



NEW HIRE ORIENTATION CHECKLIST

Date of Hire: _____ Benefits Eligibility Date: _____ Second Orientation Date: _____

Employee Name: _____ Location: _____
(PLEASE PRINT)

Employment Information (All Employees)

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Mission Statement<input type="checkbox"/> Core Values<input type="checkbox"/> HR Mission/Vision/Values Statement<input type="checkbox"/> Identification Picture/Badge<input type="checkbox"/> Offer Letter<input type="checkbox"/> Job Description<input type="checkbox"/> Emergency Information Sheet<input type="checkbox"/> Employment Eligibility Verification (Form I-9)<input type="checkbox"/> W-4 Form<input type="checkbox"/> New Employee Hire Form<input type="checkbox"/> Dress Code Policy<input type="checkbox"/> Unemployment/Disability Exemption Notice<input type="checkbox"/> Wage Disclosure Notice (non-exempt employees only)<input type="checkbox"/> Earned Income Tax Credit Outreach Campaign<input type="checkbox"/> HIPPA Information | <ul style="list-style-type: none"><input type="checkbox"/> Online Administration Handbook Notice<input type="checkbox"/> Electronic Communications Policy<input type="checkbox"/> Personal Communications Device Policy<input type="checkbox"/> Conflict of Interest Policy<input type="checkbox"/> Discrimination and Harassment Policy<input type="checkbox"/> Respecting the Boundaries Brochure<input type="checkbox"/> Working Together Brochure<input type="checkbox"/> Substance Abuse Policy<input type="checkbox"/> Non-Smoking Policy<input type="checkbox"/> Counseling & Discipline Policy<input type="checkbox"/> Meal & Break Periods Policy<input type="checkbox"/> Pay Period Schedule <input type="checkbox"/> Time Sheet<input type="checkbox"/> Direct Deposit Authorization Forms:<ul style="list-style-type: none"><input type="checkbox"/> General checking and/or savings account(s)<input type="checkbox"/> Parishioners Federal Credit Union account(s)<input type="checkbox"/> Parishioners Federal Credit Union Brochure |
|---|---|

Workers Compensation

- ☐ Worker's Compensation Brochure
- ☐ Pre-designation of Personal Physician
- ☐ Pre-designation of Chiropractor and/or Acupuncturist

Benefits and Insurance Information*

(Eligibility based on the number of hours worked per week)

- ☐ ACC Lay Employee Benefits Summary Sheet*
- ☐ Archdiocese of Los Angeles 2015—2016 Benefits Guide

*Employees working less than 20 hours per week are not eligible for benefits other than those required by law.

Health Care Plans (30 hours per week or more):

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Anthem Blue Cross PPO<input type="checkbox"/> Anthem Blue Cross EPO<input type="checkbox"/> Benefit Premiums Sheet<input type="checkbox"/> Flexible Contributions Account (FCA)<input type="checkbox"/> U.S. Behavioral Health Brochure (United Optum)<input type="checkbox"/> Benefits Enrollment/Change Form | <ul style="list-style-type: none"><input type="checkbox"/> Kaiser Permanente EPO<input type="checkbox"/> Continuation Coverage |
|--|---|

Voluntary Insurance Plans (20 hours per week or more):

- ☐ Hartford Group Life Insurance Form (ADLA Provided)
- ☐ Voluntary Life/AD&D Insurance
- ☐ Cost Calculation(s) – Voluntary Life/AD&D Insurance (Pg. 8)
- ☐ Voluntary Disability Insurance
- ☐ Cost Calculation(s) – Voluntary Disability Insurance (Pgs. 9-10)
- ☐ The Hartford Disability Flyer

Employee Retirement (20 hours per week or more)

- ☐ Pension Plan Booklet
- ☐ Beneficiary Designation Form
- ☐ Tax Deferred Annuity Program

Flyers (20 hours per week or more):

- ☐ Gym Promotion
- ☐ Transit Subsidy

FINGERPRINTING, NEW HIRE ORIENTATION, & BENEFITS ENROLLMENT ACKNOWLEDGMENT

I have received the fingerprinting schedule(s) and understand that I am required to be fingerprinted within 90 days of my hire date. I understand that failure to get fingerprinted within 90 days of my hire date will result in disciplinary action up to and including termination of my employment.

Employee Initials

I acknowledge that all of the items on this checklist, applicable to my position, were reviewed with me. I understand that I must either elect or waive enrollment in the above insurance plan(s) by completing the Benefits Enrollment/Change Form within 31 days of my hire date. I understand that if I do not choose any of the above insurance benefits within 31 days of my hire date, I will be unable to elect benefits for the remainder of the plan year, unless I provide satisfactory evidence of insurability at my own expense and/or proof of a qualifying life event. The insurance company will then determine whether or not I will be covered by the group benefits.

Employee Signature

Date

MISSION STATEMENT



We, the People of God of the Archdiocese of Los Angeles,
humbly accept our mission
to continue the redemptive work of Jesus Christ.

Baptized into the Body of Christ,
confirmed in the Holy Spirit,
and nourished by the Word and Eucharist,
we share Christ's mission
of priest, prophet, and servant.

We affirm our oneness
with the Catholic Church throughout the world,
in communion with our Holy Father.
With the pastoral leadership of our Archbishop,
we collaborate in varied ways
to live and proclaim the Gospel.

Christ announced the reign of God.
As Church, we are the instrument
of this reign in the world.
We commit ourselves to build a community of faith and love.

With Christ, we bring good news to the poor.
We commit ourselves to eliminate
the many faces of poverty in our midst
--physical, spiritual and moral.

With Christ, we uphold the dignity of human life.
We commit ourselves to cherish each person
and to be faithful stewards of all God's creation.

With Christ, we affirm the bonds that unite us.
We commit ourselves to remove the barriers that divide people in the
large, complex and multicultural society of Southern California.

We dedicate our parish communities, and our schools, institutions,
ministries, and organizations to fulfill this mission under the loving
patronage of Mary, Queen of the Angels.

CORE VALUES



Dedicated to our mission and recognizing the special pastoral administrative roles we fulfill in the service of the people of God, we, the lay employees, priests and religious of the Archdiocese of Los Angeles commit ourselves to live and reflect core values that emanate from and further that mission. These values are:

- † Service to others
- † Christian dignity and respect
- † Commitment to community
- † Collaboration in ministry

The essence of our work is service to each other and to our parishioners. That service is rooted in the gospel model of servant leadership.

Christian dignity and mutual respect are the values that characterize our personal relationships and working environment. Our professional relationships must reflect our belief that we are called to love one another.

I give you a new commandment: Love one another. As I have loved you, so you also should love one another. ~Jn. 13:35

Our ministry is blessed and strengthened by a community and personal prayer life as well as social activities that promote unity and morale among us. A dedication to continuous development of Christian community requires that the overall good of the community takes precedence over the personal goals and ambitions of individuals.

We serve in an environment that requires and promotes good interpersonal relations and collaboration with each other as well as with parishes and organizations throughout the Archdiocese. Such a cooperative environment breaks down the barriers that divide individuals and departments and encourages a unity of purpose throughout the organization.



HUMAN RESOURCES/FINGERPRINTING

VISION STATEMENT

The Human Resources/Fingerprinting Department's vision is to ensure that all employees, educators, volunteers and visitors are provided with a respectful, timely and professional level of service.

MISSION STATEMENT

The Human Resources/Fingerprinting Department is committed to working together to make certain we maintain a high level of quality service to our Catholic community and to be prepared and committed to continually engage in professional growth. That growth includes but is not limited to workshops, in-service sessions, continuing education and other learning opportunities.

VALUES

To fulfill and achieve our mission, according to our gospel values. To receive everyone who comes to or calls upon the Human Resources/Fingerprinting Department for help, advice or assistance; with dignity, respect and an open door, an open heart and an open mind.



EMERGENCY INFORMATION SHEET

Name: _____ Date: _____
Department: _____ Job Title: _____
Building: _____ Floor: _____
Lay _____ Religious _____ Clergy _____
Extension: _____ Work Days/Hours: _____
Home Address: _____
Home Phone Number: _____ Mobile Phone Number: _____
Social Security Number: _____ Birthdate: _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY: (*Please list two—One out of state, if possible*).

Name: _____ Relationship: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Name: _____ Relationship: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

IF YOU WISH YOUR PERSONAL PHYSICIAN TO BE CONTACTED, PLEASE INDICATE THE PHYSICIAN'S NAME, ADDRESS AND TELEPHONE NUMBER.

Name: _____ Phone Number: _____

Address: _____

Special Considerations:

List any special medical needs, allergies, prescribed medication etc. _____

Insurance:

If necessary, can you show evidence of current automobile insurance? _____



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
 - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
 - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
 5. Sign and date the attestation on the date Section 2 is completed.
 6. Record the employer's business name and address.
 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)								
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code						
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number							
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
			Archdiocese of Los Angeles	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
3424 Wilshire Blvd.		Los Angeles	CA	90010

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			(1) NOT VALID FOR EMPLOYMENT
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa			(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		3. School ID card with a photograph	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
		4. Voter's registration card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		6. Military dependent's ID card	5. Native American tribal document
		7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
		8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		9. Driver's license issued by a Canadian government authority	8. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	_____

For accuracy, complete all worksheets that apply.

• If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.

• If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

• If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<div style="display: flex; justify-content: space-between;"><div style="text-align: left;">Form W-4 Department of the Treasury Internal Revenue Service</div><div style="text-align: center;">Employee's Withholding Allowance Certificate</div><div style="text-align: right;">OMB No. 1545-0074 2015</div></div>	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	
1 Your first name and middle initial	Last name
2 Your social security number	
Home address (number and street or rural route)	
City or town, state, and ZIP code	
3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7 _____	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.	
Employee's signature (This form is not valid unless you sign it.) ► _____	
Date ► _____	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)
10 Employer identification number (EIN)	

Archdiocese of Los Angeles, 3424 Wilshire Blvd. Los Angeles, CA 90010

Cat. No. 10220Q

Form **W-4** (2015)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



NEW EMPLOYEE HIRE INFORMATION

(Please Print)

First Name: _____ Middle Initial: _____ Last Name: _____

Department: _____ Extension: _____

Job Title: _____

Start Date: _____ Birthday: _____ / _____
Month Day

Car Year/Make/Model: _____

License Plate Number: _____

Please check any and all that may apply:

☐ I drive to work and will need parking.

☐ I do not drive to work and will not need parking.

☐ I have a DMV handicapped sticker/placard/license plate.

☐ I have special parking needs due to health problems.
(We will accommodate, if possible)

(For internal use only) Applied Technology _____ Operations _____



ARCHDIOCESE DRESS CODE POLICY

Staff members represent the Church and should therefore dress and groom accordingly. All staff are expected to be neat and clean, maintain a professional appearance, and observe good habits of grooming and personal hygiene. Professional and conservative business attire must be worn in the archdiocesan offices, classrooms, and most other work areas. Staff members should check with the person in charge for clarification about what is appropriate in their work area.

Whether or not you are in the public eye, professional and appropriate business attire must be worn. T-shirts, tank tops, casual sandals, flip flops, shorts, sweats, torn, faded, sheer/see-through clothing, etc., is not appropriate. Jeans are not considered business/professional attire and may not be worn at any time unless your duties require you to be crawling under desks, moving equipment or materials the majority of the day or performing maintenance/custodial work. We do not have a casual dress policy or “casual days” in place. Please adhere to the dress code and always do your best to represent yourself and the Archdiocese in the best light possible

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494.

ARCHDIOCESE DRESS CODE POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Archdiocese Dress Code Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Location

UNEMPLOYMENT/DISABILITY EXEMPTION NOTICE



The Archdiocese of Los Angeles is a non-profit, religious organization that is **EXEMPT** from and **does not participate** in:

1. State Unemployment Insurance
2. State Disability Insurance

While employees are not able to benefit from the state unemployment and disability program, a voluntary short term and long term disability insurance plan is available to eligible employees. Eligible employees will be given information on the voluntary disability plan during New Hire Orientation.

A voluntary unemployment insurance plan is not available through the Archdiocese of Los Angeles

If you have any questions regarding this notice, please contact The Human Resources Department at (213) 637-7494.

UNEMPLOYMENT/DISABILITY EXEMPTION NOTICE ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Unemployment/Disability Exemption Notice of the Archdiocese of Los Angeles.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

NOTICE TO EMPLOYEE (NON-EXEMPT/CLASSIFIED ONLY)
Labor Code Section 2810.5

Employee Name: _____

Start Date: _____

EMPLOYER

Employer Name (Official Catholic Directory Name of Location): Archdiocese of Los Angeles

Employer DBA (Name on Payroll Checks if different from above): _____

Address: 3424 Wilshire Blvd. Los Angeles, CA 90010

Telephone Number: 213 637-7000

WAGE INFORMATION

Rate(s) of Pay: \$ _____ (identify each rate if employee is paid at different rates for different duties)

Overtime Rate(s): _____ (= 1.5 x rate for hours worked over 8 and less than 12 in a day or for more than 40 in a week or for the first 8 hours of the 7th consecutive day worked in a week); _____ (= 2x rate for hours worked over 12 in a day, or more than 8 on the 7th consecutive day worked in a week)

Rate by (check box): ☒ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission

☐ Other (provide specifics): _____

Dollar value of meal(s) or lodging provided by employer that is considered part of employee's wage: _____

(Signing the acknowledgment of receipt below does not constitute a "voluntary written agreement" as required by law in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be a separate document.)

Regular Payday: Bi-Weekly (e.g., bi-weekly [every 2 weeks] on Fridays; bi-monthly [twice a month] on 1st and 15th of the month)

PAID SICK LEAVE

The employer's paid sick leave policy meets and exceeds the requirements of California Labor Code Sections 245-249, which provide that employees who have worked in California at least 30 days in a year may accrue and use a minimum of 3 days of paid sick leave a year. Employees have a right to request and use their accrued paid sick leave. Employees may not be retaliated against for using or requesting the use of accrued paid sick leave and have the right to file a complaint against an employer who retaliates against them. Additional information about the employer's paid sick leave policy is available online at <http://handbook.la-archdiocese.org/chapter-5/section-5-8/topic-5-8-2> and in the employer's policies and procedures which are provided to each employee.

WORKERS' COMPENSATION

The employee's signature on this Notice merely constitutes acknowledgment of receipt

Insurance Carrier's Name: York Risk Services Group, Inc.

Address: P.O. Box 619070 Roseville, CA 95661

Telephone Number: 661-775-9550 Fax: 866-548-2637

Self-Insured (Labor Code Section 3700) ☐ (yes) Certificate Number for Consent to Self-Insure: 1656

ACKNOWLEDGEMENT OF RECEIPT

The Employee's Signature on this notice merely constitutes acknowledgment of receipt.

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

(Date)

(Date)

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within 7 calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within 7 days of the changes.



Department of Justice, Peace, and Human Development
Secretariat of Catholic Education

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3160
WEBSITE: WWW.USCCB.ORG/JPHD • FAX 202-541-3339

TO: Superintendents and Diocesan Contacts

FROM: The United States Conference of Catholic Bishops
Department of Justice, Peace, and Human Development
Secretariat of Catholic Education

RE: 2014 Earned Income Tax Credit Outreach Campaign

DATE: March 2014

The Compendium of the Social Doctrine of the Church notes:

250. In order to protect [the] relationship between family and work, an element that must be appreciated and safeguarded is that of a family wage, a wage sufficient to maintain a family and allow it to live decently. Such a wage must also allow for savings that will permit the acquisition of property as a guarantee of freedom. The right to property is closely connected with the existence of families, which protect themselves from need thanks also to savings and to the building up of family property. There can be several different ways to make a family wage a concrete reality. Various forms of important social provisions help to bring it about, for example, family subsidies and other contributions for dependent family members, and also remuneration for the domestic work done in the home by one of the parents.

Millions of working poor families are finding it increasingly difficult to meet their daily needs and achieve financial security. One of the ways our society provides the “family subsidies” to which the *Compendium* refers is the Earned Income Tax Credit (EITC).

