

# 2011 Lay Employees Adoption Agreement for Benefit Plans with the Florida Conference

Church/Organization Name: \_\_\_\_\_

Church GCFA number: \_\_\_\_\_

Preschool/School Name: \_\_\_\_\_

The undersigned, a duly authorized representative (such as church treasurer/business administrator/pastor) of the Church/School/ Organization, hereby declares the Church/School/Organization's intention to participate or waive the Florida Conference Benefit Plans for 2011. This agreement is binding for the entire 2011 benefit year.

## Lay employees' participation in the Benefit Plans for 2010 (doesn't apply to clergy)

I hereby declare the Church/Organization's **intention to participate** in the Florida Conference Health and Benefit Plans for 2011 for our lay employees working a minimum of 30 hours. Total number of **eligible lay employees** at the church/organization: \_\_\_\_\_

I hereby declare our Church has a **daycare/preschool/school** that **intends to participate** in the Florida Conference Health and Benefit Plans for 2010 for our full time lay employees at the preschool/school working a minimum of 30 hours. Total number of **eligible lay employees** at the **daycare/preschool/school**: \_\_\_\_\_

**NOTE: Seventy-five percent of all eligible lay employees of the church/organization/school must be enrolled in the health plan. (Employees covered on their spouse's health insurance plan or enrolled in a health plan effective 90 days prior to employment, covered under COBRA or retirement benefits, should be excluded from the seventy-five percent calculation).**

The health insurance, dental insurance and flexible spending accounts are **pre-tax deductions**. The life insurance is an **after-tax deduction**. Check the box for each benefit plan you will offer to your lay employees.

- |   |  |
|---|--|
| <input type="checkbox"/> Health Insurance (church policy dictates shared costs) | <input type="checkbox"/> Dental Insurance (employee pays all)          |
| <input type="checkbox"/> Life Insurance (employee pays all)                     | <input type="checkbox"/> Flexible Spending Account (employee pays all) |

**Note:** IRS Treasury Reg. 1.125 regulation prohibits changing your benefit elections mid-year unless one or more of the following "change in status" has occurred. To make a change in your benefit elections outside of the annual Open Enrollment period, you must meet one or more of the criteria listed below.

Birth, adoption or legal custody for a minor child, divorce, legal separation or annulment, marriage, death, spouse/dependent lost medical coverage due to termination of employment.

You have 30 days following the date of the qualifying event (change in status) to notify the Florida Conference of the event. Otherwise your request cannot be made and you must wait until the next annual Open Enrollment to make the change.

By signing this agreement, the church/organization understands that it is responsible for obtaining the monthly invoices from the Florida Conference website and must pay the invoices by the invoice due date. Failure to do so may result in termination of benefits.

Print Name of Signatory: \_\_\_\_\_ Title: \_\_\_\_\_

Signature on Behalf of Church/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

## Option to waive participation for lay employees for 2011 (doesn't apply to clergy)

I hereby declare the church/organization's intention to **waive participation** in the Conference Health and Benefit Plans for our **lay employees** in 2011. **Any employees currently enrolled in health and benefit plans will have their insurance coverage terminated on 12/31/10.**

I hereby declare the church's **daycare/preschool/school** intends to **waive participation** in the Conference Health and Benefit Plans for our **lay employees** in 2011. **Any employees currently enrolled in health and benefit plans will have their insurance coverage terminated on 12/31/10.**

Print Name of Signatory: \_\_\_\_\_ Title: \_\_\_\_\_

Signature on behalf of Church/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the information below and mail or fax this form to the Human Resources and Benefits office by 10/15/2010. Please send us only one copy.**

**Mail to 450 Martin Luther King Jr. Ave., Lakeland, FL 33818 or Fax to 863-688-5189 (Please mail or fax-not both)**