

Table of Contents

	<u>Date</u>	<u>Chng</u>	<u>Form#</u>
Employee Benefits Guide Overview.....	1/21/2020	Y	
Employee Benefits Guide Table of Contents.....	2/13/2020	Y	
Contact Information.....	2/13/2020	Y	
DOW-R Employee Benefits Summary.....	2/13/2020	Y	
Hire/Term Forms			
Notice of New Employee Hire/Increase Hours/ Termination/ Reduce Hours/ Name Change	11/21/19	Y	001
New Hire Employee Benefits Checklist	11/14/19	Y	002
Form I-9 Employment Eligibility Verification.....	10/21/19	Y	I-9
Form I-9 Instructions Only	10/21/19	Y	
Form W-4	2020	Y	W-4
Form W-4MN (Note: All employees who complete a 2020 IRS W-4 form must complete the W-4MN) .	2020	Y	W-4MN
Terminating Employee Benefits Checklist.....	10/25/18		003
Information for Terminating Employees – Alerus: COBRA.....			
Section A – Health and Dental Insurance for Plan Year 2019/2020			
Health and Dental Insurance Plan Participation and Form Directions	2/13/2020	Y	
Summary of Benefits and Coverage \$1500 Deductible.....		Y	
Summary of Benefits and Coverage \$5,000 Deductible.....		Y	
Lay Employee Dental Highlights and Coverage		Y	
Summary Plan Booklet - BCBS \$1500 Deductible– online only through www.bluecrossmnonline.com ..			
Summary Plan Booklet - BCBS \$5000 Deductible – online only through www.bluecrossmnonline.com .			
Summary Plan Booklet - Delta Dental – online only through www.DeltaDentalMN.org.....			
Information: New Health Insurance Marketplace Coverage Options.....	Exp 5/31/20		
Information: Premium Assistance Under Medicaid & the Children’s Health Insurance Program (CHIP) .	Exp 1/23		
Information: FAQs - Health and Dental Insurance Enrollment and Change Form	7/25/19	Y	
Information: Directions for Online Access to BCBS and Delta Dental.....	10/25/18		
Information: BCBS Special Enrollment	2016		
Form: BCBS&DD Enrollment/Change/Waive Group Coverage Form.....	1/22/2020	Y	A-1
Form: BCBS&DD Qualifying Event Group Coverage Form.....	1/22/2020	Y	A-2
Section B – Life, Accidental Death & Dismemberment (AD&D) and Long Term Disability (LTD) Ins			
Term Life Insurance and Long Term Disability (LTD) Insurance Participation and Form Directions	2/13/2020	Y	
Accidental Death and Dismemberment (AD&D) Insurance Participation and Form Directions	2/13/2020	Y	
Benefits at a Glance – Life Insurance Plan.....	7/1/18		
Benefits at a Glance – LTD Plan	7/1/18		
Benefits at a Glance - AD&D 24-Hour Accident Insurance			
Summary Plan Booklet – Life Insurance – online only			
Summary Plan Booklet – LTD – online only			
Summary Plan Booklet – AD&D – online only			
Form: Basic Group Life Insurance, LTD and AD&D Enrollment	10/25/18	Y	B-1
Form Long-Term Disability Insurance Claim Form - online only			
Section C – 403(b) Lay Employees Retirement Plan			
403(b) Lay Employees Retirement Plan Information.....	1/22/2020		
403(b) Lay Employees Retirement Summary Plan Description – online only			
403(b) Lay Employees Retirement Plan Participation and Form Directions.....	1/22/2020		
Enrollment Booklet – online only or obtain from diocesan Benefit Office			
403(b) Lay Employees Retirement Plan Information for Terminating/Retiring Participants.....	12/5/19		
Form: Salary Reduction Agreement	1/1/2020		C-2
Form: 403(b) Contract Exchange Request (CONTEXCHG) online only			
Form: Rollover Request online only.....			
Section D – Flexible Spending Account (FSA) – Medical and Dependent Care			
Flexible Benefits Plan Participation and Form Directions	1/22/20	Y	
Summary Plan Booklet – Medical FSA - Online only	For 2020		
Summary Plan Booklet – Dependent Care FSA - Online only.....	For 2020		
Information: FSA – The Medical Flexible Spending Account	8/18		
Information: FSA – Limited Purpose (used with an HSA).....		Y	
Information: Medical FSA Worksheet	11/18		
Information: FSA – The Dependent Care Flexible Spending Account	2/18		
Information: Dependent Care FSA Worksheet.....	3/18	Y	
Information: Getting Reimbursed for Dependent Care Expenses			
Information: Accessing Flexible Spending Account Information Online	10/25/18		
Form: FSA Enrollment Form	For 2020	Y	D-2

Form: Medical Expense Reimbursement Account Claim - Online only	2/18		F8503R09
Form: Daycare Expense Reimbursement Claim - Online only.....	2/18		F8420R10
Form: Qualifying Event Notification Form - Online only.....	2/18		F3927R07
Form: Authorization for Direct Deposit (ONLY for Medical Flex or Dependent Care) - Online only.....	2/18		F7415R17

Section E – Supplemental Life Insurance

Supplemental Life Insurance Participation and Form Directions	1/22/2020		
Benefits at a Glance - Supplemental Life	7/1/18		
Supplemental Life – Term Life Insurance Coverage Highlights		Y	ADR1879-2001
Summary Plan Booklet – Supplement Life Insurance – online only	For 19/20		
Information: “What Would Your Family Do Without Your Income” flyer	10/16		
Information: “Group term life insurance” flyer	10/16	Y	
Form: Supplemental Life Term Life Insurance Enrollment	10/25/18		E-1
Form: Evidence of Insurability (only if exceeding limits) – Email benefits for online form link			

Section F – Family Medical Leave (FMLA) – Online only

Family and Medical Leave Act Text			
Employer Notification Requirements under the Family Medical Leave Act			FS 28D
FMLA – Who is Covered			FS 28
Notice of Eligibility & Rights	Exp 8/31/21		
Designation Notice	Exp 8/31/21		
Certification of Health Care Provider for Employee’s Serious Health Condition	Exp 8/31/21		
Certification of Health Care Provider for Family Member’s Serious Health Condition	Exp 8/31/21		

Revised 2/13/2020