Earlier this year, the Census Bureau reported that the EITC, combined with the Child Tax Credit (CTC), lifts over four million children out of poverty, making them the most potent tool the government has for fighting child poverty.

These powerful antipoverty initiatives deliver critical income support for millions of workers in low-wage jobs. Claiming these tax credits put families on the path to securing better housing, pursuing quality education, obtaining dependable transportation, covering out-of-pocket health care costs, or paying for quality childcare. It is important that we continue this outreach to help ensure that low and moderate-income working families do not miss out on these benefits.

Enclosed is information regarding the 2014 Tax Credit Outreach Kit. More information can be found at www.eitcoutreach.org.

Thank you for your help and for all that you do to serve poor and vulnerable people and families. Any questions about the program can be directed to Tom Mulloy, domestic policy advisor, at tmulloy@usccb.org.



EITC is for working people who earn less than \$51,567. This year, the credit can be from \$2 up to \$6,044. The credit amount changes based on:

- if you are single or married
- if you have no, one, two, or three or more children
- the amount you earned

Are you eligible to claim EITC for 2013?

Here are the rules to claim the credit . . .

- Must work and have earned income
- Must have a valid Social Security number
- Investment income limited to \$3,300
- Generally must be a U.S. citizen or resident alien all year
- Cannot file as married filing separately
- Cannot be a qualifying child of another person
- Cannot file Form 2555 or 2555-EZ (related to foreign earned income)

You have to file a federal tax return to get EITC even if you owe no tax or are not required to file. EITC provides a boost to help pay your bills, fix up your place, or save for a rainy day.

Just imagine what you could do with EITC.



IMPORTANT INFORMATION ABOUT YOUR CONTINUATION COVERAGE

What is continuation coverage?

The Archdiocese of Los Angeles gives employees and their families the opportunity to continue their health care coverage at their own expense when there is a "qualifying event" that would otherwise result in a loss of coverage. Those individuals who are entitled to continue coverage are referred to as "qualified beneficiaries." Depending on the type of qualifying event, "qualified beneficiaries" can include the employee covered under the group health plan, a covered employee's spouse, and dependent children of the covered employee.

If you are a qualified beneficiary, you may elect continuation coverage only under the Plan or Plans that covered you immediately before the qualifying event. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, such as changing coverage under the Plan during open enrollment or other special enrollment rights. The persons who have been identified by the Plan as qualified beneficiaries entitled to elect continuation coverage are listed on the cover letter sent with this Notice.

How long will my continuation coverage last?

The length of time for which coverage may be continued depends on the qualifying event. In the case of a loss of coverage due to termination of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of a loss of coverage due to an employee's death, divorce or legal separation, the employee's entitlement to Medicare or a dependent child's ceasing to be a dependent under the terms of the Plan, coverage may be continued for up to 36 months. When the qualifying event is the termination of employment or reduction of the employee's hours of employment and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. The cover letter sent with this Notice shows the maximum period of continuation coverage available to the qualified beneficiaries at this time.

A qualified beneficiary's continuation coverage will be terminated before the end of the maximum period if: any required premium is not paid on time, the qualified beneficiary becomes covered under another group health plan, the qualified beneficiary enrolls in Medicare, the employer ceases to provide any group health plan for its employees or, if coverage is being continued because of the special extended coverage period for disabled individuals (see, below), it is determined that the person is no longer disabled under the Social Security laws. Continuation coverage may also be terminated for any generally applicable reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

Special rules for termination of employment and reduction of hours.

If your qualifying event would ordinarily result in a maximum continuation coverage period of 18 months, the following special rules apply:

How can I extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify Cobra Control Services, LLC of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability.

An 11-month extension of coverage may be available if any of the qualified beneficiaries is disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify Cobra Control Services, LLC of that fact within 60 days of the SSA's determination and before the end of the first 18 months of continuation coverage. All of the qualified beneficiaries listed on the first page of this Notice who have elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify Cobra Control Services, LLC of that fact within 30 days of the SSA's determination.

Second Qualifying Event.

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months from the date continuation coverage first began. Such second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's enrolling in Medicare, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. Please note: Enrollment in Medicare will be a second qualifying event only if it would cause a loss of coverage for the dependent under the active plan. You must notify Cobra Control Services, LLC within 60 days after a second qualifying event occurs.

Medicare Entitlement Followed by Qualifying Event.

If a qualifying event occurs less than 18 months after the date you become entitled to Medicare, the period of continuation coverage for your qualified beneficiaries is 36 months from the date of your Medicare entitlement.

How do I elect continuation coverage?

Each qualified beneficiary has an independent right to elect continuation coverage. For example, both the employee and the employee's spouse may elect continuation coverage, or only one of them. Similarly, parents may elect to continue coverage only on behalf of their dependent children. A qualified beneficiary must elect coverage by the date specified on the cover letter sent with this Notice. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until the deadline for electing coverage, but the continuation of coverage will begin only as of the date the change is post-marked or otherwise received.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage. The rates for continuation coverage for qualified beneficiaries are set forth on the election form accompanying this Notice.

When and how must I pay for continuation coverage?

First payment for continuation coverage

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the Election Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within that 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact Cobra Control Services, LLC to confirm the correct amount of your first payment.

Your completed election form and first payment for continuation coverage should be sent to:

Election Form	First Payment
Cobra Control Services, LLC	Cobra Control Services, LLC
PO Box 62407	PO Box 417985
King of Prussia, PA 19406	Boston, MA 02241-7985

Your election form and payment must be sent by REGULAR U.S. MAIL to the address listed above. The postmark on your letter will document proof of mailing. Please note that the P.O. Box will not accept correspondence sent by certified mail or delivery service.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Your payments are due in full by the first of the month for that month of coverage (Example, premiums for coverage in July are due by July 1st). If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break. The Plan will not send periodic notices of payments due for these coverage periods.

Periodic payments for continuation coverage should be sent to Cobra Control Services, LLC at the address set forth above.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

How do I get more information?

More information about continuation coverage and your rights under the Plan may be available from the Plan Administrator.

For more information about health insurance options available through the Health Insurance Marketplace, visit www.healthcare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than continuation of coverage.

What if I move or have children who do not live with me?

In order to protect your family's rights, you should keep Cobra Control Services, LLC informed of any changes to the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator. If you have a spouse or any dependent children who are eligible to elect continuation coverage, but who do not live with you, please provide Cobra Control Services, LLC with their names and addresses.

Pre-designation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness that are not work related, the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records; your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries; prior to the injury your doctor agrees to treat you for work injuries or illnesses; prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

Notice Of Pre-designation Of Personal Physician Employee: Complete this section

Employer _____

If I have a work-related injury or illness, I choose to be treated by:

(Name of doctor) (M.D., D.O., or medical group)

(street address, city, state, zip)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee Signature: _____ Date _____

Note to Employee: Unless you agree in writing, neither your employer or York may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or York may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature _____

Employee # _____ Date _____

Physician: I agree to this Pre-designation:

Signature: _____ Date _____

(Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3). (Optional DWC Form 9783 July 1, 2014)

Notice Of Personal Chiropractic Or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (L.A.C.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or L.A.C. in writing prior to the injury/illness. York generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or York has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or L.A.C. You may use this form to notify your employer of your personal D.C. or L.A.C., or your employer may have their own form. The D.C. or L.A.C. must be your regular D.C. or L.A.C. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or L.A.C. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

Name of chiropractor or acupuncturist (D.C., L.A.C.)

(street address, city, state, zip code)

(telephone number)

Employee Name (Please Print): _____

Employee's Address: _____

Employee's Signature:

Date: _____
Title 8, California Code of Regulations, section 9783.1
(Optional DWC Form 9783.1 Effective date July 1, 2014)

WHEN A WORK INJURY OCCURS...

- **Quickly seek first aid.**
- **Call 9-1-1 for help immediately if emergency medical care is needed.**
- **Immediately report injuries to your supervisor or employer representative at** _____

Information & Assistance Office:

Employer MUST complete this information

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The Facts About Workers' Compensation

York Risk Services Group, Inc.
P.O. Box 619079
Roseville, CA 95661
Phone (866) 221-2402
Fax (866) 548-2637

Approved by Division of Workers' Compensation

What is workers' compensation? Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. York Risk Services Group (York) is your employer's claims administrator. Your employer or York can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or York if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employee. Immediately notify your employer or York so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to York. York is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to \$10,000 in treatment pending a decision by York for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to York Risk Services Group.

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor.

State law limits certain medical services as of January 1, 2004. You should never receive a medical bill. If additional treatment is necessary, York will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to York so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or York. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

Temporary Disability Benefits: If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD, York will send you a letter explaining how the benefit was calculated. If the injury

causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, York will provide a voucher up to a maximum of \$6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It is a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/ illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured worker's whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov/dwc.

If You Still Have Questions...ask your supervisor or employer representative. Or contact York at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at: <http://www.dir.ca.gov/dwc>.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to \$150,000 and imprisonment up to five years.

ONLINE ADMINISTRATIVE HANDBOOK NOTICE



The Archdiocese of Los Angeles Administrative Handbook 2014 Edition can be accessed online by visiting <http://handbook.la-archdiocese.org/>

The online handbook integrates a wide range of pre-existing resources, guides, manuals and other publications to offer a single comprehensive source of information on archdiocesan administrative policies and procedures. The Archdiocese of Los Angeles Online Administrative Handbook 2014 Edition:

- Applies to all locations-all parishes, all schools -- whether parish or archdiocesan, the Archdiocesan Catholic Center and all other operating units.
- Applies to clergy, paid staff, students, parents/guardians and volunteers.
- Is in fully searchable electronic format for easy access, allowing for simplified up-dating and reduction of printing costs.
- Includes policies and procedures for day-to-day operations as well as particular situations and features more than 300 internal and external resources and links.

The Archdiocese of Los Angeles Online Administrative Handbook 2014 Edition updates, integrates, and replaces the Elementary and Secondary Schools Administrative Handbook released in 2009 and the previous parish handbooks and other manuals released since 1996. Comments concerning the Handbook are welcomed and should be forwarded to handbook@la-archdiocese.org.

The Archdiocese reserves the right to update the Online Administrative Handbook to reflect policy as needs evolve.

If you have any questions regarding the Archdiocese of Los Angeles Online Administrative Handbook 2014 Edition, please contact the Human Resources Department at (213) 637-7494.

ONLINE ADMINISTRATIVE HANDBOOK NOTICE



ONLINE ADMINISTRATIVE HANDBOOK NOTICE ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Online Administrative Handbook Notice of the Archdiocese of Los Angeles. I understand that I will not be issued a print copy of the Administrative Handbook and that it is my responsibility to access the Administrative Handbook and read the policies and regulations of the Archdiocese of Los Angeles. I agree to comply with all Archdiocese of Los Angeles policies and regulations and understand that failure to do so will result in disciplinary action, up to and including termination of my employment.

Employee Signature

Date

Employee Name (Please Print)

Department/Location



ELECTRONIC COMMUNICATIONS POLICY

All information created and used in the course of activities for or on behalf of the Roman Catholic Archdiocese of Los Angeles ("Archdiocese") or an Archdiocesan school, a parish, the seminary, a cemetery, the Archdiocesan Catholic Center, or another Archdiocesan department or operating unit ("Location") is an asset of the Archdiocese and/or the Location, as appropriate. Electronic information and communications require particular safeguards and impose unique responsibilities on all users. The Archdiocese maintains a system of information security to protect its proprietary data. Integral parts of this system are the policies, standards, and procedures designed for users. All users must adhere to these policies, standards, and procedures for the complete system to remain viable.

These policies, standards, and procedures apply to all users of technology, whether adults, children, or youth and whether they are paid or volunteer staff, clergy, or members of religious orders in the Archdiocese or in any Location.

These policies, standards, and procedures include but are not limited to maintaining data confidentiality, maintaining the confidentiality of data security controls and passwords, and immediately reporting any suspected or actual security violations. The Archdiocese prohibits the use or alteration of archdiocesan data and/or information technology without proper authorization. All users have an obligation to protect the confidentiality and nondisclosure of proprietary, confidential, and privileged data, as well as personally identifiable information.

DEFINITIONS

Electronic communication **systems** include but are not limited to email, telecommunications systems (including telephone, voice mail, and video), stand-alone or networked computers, intranets, the Internet, and any other communication or data transmission systems that may be created in the future.

Electronic communication **devices** include but are not limited to regular and mobile telephones, two-way radios, facsimile machines, computers, laptops, electronic notebooks, tablets, audio and video equipment, flash drives, memory sticks, media players, and other communications equipment that may be created in the future.

Electronic communication **materials** include but are not limited to DVDs, CDs, laser discs, audiotape and videotape, audio and visual recordings, films, microfiche, audio and visual broadcasts, computer operating systems, software programs, electronically stored data and text files, computer and web applications, emails, text messages, instant messages, and all other electronic content that is downloaded, uploaded, retrieved, opened, saved, forwarded, or otherwise accessed or stored.

Person in charge refers to the department head, manager, or supervisor of an archdiocesan department, entity, or corporation; the pastor, parish life director, pastoral associate, or parish business manager; or the superintendents of elementary schools or high schools, a supervisor in the Department of Catholic Schools, a principal, or a president or head of school, as applicable.

Location refers to an archdiocesan school, a parish, the seminary, a cemetery, the Archdiocesan Catholic Center, or another archdiocesan department or operating unit.



ELECTRONIC COMMUNICATIONS POLICY

ELECTRONIC COMMUNICATION SYSTEMS, DEVICES, MATERIALS AND THE USERS COVERED

Electronic communication systems, devices, and materials and the users covered include:

- All electronic communication systems, devices, and materials in the schools, parishes, seminary, cemeteries, archdiocesan departments or offices, or other archdiocesan operating units (the "Premises")
- All electronic communication devices and materials taken from the Premises for use at home or on the road
- All personal devices and materials brought from home and used on the Premises during regular business hours
- All personal devices and materials, regardless of where they are situated, that are used in such a manner that the Archdiocese and/or the Location may be implicated in their use
- All users of electronic communication systems, devices, and materials, including but not limited to volunteers, clergy and religious, students, employees, staff, or contractors associated with the Archdiocese and/or the Location

OWNERSHIP AND CONTROL OF COMMUNICATION

All electronic communication systems, devices, and materials located on archdiocesan premises, and all work performed on them, are the property of the Location and/or the Archdiocese. These systems, devices, and materials are to be used primarily to conduct official Location and/or Archdiocese business, not personal business.

With permission from the person in charge of the Location, individuals may use archdiocesan systems, devices, and materials to access and use the Internet for personal business and web exploration outside regular business hours or during breaks. All users shall conform to appropriate content management and web surfing guidelines, whether during or outside regular business hours.

The Archdiocese and Locations, as applicable, reserve the right to monitor, access, retrieve, read, and disclose all content created, sent, received, or stored on Archdiocese and/or Location systems, devices, and materials (including connections made and sites visited) to law enforcement officials or others, without prior notice.

INTERNET SAFETY POLICY

Any device accessed or used by minors on the Premises must use functioning and properly configured content filters to preclude access to prohibited content, including obscene, sexually explicit materials; adult or child pornography; and materials including applications that are otherwise harmful to minors or in violation of this Archdiocesan Acceptable Use Policy ("AUP")

Content filters for minors may NOT be disabled or turned off without obtaining prior permission from the archdiocesan Department of Applied Technology or the person with equivalent authority at the Location.



ELECTRONIC COMMUNICATIONS POLICY

No unauthorized personal identification information regarding minors may be disclosed, used, or disseminated without proper authorization by a responsible person at the Location.

Minors' use of email, chat rooms, social networks, applications, and other forms of direct electronic communication on electronic devices at the Location must be monitored.

No person may engage in unlawful activities online, including hacking archdiocesan or Location systems or any system while using Archdiocese or Location devices or while on the Premises of any Location.

