date	Signature of Employer	Date	

Revised 2/2022 BISLTDWrksht2021.qxp

(church board chair, district executive, treasurer, or other authorized employer representative)