**Diocese of Newark**

**Annual Health Insurance & Pension Reporting**

**For Coverage for the Year Beginning January 1, 2016**

Please complete and return this form to *Leslie Thomas, Diocesan Insurance Coordinator (**lthomas@dioceseofnewark.org**), after the Open Enrollment Period but no later than* ***December 1****.*

|  |  |
| --- | --- |
| **Congregation Name** |  |
| **Street Address** |  | **City** |  |
| **Congregational Leader** |  |
| **E-mail address** |  | **Phone** |  |
| **Date Completed** |  |

**1. Health Insurance**

*Canons mandate health benefits through the Episcopal Church Medical Trust for (a) all lay employees scheduled to work a minimum of 1,500 hours annually and (b) all clergy working half time or more. Eligible clergy and lay employees may opt out only if they have comparable coverage through another source (spouse, previous employer, etc.). Under federal law, an employer may* ***not*** *pay an employee’s premium for Medicare supplement coverage.*

**Please complete the grid below, entering the number of persons in each box**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Population** | **Not Eligible** | **Eligible** | **Enrolled in Medical Trust Plan** | **Not Enrolled/****Opt Out\*** |
| Clergy |  |  |  |  |
| Lay Employees |  |  |  |  |
| **Total** |  |  |  |  |

**\* if there are any opt-outs, indicate the other sources of coverage below:**

|  |
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|  |

**Please state the congregational policy for health-care coverage. Please also indicate if there have been any changes to the policy within the last year.**

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**Please provide details of the process taken to ensure all clergy and eligible lay employees are given the opportunity to elect appropriate coverage through the congregation’s enrollment process or are covered in some other way.**

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**Please provide details of any special situations encountered during the current period.** *This would include cases where employees are declining coverage available from the congregation or where the congregation was not able to offer clergy or eligible lay employees what was needed in terms of coverage.*

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**Please provide any additional information or suggestions you believe may be helpful in the ongoing review of the process.**

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**2. Pension**

*Canons mandate pension benefits through the Church Pension Fund for (a) all clergy paid at least $200 a month for three or more consecutive months, excluding travel expenses, and (b) all lay employees scheduled to work a minimum of 1,000 hours annually. (Retired clergy receiving benefits from the Fund may be exempted in some circumstances.)*

**Please indicate the number of employees in each category below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Population** | **Not Eligible** | **Eligible** | **Enrolled in a Church Pension Fund plan** | **Not Enrolled** |
| Clergy |  |  |  |  |
| Lay Church Employees |  |  |  |  |
| Lay School Employees |  |  |  |  |
| **Total** |  |  |  |  |

**For lay pensions, kindly indicate your organization’s current contribution percentage:**

|  |  |  |
| --- | --- | --- |
|  | **Employer Contribution** | **Employer Match** |
| **Church** | **%** | Employee contributions up to **%** |
| **School** | **%** | Employee contributions up to **%** |

Revised June 2013