PROHIBITED PRACTICES

Users of Archdiocese and or Location electronic communication systems, devices, or materials and users of personal devices and materials on the Premises under circumstances when the Archdiocese and/or the Location may become implicated in the use may **NOT**:

- Violate any rules of conduct, codes of ethics, or safe environment or any educational policies, including but not limited to those that apply to communications or the use of information
- Host any Location website on a domain that is not under contract with the Location
- Use the name, logo, identifying photograph, mission statement, or other singularly identifying information of the Archdiocese or a Location on a website or other social medium in such a manner that readers/viewers are lead to believe that the website or social medium is an official site or medium controlled by the Location itself
- Post or cause distribution of any personally identifying information about the user or others without permission of or review by a responsible adult person, unless required by the user's job duties or assigned responsibilities (personal identifying information includes but is not limited to names or screen names; telephone numbers; work, home, or school addresses; email addresses; or web addresses/URLs of social networking sites or blogs)
- Post or distribute any communications, videos, music, or pictures that a reasonable person, according to the teachings of the Roman Catholic Church, would consider to be defamatory, offensive, harassment, disruptive, derogatory, or bullying; these include but are not limited to sexual comments or images, racial or ethnic slurs, or other comments or images that would offend someone on the basis of race, creed, gender, national origin, sexual orientation, age, political beliefs, mental or physical disability, or veteran status
- Engage in improper fraternizing or socializing between adults and minors
- Engage in cyberbullying or other abusive online behavior
- Engage in pirating or unauthorized copying, acquisition, or distribution of copyrighted materials, music, videos, or film
- Post or send chain letters or engage in spamming (sending annoying, unnecessary, or unsolicited commercial messages)
- Record any telephone, video, or other conversation or communication without the express permission of the other participants in the conversation or communication, except where allowed by law



ELECTRONIC COMMUNICATIONS POLICY

- Upload, download, view, or otherwise receive or transmit copyrighted, trademarked, patented, indecent, or pornographic material, trade secrets, or other confidential, private, or proprietary information or other materials to which the user does not have access rights (regarding copyrighted materials, certain exceptions are given for educational and liturgical purposes; see the [Archdiocese of Los Angeles Copyright and Video Screening Policy](#))
- Damage, alter, disrupt, or gain unauthorized access to computers or other systems (e.g., use another person's passwords; trespass on another person's folders, work, or files; or alter or forward email messages in a manner that misrepresents the original message or message chain)
- Give unauthorized persons access to Archdiocese or Location systems, provide access to confidential information, or otherwise jeopardize the security of the electronic communication systems (e.g., by unauthorized use or disclosure of passwords)
- Transmit confidential, proprietary, or sensitive information unless the transmission falls within the scope of the user's job duties or the assignment as given by a responsible adult
- Introduce or install any unauthorized software, virus, malware, tracking devices, or recording devices onto any system
- Bypass (via proxy servers or other means), defeat, or otherwise render inoperative any network security systems, firewalls, or content filters
- Allow any minor to access the Internet on Archdiocese or Location communication devices without active, monitored filtering of prohibited materials
- Allow any minor to use email, chat rooms, social networking sites, applications, or other forms of direct communications at the Location without monitoring
- Use electronic communication devices or systems to transmit any radio frequency signal that is not permitted and/or licensed by the [Federal Communications Commission](#) (FCC) or that would violate FCC rules or policies
- Access or manipulate services, networks, or hardware without express authority
- Violate any other applicable federal, state, or local laws or regulations

CONSEQUENCE OF VIOLATIONS OF THE ELECTRONICS COMMUNICATIONS POLICY

Violations of this policy, including breaches of confidentiality or security, may result in suspension of electronic communication privileges, confiscation of any electronic communication device or materials, and disciplinary action up to and including [termination of employment](#), removal from parish or school activities, [expulsion from school](#), canonical review, referral to local or other law enforcement, and other appropriate disciplinary action.

GUIDELINES FOR EMAIL CORRESPONDENCE AND OTHER ELECTRONIC COMMUNICATIONS

All users of Archdiocese and Location communication systems and devices should use care in creating email, text, video, still images, instant or voice mail messages, or any postings on any social networking site. Even when a message has been deleted, it may still exist on a backup system; it may be restored, downloaded, recorded, or printed; or it may have been forwarded to someone else without its creator's



ELECTRONIC COMMUNICATIONS POLICY

knowledge. The contents of email and text messages are the same as other written documentation and cannot be considered private or confidential.

Email, texts, and other electronic communications are not necessarily secure.

As with paper records, proper care should be taken in creating and retaining electronic records for future use, reference, and disclosure, as applicable. See Document Retention.

Postings to "All Employees," "All Parents/Guardians," "All Seminarians," "All Parishioners," and the like on intranets or the Internet must be approved by the person in charge of the Location before the postings are sent out.

Use of personal electronic communication devices and materials during regular business hours should be kept to a minimum and limited mainly to emergencies.

Archdiocese and Location systems, devices, and materials are not private and security cannot be guaranteed. User IDs and passwords are intended to enhance system security, not to provide users with personal privacy. User account passwords for systems that are not controlled by a centralized user directory or authentication system must be on record with the person in charge of the Location.

User IDs and passwords should not be disclosed to unauthorized parties or shared with other employees, students, or volunteers. User accounts are intended to be used only by the assigned party.

All information systems that create, store, transmit, or otherwise publish data or information must have authentication and authorization systems in place to prevent unauthorized use, access, and modification of data and applications. Systems that transmit or publish approved information that is intended for the general public may allow unauthenticated (anonymous) access as long as such systems do not allow unauthorized posting and modification of the published information.

All files downloaded from the Internet, all data received from outside sources, and all content downloaded from portable memory devices must be scanned with current virus detection software. Immediately report any viruses, tampering, or other system breaches to the person in charge of the Location.

Critical information should be periodically copied onto backup storage. Information that is backed up should be stored in a safe place and be available for recovery in case of a loss of the original information. Depending on the complexity of a Location's information systems, a detailed disaster recovery plan may need to be developed.

Computer networks must be protected from unauthorized use. Both local physical access and remote access must be controlled.

Information systems hardware should be secured against unauthorized physical access.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494.



ELECTRONIC COMMUNICATIONS POLICY

ELECTRONIC COMMUNICATIONS POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Electronic Communications Policy of the Archdiocese of Los Angeles. I understand that any communication(s) by any electronic device(s) owned and/or operated by the Archdiocese of Los Angeles is not for private use and may be monitored and/or content(s) reviewed, at any time, with or without notice and/or cause. Any privacy rights I may have are waived by my use of any electronic device(s) owned and/or operated by the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

PERSONAL COMMUNICATION DEVICE POLICY



The Archdiocese Catholic Center (“ACC”) provides company-owned devices to employees who require mobile connectivity as part of their job function. Employees who are required to use personal communication devices as part of their job must use an A-issued device. Reimbursements for personal devices will not be accepted without written authorization by the Vicar General or the Chief Financial Officer.

Communication devices are issued according to the following process:

1. An employee’s department head (or Leadership Team member) will determine the need and endorse a device request to the Applied Technology Department.
2. An Applied Technology staff member will work with the employee to determine equipment needs. The lowest cost device will be selected from a pool of acceptable devices.
3. The Applied Technology Department orders and configures the device. The device is delivered to the employee.

Once issued, employees must comply with the following rules:

1. Devices are issued on an 18-month lifecycle. No upgrade requests will be honored before the current device’s end-of-life.
2. Lost or broken devices must be reported to the Applied Technology Department within 48 hours and will be replaced with the same (or similar) model device.
3. The Applied Technology Department reserves the right to remotely disable, reset and delete all content on ACC-owned devices.
4. Accessories that are not part of the original device, as delivered by the vendor, are the sole responsibility of the employee. Cases, holsters, headsets and other items purchased by the employee for use with the device will remain the employee’s property and are not the responsibility of the ACC.

State law requires drivers to use hands free equipment while talking on their cell phone. State law prohibits drivers from texting, e-mailing or instant messaging while driving (defined as the engine of the car is turned on).

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494

PERSONAL COMMUNICATION DEVICE POLICY



PERSONAL COMMUNICATION DEVICE POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Personal Communication Device Policy of the Archdiocese of Los Angeles. I understand that any communication(s) by any electronic device(s) owned and/or operated by the Archdiocese of Los Angeles is not for private use and may be monitored and/or content(s) reviewed, at any time, with or without notice and/or cause. Any privacy rights I may have are waived by my use of any electronic device(s) owned and/or operated by the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Location



CONFLICT OF INTEREST POLICY

Service in the Archdiocese of Los Angeles (“Archdiocese”) carries with it a responsibility to act in an ethical manner. All staff are expected to refrain from any transaction where their own interests or the interests of those considered family may conflict with those of the Archdiocese.

More specifically, staff cannot accept, offer, or endorse any payment or gift, unless it is in the normal course of business following open, legal, and authorized procedures.

These rules do not, of course, include birthday or Christmas remembrances, business meals of reasonable value, or other gifts of nominal value.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494

CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Conflict of Interest Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

DISCRIMINATION AND HARASSMENT POLICY



The Archdiocese of Los Angeles (“The Archdiocese”) strives to create a work environment where all persons treat each other with dignity, charity, and respect in accord with Christian principles and the social teachings of the Church. Therefore, The Archdiocese is committed to providing a work environment that is free from harassment and discrimination in any form. Harassment of or discrimination against any staff member or any person serving The Archdiocese, e.g., vendors, visitors, and volunteers, by any staff member is strictly prohibited. Likewise, staff members and volunteers are protected from harassment by vendors or others serving The Archdiocese. The Archdiocese will treat allegations of harassment or discrimination seriously and will investigate such allegations promptly, confidentially, and in a manner that is appropriate to the claim. Retaliation against any individual for making a complaint of harassment or discrimination or for participating in a harassment or discrimination investigation is strictly forbidden. Retaliation constitutes a violation of this policy.

A charge of harassment, discrimination, or retaliation shall not, in and of itself, create the presumption of wrongdoing. However, substantiated acts of harassment, discrimination, or retaliation will result in disciplinary action, up to and including termination of employment. Persons found to have filed false or frivolous charges will also be subject to disciplinary action, up to and including termination of employment.

HARASSMENT

Harassment can occur in the workplace when individuals are subjected to hostile or intimidating treatment because of their race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, age, or pregnancy. It may occur at any time during work or during work-related activities, at or away from the location. It may include but is not limited to any or all of the following forms:

VERBAL HARASSMENT

Derogatory, offensive, or inappropriate comments or jokes; threatening words spoken to another person.

PHYSICAL HARASSMENT

Unwanted physical touching, contact or assault; deliberate impeding or blocking of another’s movements; any intimidating interference with normal work or movement.

VISUAL HARASSMENT

The display or circulation of derogatory, demeaning, or inflammatory posters, cartoons, written words, drawings, or gestures (including by email or similar transmission or by other electronic means, which, from time to time, are included as visual harassment).

SEXUAL HARASSMENT

Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when any or all of the following apply:

1. Submission to such conduct is made either implicitly or explicitly a term or condition of an individual's

DISCRIMINATION AND HARASSMENT POLICY



employment.

2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions.
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or of creating an intimidating, hostile, or offensive working environment.

Specific examples of sexual harassment include, but are not limited to:

1. Making unsolicited sexual advances and propositions.
2. Using sexually degrading words to describe an individual or an individual's body.
3. Displaying sexually suggestive objects or pictures.
4. Telling inappropriate or sexually related jokes.
5. Making reprisals, threats of reprisals, or implied threats of reprisals following a negative response to sexual advances.
6. Offering employment benefits such as promotions, favorable performance evaluations, preferred duties or shifts, recommendations, reclassifications, etc., in exchange for sexual favors.
7. Persistent and unwelcome flirting, kissing, massaging, leering, or intimate touching.

It is the responsibility of Archdiocesan Catholic Center Administration to:

1. Implement this policy through regular meetings with staff, including clergy and religious, ensuring that everyone understands the policy and its importance.
2. Make all staff, including clergy and religious, aware of this policy and the commitment of the Archdiocese of Los Angeles toward its strict enforcement.
3. Remain watchful for conditions that create or may lead to a hostile or offensive work environment.
4. Establish practices designed to create a work environment free from discrimination, intimidation, harassment, or retaliation.

It is the responsibility of each person to:

1. Conduct himself or herself in a manner which contributes to a positive work environment.
2. Avoid any activity that may be considered discriminatory, intimidating, retaliatory, or harassing.

DISCRIMINATION AND HARASSMENT POLICY



3. Immediately inform anyone harassing him or her that the behavior is offensive and unwelcome.
4. Report all incidents of discrimination, intimidation, retaliation, or harassment to his/her supervisor, or, if not the supervisor, to the next higher level of management or the Director of Human Resources.
5. If informed he/she is perceived as engaging in discriminatory, harassing, intimidating, retaliatory, or unwelcome conduct, to discontinue that conduct immediately.

FILING A COMPLAINT AND INVESTIGATION PROCEDURES

The following procedures must be followed for filing and investigating a harassment claim:

1. The employee, religious, or priest ("Person") should first tell the individual causing the harassment that the conduct is offensive and must stop. If the objectionable behavior does not cease immediately, the Person must report the harassment to his or her immediate supervisor. If the Person is not comfortable or able to approach the alleged harasser, he or she should report the harassment to his or her immediate supervisor.
2. If the complaint is against the Person's immediate supervisor, the Person must report the harassment to the next higher supervisor or Director of Human Resources.
3. Directors or supervisors who either believe or who have been told that harassment is occurring between Persons in their departments are required to report any such harassment promptly to the Director of Human Resources.
4. The Person alleging harassment will be asked to complete a formal, written complaint. The claim will be investigated thoroughly, involving only the necessary parties. Confidentiality will be maintained as much as possible.
5. The investigation by the Human Resources Department will include a meeting with the Person alleged to have harassed, sharing with that Person the nature of the allegations as well as the name of the Person bringing the allegations. If appropriate, the alleged harasser will be placed on paid administrative leave during the course of the investigation.
6. Once the facts of the case have been gathered, the Moderator of the Curia, in consultation with the Director of Human Resources and appropriate supervisors, will decide what, if any, disciplinary action is warranted. The disciplinary action will relate to the nature, context, and seriousness of the harassment and can include all disciplinary actions up to and including immediate termination.
7. If the complaint is against a non-employee such as a parent, parishioner, volunteer or vendor, the Moderator of the Curia will take steps, within his power, to investigate and eliminate the problem.

DISCRIMINATION AND HARASSMENT POLICY



For additional information regarding this policy, please refer to the Archdiocese of Los Angeles Administrative Handbook 2014 Edition by visiting <http://handbook.la-archdiocese.org/>

DISCRIMINATION AND HARASSMENT POLICY NOTICE & ACKNOWLEDGEMENT (MANAGEMENT)

As a supervisor/manager, I acknowledge that I have received, read and understand the Archdiocese of Los Angeles (Archdiocese) “Policy against Discrimination and Harassment.” I understand that the Archdiocese can be held responsible for acts of discrimination and/or harassment that I personally commit, condone, tolerate or fail to investigate and properly address.

I also understand that I can be sued and held personally liable for my conduct if at any time I know (or have reason to know) of (a) conduct that could be considered discriminatory and/or harassing, or (b) the existence of a work environment that could be regarded as hostile, intimidating, offensive or abusive, and I fail to report the situation immediately to higher management and the Director of Human Resources. If I am determined to be at fault by a court of law, I understand that it is possible that I shall have to pay for my own attorney or reimburse the Archdiocese if it has provided me with a defense.

Because I am a member of management, I promise to conduct myself in accordance with the Archdiocese’s discrimination and harassment policies and will not engage in any form of conduct prohibited by those policies. I will immediately report any act, allegation or rumor of conduct that may be regarded as discrimination and/or harassment to the Director of Human Resources. I will cooperate fully with any investigation of a claim, and I will not retaliate against any person who has reported the existence of improper conduct.

Finally, I understand that if I violate any aspect of the Archdiocese of Los Angeles’ Policy against Discrimination and Harassment I will be subject to disciplinary action, up to and including immediate termination of my employment.

