Non-Contributory Long Term Disability Plan

METLIFE

Enrollment Form

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 .0111

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**_____