I have received, read and understand this notice.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

RESPONSE TO COMPLAINTS OF SEXUAL MISCONDUCT

Q. How are complaints or allegations of sexual misconduct handled by the Archdiocese of Los Angeles?

A. The Archdiocese treats all complaints of sexual misconduct seriously and deals with such allegations in a *prompt, confidential and thorough* manner with compassion and consideration for all those involved.

- A complaint against an Archdiocesan priest or deacon, Catholic school personnel, or other Archdiocesan employee may be initiated in writing or by telephoning the Assistance Ministry Coordinator at (800) 355-2545.
- Complaints against religious order priests or women religious are made to their own religious superior. The Archdiocesan Assistance Ministry Coordinator is able to assist directing such a complaint to the proper authority.
- Complaints against parish employees or volunteers may be directed to the pastor or associate pastor of the parish in question.

Q. How will the Archdiocese handle sexual exploitation or sexual abuse complaints if lodged against a member of the clergy (i.e., bishops, priests or deacons)?

A. When a member of the clergy is accused, a team (including the Assistance Ministry Coordinator, the Vicar for the Clergy, and a special fact-finder known as an Auditor) responds promptly to the complaint. In dealing with these, the Archdiocese will:

- Make every effort to act in a way that protects people from being harmed, including relieving an accused priest or deacon from ministerial duties if there is sufficient evidence to support the allegations.
- Comply with all civil reporting mandates governing sexual abuse.
- Strive impartially to determine the facts and circumstances as accurately as possible.

- Offer victims and their families assistance in obtaining psychological counseling and spiritual direction.
- Deal as openly as possible with members of the parish community while respecting the privacy of the individuals involved and in accordance with Church law governing such situations.

PREVENTING SEXUAL MISCONDUCT

Q. What is being done to prevent sexual misconduct in the Church?

A. Every effort is made to assure that all persons ministering in the Archdiocese are aware of and will abide by the policies prohibiting sexual harassment, exploitation or abuse, and of the procedures for dealing with incidents of sexual misconduct.

School personnel are screened for their ability to work safely with children, are provided information to help recognize and deal with issues of child sexual abuse, and are offered guidance and instruction on appropriate professional conduct with students.

All seminarians and candidates for the diaconate go through an extensive evaluation and psychological assessment before entering formation. After ordination, priests and deacons receive ongoing training on maintaining the integrity of the ministerial relationship.

Every person has the right to be respected and treated with the dignity befitting a child of God. Every person has the right to having appropriate boundaries respected. Every person has the right to challenge any behavior or comment that is offensive or inappropriate. It is the responsibility of everyone to protect the safety of children, families, women and men, and to promote healing where there is injury with firm justice and mercy towards all.

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the BOUNDARIES

KEEPING MINISTERIAL RELATIONSHIPS HEALTHY AND HOLY



**“The Light Shines in the Darkness
and the Darkness has not overcome it.” (John 1:5)**

ARCHDIOCESE OF LOS ANGELES
3424 WILSHIRE BOULEVARD
LOS ANGELES, CALIFORNIA 90010-2241

DEFINING THE PROBLEM: SEXUAL MISCONDUCT ARISING IN A MINISTERIAL RELATIONSHIP

Q.What constitutes a “ministerial relationship”?

A. This is a relationship in which a person is receiving pastoral care from a church leader.

Whenever a person begins a relationship with any person in his or her capacity as a church official or leader, a ministerial relationship is created. This applies to:

- Clergy (bishops, priests and deacons)
- Members of religious communities (priests, brothers, sisters)
- Lay ministers, lay pastoral associates, youth ministers, liturgical ministers
- Spiritual directors and pastoral counselors
- School personnel
- Seminary faculty, staff, and administrators
- Religious education teachers, church camp counselors, choir directors, etc.

THE NATURE OF SEXUAL MISCONDUCT

Sexual misconduct is a general term that includes sexual harassment, sexual exploitation and sexual abuse.

More specifically:

Q.What is sexual misconduct arising from the ministerial relationship?

A. While ministry is never about sexual contact, sexualized contact or sexualized behavior may arise within a ministerial relationship. In our Catholic faith, this is never acceptable in a pastoral relationship with a parishioner, employee, student, spiritual directee, counseling client, or anyone who has sought the church's ministry.

Q.What is sexual harassment?

A. **Sexual harassment** is unwanted sexualized conduct or language between co-workers in the church setting. Although difficult to define precisely, sexual harassment may include but is not limited to the following:

- Making unsolicited sexual advances and propositions.
- Using sexually degrading words to describe an individual or an individual's body.
- Telling inappropriate or sexually related jokes.
- Retaliating against the co-worker who refuses sexual advances.
- Offering favors or employment benefits, such as promotions, favorable performance evaluations, favorably assigned duties or shifts, recommendations, etc. in exchange for sexual favors.

Q.What is sexual exploitation?

A. **Sexual exploitation** is the sexual contact between a church leader and a person who is receiving pastoral care from the church leader.

Q.What is sexual abuse?

A. **Sexual abuse** is sexual contact between a church leader and a minor or a “vulnerable adult” as defined by law.

Either sexual exploitation or sexual abuse can include **physical contact** from the church leader such as:

- Sexual touch or other intrusive touching (i.e., tickling, wrestling, or other physical contact) that causes uneasiness or discomfort in the one touched
- An inappropriate gift (such as lingerie)
- A prolonged hug when a brief hug is customary behavior
- Kissing on the lips when a kiss on the cheek would be appropriate
- Showing sexually suggestive objects or pornography
- Sexual intercourse, anal or oral sex.

Sexual exploitation or sexual abuse can also include **verbal behavior** such as:

- Innuendo or sexual talk
- Suggestive comments
- Tales of sexual exploits, experiences or conflicts
- Making sexual propositions

Q.What factors might lead to sexual misconduct in a ministerial setting?

A. It is a common dynamic in ministry for some to feel attracted to those in church leadership positions, or to feel flattered by his or her attention. This never excuses any form of sexual misconduct. Clergy or other church leaders who engage in any form of sexual misconduct are violating the ministerial relationship, misusing their authority and power, and are taking advantage of the vulnerability of those who are seeking spiritual guidance.

Because of the respect and even reverence with which many people seek help from the Church's ministers, there is an imbalance of power and hence a vulnerability inherent in the ministerial relationship. In these circumstances there is an absence of meaningful consent to any sexual activity, even if the person is an adult. This imbalance of power makes it never okay. It is the responsibility of the Church leader to maintain appropriate emotional and sexual boundaries with those with whom they work or serve.

Q.What impact could ministerial sexual misconduct have on its victims?

A. Victims of ministerial sexual misconduct frequently feel deep shame or self-condemnation. They may fear not being believed or fear being blamed by Church officials or members. Many times they may not even realize that the way they were treated was abusive. Sadly, victims can experience a crisis of faith and even leave the Church altogether.

4) Children and Youth Sexual Abuse Prevention Programs (Charter Article: 12)

Child sexual abuse prevention includes empowering children by teaching them body safety rules and steps they can take to ensure their own safety. The Archdiocese of Los Angeles currently offers the following age-appropriate prevention programs for children:

- VIRTUS® Teaching Touching Safety
- Good-Touch/Bad-Touch®
- Outcomes for Safe Environment Curriculum

Parishes/schools can select from the programs listed above. All these programs encourage parent involvement in reinforcing what their children learn by providing parent information and materials so that parents may fulfill their role as the “primary educators” of their children. For information call: (213) 637-7460.

www.la-archdiocese.org/org/protecting/safeguard/Pages/education.aspx

5) Background Checks and Screening (Charter Article: 13)

All clergy, paid parish/school personnel and volunteers who work regularly in a supervisory role with children or youth must be fingerprinted. For information call: (213) 637-7411.

www.la-archdiocese.org/org/hr/Pages/fingerprinting.aspx

6) Archdiocese of Los Angeles Child Sexual Abuse Prevention Policies (Charter Article: 6)

The Archdiocese of Los Angeles has implemented rigorous policies and procedures to provide a safe environment in our parishes and parish schools for all children and young people. These include:

- “Zero Tolerance”
- Guidelines for Adults Working or Volunteering with Minors
- Archdiocese of Los Angeles Boundary Guidelines for Junior High and High School Youth Working or Volunteering with Children or Youth
- Megan’s Law Compliance Procedures

To view these and other policies:
www.la-archdiocese.org/org/protecting

7) Reporting Child Abuse

Priests, deacons, school faculty and administrators and other staff members in our parishes and schools have been designated as mandated reporters under California law. When one of these persons receives information leading to a “reasonable suspicion” that a child is being abused or neglected, he or she must make a report to the appropriate child protection or law enforcement agency. For Information on Responding to an Allegation of Suspected Child Abuse: www.la-archdiocese.org/org/protecting/vam

If you are being abused, have been abused, or know someone who is being abused, you can call Victims Assistance Ministry at (800) 355-2545 for assistance to make a report, or seek help directly by contacting one of the Child Protective Services or one of the Law Enforcement Agencies listed below. In an emergency call 911.

Los Angeles County:

LA County Child Abuse Hotline: (800) 540-4000

Investigative Control Unit for All Child Abuse Reports:
(213) 486-0530

Los Angeles County Sheriff’s Department:

Special Victims Bureau (24 hours) (562) 946-8531
To speak to a detective (562) 946-7960

District Attorney’s Office:

Sexual Crimes Division (213) 974-9790
Family Violence Division (213) 974-3785

For callers residing outside the State of California who wish to contact Child Protective Services in Los Angeles: (213) 639-4500

Santa Barbara County:

Santa Barbara County Child Abuse Hotline:
(800) 367-0166

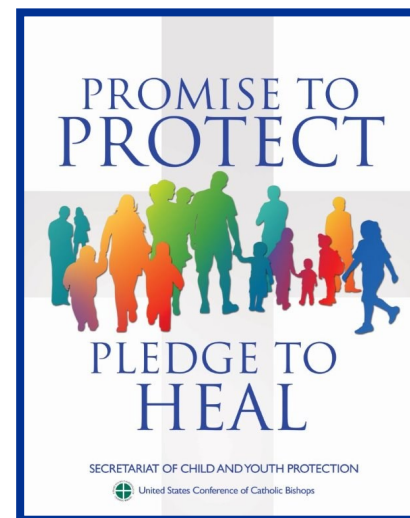
District Attorney Victim-Witness Assistance:
(805) 568-2400

Ventura County:

Ventura County Child Abuse Hotline: (805) 654-3200

District Attorney Victim’s Services: (805) 654-3622

WORKING TOGETHER TO PREVENT CHILD SEXUAL ABUSE 2015



ARCHDIOCESE OF LOS ANGELES POLICIES PROGRAMS RESOURCES



My Brothers and Sisters,

Here in the Archdiocese of Los Angeles, we are working every day to make sure that our children are safe, loved and cared for in our parishes, schools and ministries.

In this past year, the Archdiocese's Office of Safeguard the Children trained 30,514 adults and 166,850 children in the VIRTUS® Child Sexual Abuse Prevention Programs. In addition, the office's Fingerprinting Department completed background checks on approximately 10,000 new clergy, employees and volunteers.

This brochure will provide you with a quick guide to the safe environment policies, programs and other resources available in the Archdiocese. In addition, you will find contact numbers and hotlines for reporting suspected abuse.

I am also pleased that the *Archdiocesan Administrative Handbook* now includes **"Chapter 9: Safe Environment."** This comprehensive new resource provides detailed information on everything that we are doing to protect our children and young people. You can access this important resource at the Archdiocesan website <http://handbook.la-archdiocese.org/> or directly at <http://handbook.la-archdiocese.org/chapter-9>.

Let us continue to pray for those who have been hurt by the misconduct of members of the Church. I am grateful for the ongoing outreach, support and healing provided to them through our Office of Victims Assistance Ministry.

I entrust all our children and families to the tender care and protection of our Blessed Mother Mary, Our Lady of Guadalupe and Our Lady of the Angels.

Sincerely Yours in Christ,

+ José H. Gomez

Most Reverend José H. Gomez
Archbishop of Los Angeles

Sexual Abuse of Minors - A Pervasive Social Problem

Child abuse is a frightening social reality. Numerous studies, while not in full agreement, estimate that some 40% of girls and 30% of boys suffer some form of molestation by an adult during their childhood and adolescence, with the majority of child sexual abuse occurring within the setting of an extended family. We as the "People of God" are called to work together to stop all forms of sexual abuse, wherever they occur.

Church Teaching on the Sexual Abuse of Minors

Church teaching condemns the sexual abuse of children and youth as seriously sinful. The *Catechism of the Catholic Church* states: "Connected to incest is any sexual abuse perpetrated by adults on children or adolescents entrusted to their care. The offense is compounded by the scandalous harm done to the physical and moral integrity of the young, who will remain scarred by it all their lives, and the violation of responsibility for their upbringing." (2389)

Charter for the Protection of Children and Young People

The *Charter for the Protection of Children and Young People* was adopted by the Bishops of the United States in June 2002. This important document contains the *Essential Norms* which are the Church's response to child sexual abuse and the concrete plan to work actively in the prevention of sexual abuse. Key components of the implementation of the *Charter* include:

1) Office of Victims Assistance Ministry Helps Abused Victims Find Healing (Charter Articles: 1, 2, 4, 12, 16)

The Office of Victims Assistance Ministry of the Archdiocese of Los Angeles was created in April, 2002 to deal with allegations of past or current sexual abuse by clergy, religious or any lay person working or volunteering for the Archdiocese.

The Office is charged with creating a safe and compassionate environment for victims to come forward, while ensuring that civil authorities are notified and victims are provided with counseling and other assistance in the healing process.

Call Victims Assistance Office (800) 355-2545 to:

- report misconduct by a priest, deacon or other person working or volunteering for the Archdiocese of Los Angeles.
- get information about the Archdiocese's ongoing commitment, programs and resources that focus on outreach to victims/survivors of sexual abuse.
- report abuse suffered in another diocese and to receive assistance in connecting with the appropriate persons in that diocese.

www.la-archdiocese.org/org/protecting/vam

2) Office of Safeguard the Children and the Formation of Safeguard the Children Parish Committees (Charter Article: 2)

The establishment of the Office of Safeguard the Children and formation of Safeguard the Children Parish Committees was mandated by Cardinal Roger Mahony in 2002. The Office of Safeguard the Children assists these permanent Parish Committees in implementing child sexual abuse prevention education, Safe Environment policies, procedures and resources.

www.la-archdiocese.org/org/protecting/safeguard

3) Child Sexual Abuse Prevention Education for Adults (Charter Article: 12)

VIRTUS® "Protecting God's Children" is a three-hour training for adults which teaches the five basic steps of child sexual abuse prevention. This program is mandated for all adults who work with or around children or youth on a regular basis. Nearly 200,000 clergy, staff, volunteers and parents have attended the program. For information call: (213) 637-7227. <http://virtusonline.org/virtus>



SUBSTANCE ABUSE POLICY

The Archdiocese of Los Angeles (“The Archdiocese”) recognizes a responsibility to help provide a safe and productive work environment for all staff. The Archdiocese has a particular concern about substance abuse since it can jeopardize the health and safety of staff, students, parishioners, and the public; impair the reputation of the archdiocese and staff; and affect an individual’s productivity and efficiency. Any violation of this policy will be grounds for disciplinary action, up to and including termination of employment. Where applicable, The Archdiocese will also report misconduct to law enforcement authorities.

ALCOHOL

The possession, consumption, purchase, or sale of alcohol on archdiocesan premises while performing archdiocesan services on or off premises is strictly prohibited, except for special situations (e.g., special celebrations, social occasions, etc.) in which case the presence of alcohol must be approved in advance by the person in charge. On these occasions, moderate and limited use of alcohol by persons over age 21 is acceptable; however, staff members are expected to remain responsible and professional at all times. Responsible consumption of alcohol by adults over age 21 in the rectory or other residential facilities at a parish is allowed. However, no staff member may be physically or mentally impaired by the influence of alcohol while on archdiocesan premises or while performing archdiocesan services on or off premises.

The use, service, sale, or consumption of alcohol at social events at archdiocesan locations or at fiestas or carnivals at parishes or schools is subject to strict local and state licensing and other regulations. Any disregard or violation of those requirements can have both civil and criminal implications for the persons involved and is cause for immediate termination.

LEGAL DRUGS

Legal drugs are those prescribed or purchased over the counter, which are legally obtained and used for the purpose for which they were prescribed and sold. Caution should be exercised because even such legal drugs may affect the user’s safety and that of coworkers or others. If a staff member’s job involves sensitive or significant matters, the use of heavy or dangerous machinery, or driving, the person taking the medication must inform the person in charge that the individual is taking medication that can impair his or her judgment or physical coordination. The person in charge should make appropriate adjustments to the person’s work to assure the safety of all.

ILLEGAL DRUGS AND SUBSTANCE ABUSE

The use, purchase, manufacture, sale, transfer, possession, promotion, or the condition of being under the influence of an illegal drug by anyone engaged in archdiocesan activities is prohibited and in the case of staff, is cause for immediate termination. “Illegal drugs” are drugs or controlled substances that are not legally obtainable, or they are legally obtainable, but not obtained or used in a lawful manner.

Under this policy staff can be randomly asked to take a drug or alcohol test and be subject to an inspection or search. A suspension, pending investigation, will immediately follow any violation of this policy.



SUBSTANCE ABUSE POLICY

Employees can voluntarily seek help and rehabilitation through our Archdiocesan Employee Counseling Services at (866) 248-4108. If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494.

SUBSTANCE ABUSE POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Substance Abuse Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location



NON-SMOKING POLICY

The Archdiocese of Los Angeles is **SMOKE-FREE**. Smoking is prohibited at **ALL** times anywhere inside archdiocesan buildings, offices, and outside and around buildings as specified by state and local regulations. Smoking is prohibited within 25 feet of all entrances/exits. Smoking is only allowed in outside areas that are designated for smoking. This policy also applies to electronic cigarettes.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494.

NON-SMOKING POLICY ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand the Non-Smoking Policy for the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location



COUNSELING & DISCIPLINE POLICY

All those who serve the archdiocese are expected to strive for excellence. If a staff member violates Archdiocese policies and procedures or is not performing their duties in a satisfactory manner, the person in charge or supervisor will find it necessary to counsel or discipline the staff member. Problems requiring such action include but are not limited to:

- Actions that interfere with work or cause a conflict of interest
- Behavior counter to the moral teachings and standards of the Church
- Breach of professional ethics
- Disclosure of confidential information
- Dishonesty
- Falsification of job applications or references
- Falsification of records or information
- Felonious behavior
- Habitual or excessive tardiness or absence from work or from the work area
- Harassment
- Inability to work cooperatively with supervisors, peers, or subordinates
- Insubordination
- Theft
- Threatening or causing bodily harm to others, or other coercive and/or intimidating actions
- Unprofessional conduct in relation to all persons
- Unsatisfactory job performance
- Vandalism
- Violation of employee rules
- Working under the influence of intoxicants or illegal drugs

This list is not intended to be all-inclusive. The archdiocese reserves the right to decide under what circumstances counseling, disciplinary action, or greater penalties including termination of employment are appropriate.

PROGRESSIVE DISCIPLINE

A helpful and effective model for conducting a disciplinary action is the progressive discipline process that includes the steps described below. Not all steps need to be followed; the particular disciplinary measure applied depends on the gravity of the matter.

INFORMAL COUNSELING (VERBAL)

When a problem with a staff member arises or a staff member's conduct violates Archdiocese policies and procedures and/or adversely affects his or her performance or the performance of other staff, the person in charge meets with the staff member to discuss the situation, describe the unacceptable behavior, the consequences if it continues, and a plan to correct the situation using the Employee Counseling Notice or a memorandum. Serious situations may warrant an immediate written, final warning, or termination of employment.



COUNSELING & DISCIPLINE POLICY

FORMAL COUNSELING (WRITTEN)

If a problem continues after informal counseling, or if the nature of a problem is severe, the person in charge prepares a formal written warning utilizing the Employee Counseling Notice or a memorandum. The person in charge and a witness meet with the staff member to address the problem, state expectations, indicate consequences, and provide a plan of action to correct the situation. For a serious problem a formal counseling notice may be issued without a previous informal counseling and may warrant a final warning or termination of employment.

ADMINISTRATIVE LEAVE & SUSPENSIONS

When a staff incident requires immediate action and could lead to dismissal, the staff member may be placed on administrative leave or suspension with or without pay while an investigation is conducted and a final decision is made.

DISCIPLINARY PROBATION

Disciplinary probation is a specified period of time in which a staff member must improve performance and maintain the improvement.

FINAL WARNING

Several formal counseling's may conclude in a final warning, in which the staff member is notified in writing that unless correction or improvement is made, termination of employment will follow. This step is not required under all circumstances; occasionally an immediate dismissal is warranted.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494



COUNSELING & DISCIPLINE POLICY

COUNSELING & DISCIPLINE POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Counseling & Discipline Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Employee Signature

Date

Employee Name (Please Print)

Department/Location



MEAL & REST PERIODS POLICY

MEAL BREAKS

Non-exempt (Hourly) employees who work more than six hours in a day are required by law to be provided with an uninterrupted minimum meal break of 30 minutes. They should not be permitted or asked to work during the meal break. Non-exempt employees who work up to six hours in a day may agree to waive their meal break in writing, by filling out a Meal Break Waiver Request form. This agreement must be mutual, voluntary, and can be withdrawn by the employee at any time.

REST PERIODS

California law requires rest periods for non-exempt employees whose total daily work time is at least three and a half hours. The mandatory rest time should be in the middle of the work period and must be at the rate of at least 10 consecutive minutes for each four hours of work. The rest break is paid, but does **not** have to be recorded on the employee's time card.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494

MEAL & REST PERIODS POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Meal & Rest Periods Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

ACC/TIDINGS
Pay Period Schedule 2015

<u>Beginning Pay Period</u>	<u>Ending Pay Period</u>	<u>Time Card Due Date</u>	<u>Pay Date</u>
12/28/14	01/10/15	01/09/15	01/16/15
01/11/15	01/24/15	01/23/15	01/30/15
01/25/15	02/07/15	02/06/15	02/13/15
02/08/15	02/21/15	02/20/15	02/27/15
02/22/15	03/07/15	03/06/15	03/13/15
03/08/15	03/21/15	03/20/15	03/27/15
03/22/15	04/04/15	04/02/15 *	04/10/15
04/05/15	04/18/15	04/17/15	04/24/15
04/19/15	05/02/15	05/01/15	05/08/15
05/03/15	05/16/15	05/15/15	05/22/15
05/17/15	05/30/15	05/29/15	06/05/15
05/31/15	06/13/15	06/12/15	06/19/15
06/14/15	06/27/15	06/26/15	07/02/15 **
06/28/15	07/11/15	07/10/15	07/17/15
07/12/15	07/25/15	07/24/15	07/31/15
07/26/15	08/08/15	08/07/15	08/14/15
08/09/15	08/22/15	08/21/15	08/28/15
08/23/15	09/05/15	09/04/15	09/11/15
09/06/15	09/19/15	09/18/15	09/25/15
09/20/15	10/03/15	10/02/15	10/09/15
10/04/15	10/17/15	10/16/15	10/23/15
10/18/15	10/31/15	10/30/15	11/06/15
11/01/15	11/14/15	11/13/15	11/20/15
11/15/15	11/28/15	11/25/15 *	12/04/15
11/29/15	12/12/15	12/11/15	12/18/15
12/13/15	12/26/15	12/16/15 *	12/23/15 **
12/27/15	01/09/16	01/08/16	01/15/16

* Denotes early submission of time sheets
*** Denotes early pay dates

BI-WEEKLY TIME SHEET FOR NON-EXEMPT EMPLOYEE

Employee Name: _____ Ext. : _____

Department/Cost Ctr.: _____ Bi-Weekly Ending Date: _____

Instructions:

1. Place start, finish and lunch hour for each day.
2. Place number of hours worked on each day in appropriate column to be charged.
3. Forms must be in the Payroll Department by 10:00 AM on the "Time Card Due Date." (No calls will be made to secure missing time sheets.)
4. The form covers fourteen (14) days. 70 – 80 hours are to be accounted for if full time. Part time hours should be marked on days worked area.
5. Payroll must have two weeks' notification for advance vacation checks.

DATES	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
MONTH/DAY														
START (IN)														
FINISH (OUT)														
LUNCH (OUT)														
LUNCH (IN)														

TOTALS

Total Reg. Hrs.														
Overtime														
Vacation														
Holiday														
Sick Leave*														
Bereavement*														
Jury Duty*														
Other*														
Total														

*Please explain in detail: _____

I have recorded all hours I have worked. This is a true and accurate record of my time worked and time off for the period shown. I have been allowed to take all my rest and meal breaks. I understand that if I do not submit an accurate timesheet I may be subject to disciplinary action.

He notado todas las horas que he trabajado. Esto es un verdadero y exacto registro de mi tiempo de trabajo y tiempo libre durante el período indicado. Me han permitido tomar mi tiempo de descanso y de comida. Entiendo que si no entrego una hoja con horas exactas podría ser sujeto a acción disciplinaria.

Employee Signature _____ Date _____

Department Head Signature _____ Phone No./Ext _____ Date _____

AUTHORIZATION FOR PAYROLL DEDUCTION & DISBURSEMENT TO CHECKING AND/OR SAVINGS ACCOUNT

FIRST: Check with your bank to see if it is a receiving bank for the National Automatic Clearing House Association Electronic Funds Transfer.

NOTE: Normally, the payroll processing time for new accounts and account number changes takes two (2) pay periods. If your checking/savings account is not with Wells Fargo, the deposit may be in your account the day after the pay date.

Employee Name: _____ SS#: ____-- ____-- ____

Cost Center #: _____ Department: _____

CHECKING ACCOUNT:

_____ Deposit net pay to my checking account.
_____ Deposit fixed amount to my checking account \$ _____
_____ Change deposit of fixed amount to my checking account to \$ _____

SAVINGS ACCOUNT:

(** Furnish Account and Routing Numbers**)

_____ Deposit net pay to my savings account.
_____ Deposit fixed amount to my savings account \$ _____
_____ Change deposit of fixed amount to my savings to \$ _____
Account Number: _____

CANCEL DIRECT DEPOSIT:

_____ I wish to cancel my Direct Deposit.

CHANGE OF BANKS OR ACCOUNT NUMBERS:

_____ I wish to change banks or account numbers. (Circle one)
(Complete information above and attach a new deposit slip)

Authorization is hereby given to the Archdiocese of Los Angeles Payroll Department to make the indicated payroll deduction(s) from my salary and remit specified amount to the above mentioned bank(s) which is authorized to accept and credit specified amount to my account(s). This authorization will remain in effect until revoked by my written request.

Employee Signature

Date

Payroll Department Only:

Checking Account # _____ Routing # _____

Savings Account # _____ Routing # _____

PARISHIONERS FEDERAL CREDIT UNION

PAYROLL DEDUCTION AND DISBURSEMENT AUTHORIZATION

Archdiocesan Catholic Center and Catholic Cemeteries

Normally, the payroll processing time for new accounts and account number changes takes two (2) pay periods. Deposits to your account will be posted on your pay date.

Employee Name: _____

Social Security Number: _____

Cost Center# _____

Department: _____

Share Savings or checking Account Number: _____

Routing Number: 322281031

_____ Deposit net pay to my share savings account

_____ Deposit fixed amount to my share savings account \$ _____

_____ Change deposit of fixed amount to my share savings \$ _____

Cancel direct deposit

_____ I wish to cancel my direct deposit with my credit union account.

Authorization is hereby given to the Archdiocese of Los Angeles Payroll Department to make the indicated payroll deduction(s) from my salary and remit specified amount to Parishioners Federal Credit Union which is authorized to accept and credit specified amount to my account. The authorization will remain in effect until revoked by my written request.



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ARCHDIOCESAN CATHOLIC CENTER LAY EMPLOYEE BENEFITS

Rev. December, 2014

GENERAL BENEFITS

Work Hours

The published office hours are 9:00 a.m. to 5:00 p.m. (Monday - Friday). Hourly employees work 7 hours per day or 35 hours per week according to the following staggered schedule:

Schedule A: 8:00 a.m. - 4:00 p.m.

Schedule B: 8:30 a.m. - 4:30 p.m.

Schedule C: 9:00 a.m. - 5:00 p.m.

Lunch for all schedules consists of one hour taken between 11:30 a.m. and 1:30 p.m. Scheduling decisions are based on overall department need and require department head approval.

Rest Periods

Two 15- minute rest periods/breaks are provided each day for all non-exempt, full-time employees. Supervisors are responsible for scheduling rest periods in mid-morning and mid-afternoon.

Parking/Transit Subsidy

The ACC has a limited number of free parking spaces available for on-site employees in the structure south of the building. Assignment of a parking space is not guaranteed and depends upon availability. New employees must apply for a parking space through their department head. An employee I.D. and pass cards are required to enter the parking lot and the building. A \$10.00 fee will be charged for replacement of lost cards.

Employees who use public transit to travel to work are eligible for a transit subsidy of up to \$62.00/month.

Employees who elect to receive the transit subsidy are not eligible for a parking space. Contact Human Resources for more information.

Pay Period

The ACC pays employees according to a bi-weekly pay period schedule. Employees receive their paychecks on the Friday following the bi-weekly pay period **or** every other Friday.

Direct Deposit

For your convenience, we provide a direct bank deposit service. If you are interested, contact the Human Resources Department.

Sick Leave

Regular full-time employees accrue 10 days sick leave a year, at the rate of 5.83 hours per month worked. Sick leave balance is carried over from the previous year and accrues to a maximum of 30 days. Sick leave is provided to protect your income should you have medical necessity.

Jury Duty

Employees will receive full pay, less jury duty fees, for a maximum of five consecutive work days over any one year period.

Vacation

Employees accrue vacation at different rates, depending on number of years at the Archdiocesan Catholic Center:

- 1-5 years: 10 days vacation a year
- Over 5 years: 15 days vacation a year
- 15-20 years: Accrue one additional day per year of service (maximum accrual: 20 days)

Maximum vacation you may accrue is twice your yearly vacation accrual.

Holidays

The following holidays will be observed by the Archdiocesan Catholic Center:

2015 ACC HOLIDAY SCHEDULE

Thursday, January 1, 2015-	New Year's Day
Friday, January 2	
Monday, January 19	Martin Luther King, Jr.
Monday, February 16	Presidents' Day
Friday, April 3	Good Friday
Monday, May 25	Memorial Day
Friday, July 3	Independence Day
Monday, September 7	Labor Day
Wednesday, November 11	Veterans Day
Thursday, November 26	Thanksgiving Day
Friday, November 27	Day After Thanksgiving
Thursday, December 24	Christmas Eve
Christmas Closure December 25 –	
December 31	Christmas Holiday Closure
Friday, January 1, 2016	New Year's Holiday (2016)

Bereavement

Up to 3 days of paid leave may be granted for immediate family members: spouse, parents, spouse's parents, sons, sisters, brothers, daughters, grandparents, and/or an individual living in your household.

Family and Medical Leave

Regular full-time and regular part-time employees who have been employed by the Archdiocesan Catholic Center at least 12 months are eligible for family and medical leave. Contact Human Resources for more details.

INSURANCE BENEFITS

Please consult the *Archdiocese of Los Angeles 2015-2016 Benefits Guide* for details regarding all insurance benefits.

Eligibility

Employees who work 30 hours or more per week on a regular schedule are eligible for the following insurance benefits on the first of the month following one month of continuous employment. For example:

- An employee hired February 4 is eligible April 1.
- An employee hired November 1 is eligible December 1.

Your elections will remain in effect until the next Open Enrollment unless you experience a qualifying “change in status.”

Health Care Options

The Archdiocese offers comprehensive medical, vision, prescription, and behavioral health benefits through three medical plan options:

- Anthem Blue Cross PPO Plan
- Anthem Blue Cross EPO Plan
- Kaiser EPO Permanente Plan

A dental plan is also offered separately. Coverage for medical and dental plans is available to eligible dependents including:

- Your spouse
- Your dependent children, up to age 26, regardless of student status
- Any dependent child who is incapable of self support because of a medical or physical disability that you claim on your federal tax return.

Prescription drug coverage is also available. See www.optumrx.com for details.

Anthem Blue Cross PPO Plan

Annual Deductible: \$500 Individual/ \$1,000 Family

You may use any doctor you wish; you will save money when you use Anthem Blue Cross PPO network providers. To find PPO providers, please call Anthem Blue Cross Member Services at (888) 722-1077 or visit the website at www.anthem.com/ca.

Anthem Blue Cross EPO Plan

Annual Deductible: \$500 Individual/\$1,000 Family

In order for benefits to be paid, you must use Anthem Blue Cross PPO network providers (i.e. physicians, hospitals, surgery centers, labs, etc.). To find health care providers please call Anthem Blue Cross Member Services at (888) 722-1077 or visit the website at www.anthem.com/ca.

Kaiser EPO Permanente Plan

Annual Deductible: None

In order for benefits to be paid, you must use Kaiser doctors and hospitals. For member services please call (800) 533-1833 or visit the website at www.kp.org.

Vision Care Coverage

Vision care benefits are available to employees who enroll in one of the Archdiocesan medical plans. Benefits vary depending on the plan you elect.

Anthem Blue Cross PPO and EPO:

Vision care benefits are administered by HealthSmart. Coverage for vision examination is limited to \$50 per calendar year. See plan booklet for details on coverage for frames, prescription lenses and contact lenses.

Kaiser EPO Permanente Plan:

Vision coverage for examination, frames and lenses (including contact lenses) is provided through Kaiser Permanente only. Vision exam covered at 100% after \$25 copay. See plan booklet for details on coverage for frames, prescription lenses and contact lenses.

Dental Care Coverage

Dental coverage is available in conjunction with medical coverage or as a separate election. The Archdiocese is contracted with Cigna, a dental network. This network is a list of dentists who have agreed to reduce their fees to our members. Call Cigna at 1-800- 564-7642 or go to www.hcpdirectory.cigna.com to find a dentist in the Cigna network.

Annual Deductible: \$ 50.00 Individual
 \$150.00 Family
Annual Maximum Benefit: \$1,500.00 per individual

Employee Assistance Program

This program is offered through Optum to all employees and their families. These services are confidential, free and offer assistance in resolving those problems that may be interfering with your professional and/or personal life. Along with referrals, you may receive up to eight sessions per person per issue to help you deal with a variety of issues that can affect you at work or at home. Call 1-866-248-4104 for services.

Voluntary Term Life/Accidental Death and Dismemberment (AD&D) Insurance

All lay employees who work 20 hours or more on a regular schedule may choose to enroll in the Voluntary Life and AD&D insurance plan.

The benefit options are: 1 x your annual earnings to a maximum coverage amount of \$75,000, 1.5 x your annual earnings up to a maximum coverage amount of \$100,000, or 2 x your annual earnings up to a maximum coverage amount of \$200,000.

Voluntary Disability Insurance

The Archdiocese of Los Angeles offers Voluntary Short Term and Voluntary Long Term Disability insurance plans, through The Hartford, which cover disabilities due to non-work related illnesses or injuries. Long Term Disability Insurance includes Short Term Disability.

Eligibility: All lay employees who work 20 hours or more on a regular schedule. Employees who elect the Voluntary Disability coverage pay the full premium through payroll deductions.

The Archdiocese is a non-profit organization that is EXEMPT from State Unemployment and State Disability Insurance programs. A voluntary

unemployment insurance plan is not available through the Archdiocese.

WORKERS' COMPENSATION

Any work related injury or illness is covered under workers' compensation. As an employee of the Archdiocese you are covered under a self-insured plan approved by the State. The law guarantees you medical care, temporary disability payments, and rehabilitation. You can ensure your rights to these benefits by reporting every injury promptly to your supervisor.

Employees may pre-designate a personal physician, prior to injury, for treatment of work-related illness or injury. Contact Human Resources for details.

ADDITIONAL BENEFITS

Retirement Plan

Employees are eligible for retirement benefits if they are 25 years of age and have worked within 12 consecutive months. Employees are fully vested after 5 years of being participants in the plan. Employees are automatically enrolled upon meeting eligibility requirements. The Archdiocese also contributes a percentage of gross income to Social Security each year. For additional information, please contact Pension Services (866) 907-5472.

Flexible Contributions Account (FCA)

Employees participate, unless voluntarily waived, in our Flexible Contribution Account (FCA) - (IRS - Section 125). You pay medical, dental and life premiums with pre-tax dollars, rather than after-tax dollars.

Tax Deferred Annuity

A Tax Deferred Annuity (TDA) program is available to all Archdiocesan employees. Under the plan, an employee may deduct part of his/her salary for investment into a retirement annuity account. No federal or state taxes are withheld from this money at the time the deductions are made. Payment of taxes is deferred until money is withdrawn from the account.

Rev. 10/21/15

A GUIDE TO YOUR
Benefits

JULY 1, 2015 – JUNE 30, 2016





About Your Benefits

The Archdiocese of Los Angeles offers employees comprehensive health care benefits and voluntary insurance plans. Our benefits program is designed to give you the flexibility to choose the benefits that are right for you and your family. We closely manage our health care benefits program so that we can keep costs reasonable without sacrificing the high quality of the covered services.

The Archdiocese of Los Angeles also offers a number of valuable insurance plans on a voluntary basis. These benefit plans can help protect your income and financial security. This section of the guide also contains the eligibility and enrollment information for these benefits.

This guide is intended to give you an overview of the benefits available to you. Because the selection of your benefits is important, please set aside some time to review the information in this guide.

The benefits program includes the following coverage:

- Medical/vision and prescription drug
- Dental
- Employee Assistance Program
- Voluntary benefits:
 - ≠ Life and accidental death & dismemberment (AD&D) insurance
 - ≠ Short-term disability insurance
 - ≠ Long-term disability insurance (includes short-term disability)

In addition, a new wellness program is being developed.

Notice

The Archdiocese of Los Angeles offers standardized health care plans for employees and religious members of the Archdiocese and their eligible family members. The Archdiocese of Los Angeles health plans are bound by the Ethical and Religious Directives for Catholic Health Care Services published by the National Conference of Catholic Bishops. The plans provide benefits that are in compliance with these Directives. The Directives can be reviewed at <http://www.usccb.org/about/doctrine/ethical-and-religiousdirectives>. If you are an Archdiocese health plan participant, even if you are not Catholic or even if you possess personal beliefs in contravention of these Directives, the Archdiocese health plans will still only provide benefits in compliance with these Directives. The Archdiocese of Los Angeles summary plan descriptions may contain language which may be argued to be inconsistent with the Directives; however, services which are contrary to the Ethical and Religious Directives for Catholic Health Care Services are specifically excluded by the Archdiocese health plans.

This booklet summarizes the key features of your benefit plans. It is only intended to provide the highlights of your benefits; see your plan document for full details. If any conflict ever arises between this booklet and the actual plan document, the terms of the plan document will govern in all cases. The Archdiocese of Los Angeles reserves the right to change, modify, or terminate the benefit plans at any time. This booklet is not a contract for purposes of employment or payment of benefits.



Health Insurance Benefits Overview

Eligibility for the Health Care Program

If you are a priest, religious or Archdiocesan lay employee working 30 or more hours per week, you are eligible for benefits. Archdiocesan lay employees have the option to enroll eligible dependents for medical/vision and dental benefits. Eligible dependents include:

- Your spouse
- Your dependent children, up to age 26, regardless of student status
- Any dependent child you claim on your federal tax return who is incapable of self-support because of a medical or physical disability

If You Are a New Employee

Your coverage will be effective the first of the month following one month of continuous employment. If you are a new employee, you must enroll in the Archdiocesan health care benefits program within 31 days of your date of hire. Otherwise, you will have to wait until the next scheduled Open Enrollment period. If you are working 20 or more hours per week, you are also eligible to enroll in the voluntary plans offered through The Hartford during your first 31 days of employment. **Your elections will remain in effect until the next Open Enrollment unless you experience a qualifying "change in status."**

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your health care benefit elections during the scheduled Open Enrollment period. All elections and/or changes you make during this period are effective July 1.

Your elections will remain in effect until the next Open Enrollment unless you have a qualifying "change in status." In order to make adjustments to your benefit elections outside of the initial eligibility period and Open Enrollment, the IRS requires you to have a qualifying change in status. Events that are considered qualifying changes in status include:

- Marriage, legal separation or divorce
- Termination of spouse's employment
- Birth, adoption or custody change of an eligible dependent
- A change in benefit eligibility due to a reduction or increase in hours of employment for either you or your spouse
- Death of an eligible dependent

If you have a qualifying change in status, you can make changes to your benefits by notifying your Location Administrator within 31 days of the change. If your change in status is not listed above or if you need clarification on whether your change in status qualifies you to change your benefit election, please contact your Location Administrator.



Medical Benefits

Administered by Anthem Blue Cross & Kaiser

The Archdiocese of Los Angeles gives you a choice of three medical options: an Anthem EPO, a Kaiser Permanente EPO, and an Anthem PPO. Each medical option includes vision care benefits.

How the Anthem Preferred Provider Organization (PPO) Works

A PPO is a network of doctors and health care facilities that provide services to members at lower rates. You can go to any doctor you like within the Anthem Blue Cross Prudent Buyer PPO network, including specialists; you do not have to select a primary care physician. If you decide you'd rather go to a doctor or health care facility that does not belong to the PPO network, you are free to do so—but your out-of-pocket costs will be higher.

PPO Network Providers

When you go to a PPO network provider:

- Your coinsurance and out-of-pocket maximum will be lower.
- Preventive care will be covered in full.
- You will never pay more than the discounted PPO rate—no matter what the provider might charge non-PPO patients.
- The deductible does not apply to certain services, such as physician office visits and prescriptions drugs. When you receive these services from a PPO network provider, you will pay a flat copay and nothing else.
- There are no claim forms to fill out.

Out-of-Network Providers

Except in the case of an emergency, if you go to an out-of-network provider:

- Your coinsurance and out-of-pocket maximum will be higher.
- Anthem will pay benefits only up to the “maximum allowed amount” for a particular health care service in your geographic area. ***If your non-network provider charges more than the maximum allowed amount, you will have to pay all charges over that amount.***
- If you use a non-network provider Anthem will issue a check to the member and it will be your responsibility to pay the provider directly.

How the Anthem Exclusive Provider Organization (EPO) Works

The EPO uses the Anthem Blue Cross Prudent Buyer provider network to closely manage your medical care and control your out-of-pocket costs. You do not have to select a primary care physician. ***Unless it's an emergency, you may only go to doctors and health care facilities in Prudent Buyer PPO network. Out-of-network care is not covered.***

How the Kaiser Exclusive Provider Organization (EPO) Works

Kaiser Permanente provides medical care through its own hospitals and health care facilities. All Kaiser members are encouraged to select a personal physician for preventive care, treatment of illness, and referral to a specialist when needed. You may change or choose your personal physician at any time. ***Except in the case of an emergency, you must go to Kaiser facilities and see only Kaiser doctors. Out-of-network care is not covered.***

The chart on the following page shows the highlights of your medical benefits. Please see the Evidence of Coverage (available on www.myenroll.com) for complete information on the benefits, exclusions, and limitations. See page 5 for the definition of some common medical terms.



	Anthem Blue Cross PPO	Anthem Blue Cross EPO	Kaiser Permanente EPO
Choice of Doctor/Facility (the doctors and facilities you choose to use will affect the payment of benefits)	You may use any doctor you wish; you will save money when you use Anthem PPO network providers	In order for benefits to be paid, you must use Anthem PPO network providers	In order for benefits to be paid, you must use Kaiser doctors and hospitals
Coinsurance Percentage (Network/Non-network)	10% in / 30% out	Most eligible benefits covered at 10%	Most eligible benefits covered without coinsurance
Office Visit Copay	\$20 copay in / 30% out	\$25 copay	\$25 copay
Hospitalization	10% in / 30% out; \$500 deductible per non- preauthorized admission	10%	\$250 copay per admission
Emergency Room	\$100 copay (waived if admitted); 10% in and out	10%	\$100 copay; waived if admitted
Annual Deductible			
Individual	\$500	\$500	None
Family	\$1,000	\$1,000	None
Annual Out-of-Pocket Maximum			
Individual	\$5,000 / \$15,000	\$2,000	\$1,500
Family	\$10,000 / \$30,000	\$4,000	\$3,000
Mental Health			
Inpatient	10% in / 30% out	10%	\$250 copay
Outpatient	\$20 copay / 30% out	\$25/visit	\$25 copay for individual visits; \$12 for group therapy
Chemical Dependency/ Alcoholism Treatment	Combined with Mental Health Care	Combined with Mental Health Care	\$25 copay for individual visits; \$5 for group therapy; \$250 per admission for inpatient detoxification
Chiropractic	\$20 copay in / 30% out; Limit 24 visits per calendar year	\$25 copay; Limit 24 visits per calendar year	Not covered
Allergy Visit and Serum	\$20 copay in / 30% out	\$25 copay	\$25 copay for testing; \$5 copay for injection
Skilled Nursing Facility	10% / 30% out; 120 days per calendar year	10%; 120 days per calendar year	No charge up to 100 days per benefit period
Routine Preventive Care	No charge / 30% out	No charge	No charge
Outpatient Surgery	10% in / 30% out	10%	\$25 copay
Well-Baby Care	No charge / 30% out	No charge	No charge
Prescription Drugs		Prescription by Optum RX	Kaiser
Retail – 30-day supply	\$10/\$30/\$50	\$10/\$20/\$30	\$10/\$20 – 30 days 2x copay for 31 – 60 days 3x copay for 60 – 100 days
Mail Order – 90-day supply	\$20/\$60/\$100	\$20/\$40/\$60	2x copay for 31 – 100 days
RX Out of Pocket Maximum	\$500 Ind/\$1,000 Fam	\$500 Ind/\$1,000 Fam	Does not apply

Note: If you take a maintenance drug (such as blood pressure or cholesterol medication), you are encouraged to use the mail order service. If you fill your maintenance medication prescription at the pharmacy, your copay will be doubled after the fourth refill.



Medical Terms You Should Know

Copay

The flat dollar amount you pay for certain services, such as office visits and prescription drugs, when you go to a network provider.

Coinsurance

The percentage of your medical costs you have to pay for most covered services. You will begin paying coinsurance after you have met your deductible.

Deductible

The dollar amount you pay for most services each calendar year before benefits are paid.

Exclusive Provider Organization (EPO)

A network of doctors and health care facilities that closely manage your care to control your out-of-pocket costs. In an EPO, you must go to network providers for all your non-emergency care.

Explanation of Benefits (EOB)

A document sent to you by your insurance company after you have received medical benefits. The EOB shows what the insurance company paid on your behalf, as well as how much you owe (if applicable)

Maximum Allowed Amount

The most the PPO will pay for a particular medical service in your area.

- PPO network providers have agreed to accept this amount as reimbursement for covered services—they will never bill you more than the maximum allowed amount.
- If you go to an out-of-network provider, you will be responsible for the difference between the maximum allowed amount and what that provider charges you.

Out-of-Pocket Maximum

The maximum amount of copays and coinsurance you have to pay each calendar year.

Preferred Provider Organization (PPO)

A network of doctors and health care facilities that provide services to members at negotiated rates. In a PPO, you have the option to go to network providers and out-of-network providers.

LiveHealth Online – Anthem Members Only

LiveHealth Online lets you talk with and get treatment from a doctor online, either at the www.livehealthonline.com website or on your smartphone or tablet using the free app. It is secure, easy to use, and affordable.

This service is available seven days a week, 24 hours a day, 365 days a year. You can see a doctor using LiveHealth Online for the same cost as your regular, in-network doctor visits: \$25 for EPO members and \$20 for PPO members. You just have to enroll for free at www.livehealthonline.com or on the app. (If you don't enroll, Anthem won't be able to cover your visit.)

People use LiveHealth Online for a range of medical issues. The most common are cold and flu symptoms, fevers, allergies, infections, and other similar illnesses. Sometimes there's just no substitute for going to the doctor in person. But other times, the convenience of having a doctor a click away can help you get the care you need when you need it. You can download your LiveHealth Online app for free from the Apple App Store or Google Play. For more information, contact customersupport@livehealthonline.com (include your e-mail address and phone number) or call (855) 603-7985.



Dental Care Coverage

The Archdiocese of Los Angeles offers dental care coverage, either in conjunction with medical coverage or as a separate election. The Archdiocese is contracted with Cigna Dental to provide you with their dental network. This network is a list of dentists who have agreed to reduce their fees to our members. This means you will save money when you visit a dentist in the Cigna network.

You can search for a dentist in your area by calling Cigna at 1-800-564-7642, or by visiting their website at <http://hcpdirectory.cigna.com/web/public/providers>

Archdiocese of Los Angeles Dental Plan			
Plan Provisions			
Annual Deductible	\$50 per individual; \$150 per family (Deductible must be first satisfied prior to receiving all services).		
Annual Maximum Benefit	\$1,500 per individual		
Preventative Services (Routine exams, cleanings, and X-rays) Deductible Waived	EPO 90%	PPO 80%	Out-of-Network 50%
Basic Services (Fillings, oral surgery, Endodontics and Periodontics)	EPO 90%	PPO 80%	Out-of-Network 50%
Major Dental Services (Crowns, inlays, onlays, bridge and dentures)	EPO 90%	PPO 80%	Out-of-Network 50%



Vision Care Coverage

Vision care benefits are available to employees who enroll in the Archdiocesan medical benefits program.

	Anthem Blue Cross* PPO & EPO Coverage offered through Eye Med	Kaiser Permanente EPO**
Vision Exam with Dilation as Necessary-Every 12 months	\$10 copay	Covered at 100% after \$25 copay
Frames-Every 24 months	\$0 copay \$130 allowance, 20% off balance over \$130	
Prescription Lenses- One pair of lenses per calendar year.	Limited to the following amounts: Single: \$10 copay Bifocal: \$10 copay Trifocal: \$10 copay Lenticular: \$10 copay	Limited to \$175 allowance for frames, lenses, and/or contact lenses once every 24 months*
Contact Lenses- One pair of lenses per calendar year in lieu of frames and lenses.	Limited to the following amounts: Elective lenses: \$0 copay \$100 allowance; 15% off balance over \$100 Medically necessary lenses: 5% off balance over \$140	

* You are highly encouraged to utilize a network provider as your benefits will be richer when you remain within the Eye Med Insight Network. To find a provider the Eye Med network, please go to www.eyemedvisioncare.com and select the Insight Network or you can call (866) 800-5457.

**If you currently participate in the Kaiser EPO plan your vision benefits are provided through the Kaiser Permanente EPO. You must use Kaiser doctors and facilities to receive benefits.

Employee Counseling Services

Because the Archdiocese cares about the well being of our employees, we provide an Employee Assistance Program to all employees and their families. These services are completely confidential, free and offer assistance in resolving those problems that may be interfering with your professional and/or personal life. Along with referrals, you may receive up to eight sessions per person per issue to help you deal with a variety of issues that can affect you at work or at home, such as:

- Parenting and child care
- Stress and anxiety
- Depression
- Coping with grief and loss
- Debt management and budgeting
- Addiction and recovery
- Living with a chronic condition

Offered through Optum, employee counseling services are provided primarily through phone based counselors, who are available to assist you 24 hours a day, seven days a week by calling (866) 248-4104, or by logging on to www.liveandworkwell.com, access code 11040.



Voluntary Life and AD&D Insurance

The Archdiocese of Los Angeles offers voluntary life and accidental death and dismemberment (AD&D) insurance through The Hartford, to help you protect your loved ones if something should happen to you. This plan is offered to all active lay employees who work at least 20 hours per week.

You may enroll in this plan within 31 days of your date of employment or during a qualifying life event; otherwise you must wait until the next scheduled open enrollment. You will pay the full cost of your coverage through pre-tax payroll deductions.

If you die while covered under this plan, your beneficiary will receive the life insurance benefit amount in force on the date of your death. The plan also pays an AD&D benefit, equal to your core life insurance amount, if you die as a result of a covered accident. Benefits are also payable if you suffer certain severe injuries in an accident, including loss of limb, sight, or paralysis.

Please Note: If you are electing a beneficiary to your life insurance someone other than your spouse, your spouse must sign the spousal consent in the beneficiary form.

You have three benefit options:

Option 1	Option 2	Option 3
1 times your annual earnings, to a maximum benefit amount of \$75,000	1½ times your annual earnings, to a maximum benefit amount of \$100,000	2 times your annual earnings, to a maximum benefit amount of \$200,000

The cost of your coverage is based on your age and the benefit option you select.

Your Age	Monthly Rate per \$1,000 of Coverage	Calculating Your Cost	
Under 30	\$.095	Gross Annual Salary	\$ _____
30 – 39	\$.10	Multiply by Benefit Option (1, 1½, or 2)	x _____
40 – 44	\$.16		= _____
45 – 49	\$.25		(round to nearest \$1,000)
50 – 54	\$.39		
55 – 59	\$.60	Your Coverage Amount	\$ _____
60 – 64	\$.93	Divide by \$1,000	/ _____
65 – 69	\$1.65	Multiply by Rate for Your Age	x _____
70 – 74	\$2.85		
75 – 80	\$4.52		
80+	\$7.12	Your Monthly Cost	\$ _____



Voluntary Disability Insurance

Please note: The Archdiocese of Los Angeles does not participate in the State Disability Program (SDI). This means that if you become disabled and unable to work due to a non-work-related illness, injury, or accident, you will NOT have any income protection (beyond your accrued sick time and vacation time) if you do not purchase voluntary coverage.

The financial consequences of a lengthy disability can be very serious. Disability insurance protects a portion of your income if you become ill or injured, to help you pay your bills until you can get back to work. You have two plan options:

- Option 1: Short-term disability insurance only
- Option 2: Long-term disability insurance, which includes short-term disability insurance

You may enroll in these plans within 31 days of your date of employment or during a qualifying life event; otherwise you must wait until the next scheduled open enrollment. You will pay the full cost of your coverage through after-tax payroll deductions. Any benefits you receive under these plans will be tax-free. The disability insurance plans are provided through Hartford.

Option 1: Short-Term Disability (STD) Insurance

If you become disabled due to a maternity leave or unable to work due to a non-work related illness, injury or accident while covered under this plan, your STD benefits can help replace your lost income. This plan covers up to 60% of your gross weekly earnings, to a maximum weekly benefit amount of \$1,000. Benefits you receive under STD are non-taxable. If you are eligible for income from other sources such as Social Security and/or Workers' Compensation income you receive "from another employer" or "due to other employment" your STD benefits will be adjusted so that the maximum weekly benefit you receive from all sources does not exceed 60% of your pre-disability earnings.

Benefit payments begin after seven calendar days of disability and may continue for up to two years while you remain disabled and under a physician's care.

The cost of your STD coverage is \$.0101 times your gross monthly earnings. You would calculate your cost like this:

STD Insurance	
Gross Monthly Earnings	\$ _____
Multiply by Rate	X \$.0101
Your Monthly Cost	\$ _____

Example. Christopher earns \$35,000 per year. Here's how he calculates the monthly cost of his STD coverage:

- $\$35,000 \div 12 \text{ months} = \$2,917 \text{ per month (rounded)}$
- $\$2,917 \times \$.0101 = \$29.26$

Christopher's STD coverage will cost \$29.26 per month.



Option 2: Long-Term Disability (LTD) Insurance (Includes STD)

If you purchase this option, you are covered under the STD plan as described above for up to two years. You then become eligible for LTD benefits if your disability continues beyond two years. The LTD plan pays 60% of your monthly earnings to a maximum monthly benefit of \$4,333. Benefits you receive under the LTD plan are non-taxable. If you are eligible for income from other sources such as Social Security and/or Workers' Compensation income you receive "from another employer" or "due to other employment," your LTD benefits will be adjusted so that the maximum monthly benefit you receive from all sources does not exceed 60% of your pre-disability earnings.

If your disability begins prior to age 63, your LTD benefits may continue up to age 67 while you remain disabled and under a physician's care. If your disability begins at age 63 or after, your benefits will be payable as follows:

Age Reduction Schedule for LTD Benefits	
Age at Which Disability Begins	Duration of Benefit Payments
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69+	12 months

Note: This policy will not provide coverage for any period of disability beginning within the first 12 months of the effective date of this coverage if the period of disability is caused by or substantially contributed to by a pre-existing condition or the medical or surgical treatment of a pre-existing condition. The look-back period for a pre-existing condition is up to 6 months.

The cost of your LTD coverage, which includes STD, is \$.0134 times your gross monthly earnings. You would calculate your cost like this:

LTD Insurance (Includes STD Insurance)	
Gross Monthly Earnings	\$ _____
Multiply by Rate	X \$.0134
Your Monthly Cost	\$ _____

Example. Paula earns \$42,000 per year. Here's how she calculates the monthly cost of her LTD coverage:

- $\$42,000 \div 12 \text{ months} = \$3,500 \text{ per month}$
- $\$3,500 \times \$.0134 = \$46.90$

Paula's combined STD and LTD coverage will cost \$46.90 per month.



Contact Information

If you have questions about your health care benefits or coverage, we encourage you to contact the carrier directly, using the contact information shown below.

Coverage	Member Services	Website
Anthem Blue Cross		
EPO	(888) 722-1077	www.anthem.com/ca
PPO	(888) 722-1077	www.anthem.com/ca
LiveHealth Online	(855) 603-7985	www.livehealthonline.com
Prescription Drugs (Prescription by Optum RX)	(800) 788-7871	www.optumrx.com
Vision Benefits (Eye Med)	(866) 800-5457	www.eyemedvisioncare.com
Employee Assistance Program (Optum-EAP)	(866) 248-4104	www.liveandworkwell.com Access code = 11040
Kaiser Permanente		
EPO	(800) 464-4000	www.kp.org
Prescription Drugs	(800) 464-4000	www.kp.org
Vision Benefits (Kaiser Permanente)	(800) 464-4000	www.kp.org
Cigna Dental		
Dental Plan (Cigna Dental Plan PPO and EPO Network)	(800) 564-7642	http://hcpdirectory.cigna.com/web/public/providers
The Hartford		
Voluntary Term Life and AD&D Insurance Plan	(800) 523-2233	www.thehartfordatwork.com
Voluntary Short-Term and Long-Term Disability Plans	(866) 945-7801	www.thehartfordatwork.com

For help with enrollment issues, call our plan administrator, BAS, at (888) 337-7785 between 5:30 a.m. and 5:00 p.m. Monday through Friday, or e-mail employeebenefits@basusa.com.

For more information about your benefits, you may also visit HR Connection at www.hrconnection.com [user name = ADLAen; password = Benefits2015].



Notes



Group Medical Monthly Premiums Effective July 2014 - June 2015

Lay Employees -- Annual Base Salary above \$45,000

PLAN YEAR JULY 2014

MEDICAL/VISION & DENTAL

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 245.75	25.0%	\$ 737.25	75.0%	\$ 983.00	\$ 192.75	25.0%	\$ 578.25	75.0%	\$ 771.00	\$ 142.75	25.0%	\$ 428.25	75.0%	\$ 571.00
Two Party	\$ 713.30	35.0%	\$ 1,324.70	65.0%	\$ 2,038.00	\$ 523.25	35.0%	\$ 971.75	65.0%	\$ 1,495.00	\$ 388.85	35.0%	\$ 722.15	65.0%	\$ 1,111.00
Family	\$ 1,048.00	40.0%	\$ 1,572.00	60.0%	\$ 2,620.00	\$ 788.80	40.0%	\$ 1,183.20	60.0%	\$ 1,972.00	\$ 608.80	40.0%	\$ 913.20	60.0%	\$ 1,522.00

MEDICAL & VISION

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 234.25	25.0%	\$ 702.75	75.0%	\$ 937.00	\$ 181.25	25.0%	\$ 543.75	75.0%	\$ 725.00	\$ 131.25	25.0%	\$ 393.75	75.0%	\$ 525.00
Two Party	\$ 682.85	35.0%	\$ 1,268.15	65.0%	\$ 1,951.00	\$ 492.80	35.0%	\$ 915.20	65.0%	\$ 1,408.00	\$ 358.40	35.0%	\$ 665.60	65.0%	\$ 1,024.00
Family	\$ 1,002.00	40.0%	\$ 1,503.00	60.0%	\$ 2,505.00	\$ 742.80	40.0%	\$ 1,114.20	60.0%	\$ 1,857.00	\$ 562.80	40.0%	\$ 844.20	60.0%	\$ 1,407.00

DENTAL

	Optional Benefit				
	Employee	%	Employer	%	Total
Single	\$ 34.50	75.0%	\$ 11.50	25.0%	\$ 46.00
Two Party	\$ 65.25	75.0%	\$ 21.75	25.0%	\$ 87.00
Family	\$ 86.25	75.0%	\$ 28.75	25.0%	\$ 115.00

Group Medical Monthly Premiums Effective July 2014 - June 2015

Lay Employees -- Annual Base Salary \$25,000 - \$44,999

PLAN YEAR JULY 2014

MEDICAL/VISION & DENTAL

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 221.18	22.5%	\$ 761.82	77.5%	\$ 983.00	\$ 173.48	22.5%	\$ 597.52	77.5%	\$ 771.00	\$ 128.48	22.5%	\$ 442.52	77.5%	\$ 571.00
Two Party	\$ 662.35	32.5%	\$ 1,375.65	67.5%	\$ 2,038.00	\$ 485.88	32.5%	\$ 1,009.12	67.5%	\$ 1,495.00	\$ 361.08	32.5%	\$ 749.92	67.5%	\$ 1,111.00
Family	\$ 917.00	35.0%	\$ 1,703.00	65.0%	\$ 2,620.00	\$ 690.20	35.0%	\$ 1,281.80	65.0%	\$ 1,972.00	\$ 532.70	35.0%	\$ 989.30	65.0%	\$ 1,522.00

MEDICAL & VISION

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 210.83	22.5%	\$ 726.17	77.5%	\$ 937.00	\$ 163.13	22.5%	\$ 561.87	77.5%	\$ 725.00	\$ 118.13	22.5%	\$ 406.87	77.5%	\$ 525.00
Two Party	\$ 634.08	32.5%	\$ 1,316.92	67.5%	\$ 1,951.00	\$ 457.60	32.5%	\$ 950.40	67.5%	\$ 1,408.00	\$ 332.80	32.5%	\$ 691.20	67.5%	\$ 1,024.00
Family	\$ 876.75	35.0%	\$ 1,628.25	65.0%	\$ 2,505.00	\$ 649.95	35.0%	\$ 1,207.05	65.0%	\$ 1,857.00	\$ 492.45	35.0%	\$ 914.55	65.0%	\$ 1,407.00

DENTAL

	Optional Benefit				
	Employee	%	Employer	%	Total
Single	\$ 34.50	75.0%	\$ 11.50	25.0%	\$ 46.00
Two Party	\$ 65.25	75.0%	\$ 21.75	25.0%	\$ 87.00
Family	\$ 86.25	75.0%	\$ 28.75	25.0%	\$ 115.00

Group Medical Monthly Premiums Effective July 2014 - June 2015

Lay Employees -- Annual Base Salary Below \$25,000

PLAN YEAR JULY 2014

MEDICAL/VISION & DENTAL

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 196.60	20.0%	\$ 786.40	80.0%	\$ 983.00	\$ 154.20	20.0%	\$ 616.80	80.0%	\$ 771.00	\$ 114.20	20.0%	\$ 456.80	80.0%	\$ 571.00
Two Party	\$ 509.50	25.0%	\$ 1,528.50	75.0%	\$ 2,038.00	\$ 373.75	25.0%	\$ 1,121.25	75.0%	\$ 1,495.00	\$ 277.75	25.0%	\$ 833.25	75.0%	\$ 1,111.00
Family	\$ 720.50	27.5%	\$ 1,899.50	72.5%	\$ 2,620.00	\$ 542.30	27.5%	\$ 1,429.70	72.5%	\$ 1,972.00	\$ 418.55	27.5%	\$ 1,103.45	72.5%	\$ 1,522.00

MEDICAL & VISION

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 187.40	20.0%	\$ 749.60	80.0%	\$ 937.00	\$ 145.00	20.0%	\$ 580.00	80.0%	\$ 725.00	\$ 105.00	20.0%	\$ 420.00	80.0%	\$ 525.00
Two Party	\$ 487.75	25.0%	\$ 1,463.25	75.0%	\$ 1,951.00	\$ 352.00	25.0%	\$ 1,056.00	75.0%	\$ 1,408.00	\$ 256.00	25.0%	\$ 768.00	75.0%	\$ 1,024.00
Family	\$ 688.88	27.5%	\$ 1,816.12	72.5%	\$ 2,505.00	\$ 510.68	27.5%	\$ 1,346.32	72.5%	\$ 1,857.00	\$ 386.93	27.5%	\$ 1,020.07	72.5%	\$ 1,407.00

DENTAL

	Optional Benefit				
	Employee	%	Employer	%	Total
Single	\$ 34.50	75.0%	\$ 11.50	25.0%	\$ 46.00
Two Party	\$ 65.25	75.0%	\$ 21.75	25.0%	\$ 87.00
Family	\$ 86.25	75.0%	\$ 28.75	25.0%	\$ 115.00

**ARCHDIOCESE OF LOS ANGELES
PREMIUM ONLY PLAN**

Effective July 1, 2014

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INTRODUCTION

Archdiocese of Los Angeles (“Employer”) established the Employee Benefits Plan Premium Only Plan (the “Plan”) as of July 1, 2015, for the benefit of its eligible employees. The Plan has been amended from time to time and is now restated, effective *July 1, 2014*

This document sets forth the provisions that constitute the Plan. It is intended to help you understand your benefits. Please read it carefully. Technical terms are capitalized and described in Section 1 (Definitions). The purpose of the Plan is to provide eligible employees the option of electing certain benefits. Employee contributions for coverage under the benefit options are made through voluntary pre-tax salary reductions. The Plan is intended to qualify as a “cafeteria plan” under Section 125 of the Internal Revenue Code of 1986, as amended (the “Code”) and is intended to be interpreted in a manner consistent with the requirements of the Code.

The purpose of the Plan is to allow eligible employees to pay their share of premiums under the benefit plan on a pre-tax salary contribution basis. The tax implications of this Plan, however, are subject to rulings, regulations and the application of the tax laws of the state and federal government. Although this document may anticipate certain tax consequences as being likely, the Employer does not represent or warrant to any participant that any particular tax consequence will result from participation in this Plan.

By participating in the Plan, each participant understands and agrees that in the event the Internal Revenue Service or any state or political subdivision thereof should ever assess or impose any taxes, charges and/or penalties upon any benefits received under the Plan, the recipient of the benefit will be responsible for those amounts, without contribution from the Employer. This Plan is intended not to discriminate as to eligibility or benefits in favor of the prohibited groups under Code § 125.

SECTION 1—DEFINITIONS

- 1.01 “Annual Open Enrollment Period” means a period prior to each Plan Year designated by the Plan Administrator during which you are provided appropriate enrollment forms and the opportunity to make or alter your benefit elections under the Plan.
- 1.02 “Change in Status” means any of the following events (as well as any other events included under subsequent changes to Internal Revenue Code Section 125 or accompanying regulations that the Employer, in its sole discretion, decides to recognize on a uniform and consistent basis):
 - a) Legal Marital Status: A change in the Participant’s legal marital status, including marriage, death of a spouse, divorce, or annulment;
 - b) Number of Eligible Dependents: Events that change the Participant’s number of eligible children dependents, including birth, death, adoption, a

child being Placed for Adoption, and receiving legal guardianship;

- c) Change in Employment Status: Any change in the Participant's employment status, or the employment status of the Participant's eligible dependents, that affects benefit eligibility under this Plan or a benefit plan of the eligible dependent, such as: termination or commencement of employment, a change in worksite, switching from salaried to hourly-paid or vice-versa, incurring a reduction or increase in hours of employment (e.g., going from part-time to full-time), or any other similar change which makes the person become or cease to be eligible for benefits under such plans.
- d) Dependent Eligibility Requirements: An event that causes a previously eligible dependent child to satisfy or cease to satisfy the dependent eligibility requirements of the Plan or a benefit plan of the dependent child, such as due to attaining a specified age;
- e) Change in Residence: A change in the Covered Person's place of residence; and
- f) Other Events: Any other event that the Plan Administrator determines will permit a change or revocation of an election, or commencement of participation under applicable law and consistent with governing tax guidance.

1.03 "Code" means the Internal Revenue Code of 1986, as amended.

1.04 "Compensation" means wages, salary and other remuneration paid to a Participant but does not include any amounts contributed to an Employer retirement plan or any other fringe benefits or medical benefits provided to you by your Employer.

1.05 "Covered Person" is an Employee or eligible dependent who is enrolled in coverage under this Plan.

1.06 "Dependent" means your dependents as defined by the Health Plan or by documents governing other benefit options as applicable.

1.07 "Employee" means a person who is a regular employee of the Employer on the Employer's W-2 payroll. It does not include any person classified by the Employer as a leased employee, contract worker, independent contractor, or temporary employee, whether or not any such persons are on the Employer's W-2 payroll or are determined by the IRS or others to be common-law employees of the Employer.

1.08 "Employer" means *The Archdiocese of Los Angeles*.

1.09 "Health Plan" means the health plan options currently offered by the Employer which are purchased with contributions made through this Plan.

- 1.10 “Participant” means an Employee who has met the requirements for eligibility and is participating in the Plan.
- 1.11 “Placed for Adoption” refers to a child whom the Participant intends to adopt, whether or not the adoption has become final. The Participant must have assumed a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have commenced.
- 1.12 “Plan” means the Healthcare Benefits Premium Only Plan.
- 1.13 “Plan Administrator” means the Archdiocese of Los Angeles.
- 1.14 “Plan Year” means the twelve-month period beginning each 1st of July and ending each 30th of June.

SECTION 2—ELIGIBILITY

- 2.01 Employee Eligibility. As an Employee, you are eligible to participate in the Plan when you are eligible to participate in pre-tax benefits under current terms of the plans or policies then offered by the Employer.
- 2.02 Termination of Participation. You and any eligible dependents will cease to participate in the Plan or a particular benefit option of the Plan as of the earliest of the following:
- a) the last day of the month in which your employment terminates;
 - b) the last day of the month in which your election to participate expires;
 - c) the day this Plan terminates; or
 - d) the day a particular benefit option terminates or is no longer offered under the Plan.
- 2.03 Family and Medical Leave Act (FMLA). If you qualify for an approved family or medical leave of absence (as defined in the Family Medical Leave Act of 1993), you may continue to participate in the Plan for the duration of the leave if you pay any required contributions toward the cost of the coverage. The Employer has the responsibility to provide you with prior written notice of the terms and conditions under which payment must be made. Failure to make payment within 30 days of the due date established by the Employer will result in the termination of coverage. Subject to certain exceptions, if you fail to return to work after the leave of absence, the Employer has the right to recover from you any contributions toward the cost of coverage made on your behalf during the leave, as outlined in the FMLA.

If you were covered under the Plan when your FMLA leave began and do not continue to participate during the leave, your coverage will be reinstated on the

date you return to work as long as you make any necessary contributions within 31 days of the date you return.

If you do not return to work after the approved leave or if you have given the Employer notice of intent not to return to work, coverage under the Health Plan may be continued under CONTINUATION OF COVERAGE effective as of the date you notify the Employer and provided you properly elect CONTINUATION OF COVERAGE coverage (see the Health Plan for details on CONTINUATION OF COVERAGE). You will be responsible for contributions during the CONTINUATION OF COVERAGE continuation period, if elected. Coverage continued during an FMLA leave will not be counted toward the maximum CONTINUATION OF COVERAGE continuation period.

It is the intent of the Plan to comply with all existing FMLA regulations. If for some reason the information presented in the Plan differs from actual FMLA regulations, the Plan reserves the right to administer the FMLA in accordance with such actual regulations.

To the extent an Employee qualifies for another type of leave other than FMLA and the IRS does not disallow similar treatment of contributions, similar rules will apply.

- 2.03 Non-FMLA Leaves of Absence. If you go on an unpaid leave of absence that does not affect eligibility, then you will continue to participate and your Contributions due will be paid by pre-payment before going on leave, by after-tax contributions while on leave, or with catch-up contributions after the leave ends, as may be determined by the Plan Administrator. If you go on an unpaid leave that affects eligibility, then the election change rules will apply.
- 2.04 Active Military Duty. Employees going into military service that results in 30 or fewer days of unpaid leave will maintain their participation in the Health Plan options of the Plan as if they were still working. Employees going into military service that results in unpaid leave of more than 30 days may elect to continue these health coverage options of the Plan as mandated by the Uniformed Services Employment and Reemployment Rights Act (USERRA) under the following circumstances. These rights apply only to Employees and their Dependents covered under the Plan before leaving for military service:
- (a) The maximum period of coverage of a person under such an election shall be determined by then-applicable federal law.
 - (b) A person who elects to continue health plan coverage may be required to pay up to 102% of the full contribution under the Plan.

- (c) Whether or not a person elects continuation coverage under USERRA, coverage will be reinstated upon the first day the Employee returns to employment with the Employer if the Employee is released under honorable conditions and returns to employment:
- 1) within fourteen (14) days of completing military service for a leave of 31 to 180 days; or
 - 2) within 90 days of completing military service for a leave of more than 180 days (a reasonable amount of travel time or recovery time for an illness or injury determined by the Veterans Administration to be service connected will be allowed).
- (d) If health coverage under this Plan is reinstated, all provisions and limitations of this Plan will apply to the extent that they would have applied if the Employee had not taken military leave and coverage had been continuous. An exclusion or Waiting Period may not be imposed in connection with the reinstatement of coverage upon reemployment if one would not have been imposed had coverage not been terminated because of service. However, an exclusion or Waiting Period may be imposed for coverage of any illness or injury determined by the Secretary of Veterans Affairs to have been incurred in, or aggravated during, the performance of uniformed service.

For complete information regarding an Employee's rights under USERRA, contact the Employer. It is the intent of the Plan to comply with all existing regulations of USERRA. If for some reason the information presented in the Plan differs from the actual regulations of the USERRA, the Plan reserves the right to administer the Plan in accordance with such actual regulations.

SECTION 3—OPTIONAL BENEFITS

- 3.01 Election of Benefits. If eligible, you may elect any, all or none of the benefits then made available. As part of electing any of the benefits, you must execute an agreement to reduce your taxable income by completing and signing election forms provided by the Employer.
- 3.02 Election Procedure. The Employer will establish an Annual Open Enrollment Period, during which you must complete and return the provided election form(s).
- 3.03 New Participants. If you become eligible during the Plan Year, you must execute the applicable election process and deliver them to your location administrator within 31 days after becoming eligible. Your election is applicable after the 1st full pay period in the month in which you are effective.

- 3.06 Absence of Election. Once you elect pre-tax payment for Health Plan coverage, your failure to complete a new election form for a subsequent Plan Year will be treated as an election to continue to participate on the same basis as the prior Plan Year.
- 3.07 Changing Your Elections. Please choose your benefit elections carefully, because in most cases your choices will remain in effect until the end of the Plan Year. You usually will not be able to change them. This rule is a requirement of federal tax law. There are several exceptions to this rule. Subject to the limitations described in each applicable subsection below, you may change your benefit elections during the year under the following limited circumstances.
- (a) *Change in Status*. If you experience a Change in Status, any resulting benefit election changes must be made within 31 days of the Change in Status and must be “consistent” with the Change in Status. This “consistency” requirement means: a) the Change in Status must result in you or your dependent gaining or losing eligibility under the Plan or another group plan; and b) the election change must correspond with that gain or loss of eligibility; IRS standards for Changes in Status and consistency will control.
 - (b) *Special Enrollment Rights*. You may change an election for accident or health coverage during a Plan Year and make a new election that corresponds with the special enrollment rights provided under HIPAA, including those authorized under the provisions of the Children’s Health Insurance Program Reauthorization Act of 2009 (SCHIP). Any new election must be made within 31 days of the special enrollment event, with the exception that a special right based on the SCHIP provision must be made within 60 days of that event (or longer if permitted by the Plan and communicated to participants.) Any new election shall be effective as of the first day of month coinciding with or next following the date the completed election is received by the employer. Special enrollments in the event of birth, adoption, or placement for adoption will be effective back to the date of the birth, adoption or placement for adoption, as long as timely notice is given to the employer. When exercising a special enrollment right you have the right to enroll in any available benefit package.
 - (c) *Certain Judgments, Decrees, or Orders*. If a judgment, decree, or order resulting from a divorce, legal separation or annulment results in a change in legal custody of, or the required provision of health coverage for, your Dependent child(ren), you may make a corresponding change in your health benefit elections (the payment of Health Plan coverage) within 31 days of receiving the judgment, decree or order. If the Health Plan is required to enroll a child pursuant to a QMCSO or medical support order as defined, qualified, and determined by federal law, the Plan will add coverage for that child and for you, if you are not already enrolled in the Plan.
 - (d) *Entitlement to Medicare, Medicaid*. If you or your Dependent become(s) entitled to Medicare, Medicaid or other government-sponsored health program

or if you or your Dependent who has been entitled to Medicare or Medicaid or other government-sponsored health program lose(s) eligibility for such, you may make a corresponding change in your election for health benefits (the payment of Health Plan coverage). You must request applicable election changes within 31 days of your notification of the change.

(e) *Loss of coverage.* If the coverage under a Benefit is significantly curtailed or ceases during a Plan Year, if affected, you may revoke your elections of such Benefit, and in lieu thereof, elect to receive on a prospective basis coverage under another plan with similar coverage, or drop coverage prospectively if no similar coverage is offered.

(f) *Loss of coverage under certain other plans.* You may make a prospective election change to add group health coverage for you, your spouse or dependent if there is a loss of group health coverage sponsored by a governmental or educational institution, including a state children's health insurance program under the Social Security Act, the Indian Health Service or a health program offered by an Indian tribal government, as state health benefits risk pool, or a foreign government group health plan.

(g) *Change of coverage due to change under certain other plans.* You may make a prospective election change that is on account of and corresponds with a change made under the plan of a Spouse's, former Spouse's or Dependent's employer if (1) the cafeteria plan or other benefits plan of the other employer permits its participants to make a change; or (2) this cafeteria plan permits participants to make an election for a period of coverage that is different from the period of coverage under the cafeteria plan of a Spouse's, former Spouse's or Dependent's employer.

In each case, your new benefit election is effective for the first pay period that begins after the Employer receives your election form. Any changes must also be permitted by the Health Plan.

SECTION 5---PLAN ADMINISTRATION

5.01 Plan Administrator. The Plan Administrator is responsible for administration of the Plan and shall have the exclusive right to interpret the Plan and to decide all matters arising under the Plan, including determinations regarding eligibility for benefits, construction of the terms of the Plan, and resolution of possible ambiguities, inconsistencies, or omissions. All determinations of the Plan Administrator or its designee with respect to any matter on which it has the power, duty, and/or authority to act shall be made by it in its sole discretion and shall be conclusive and binding on all persons. In addition, the Plan Administrator may:

- a) prescribe forms, rules, policies and procedures for the purpose of administration of the Plan; and
 - b) appoint such agents, attorneys, accountants, service providers and consultants or other person(s) as it may deem necessary or desirable in connection with the administration of the Plan.
- 5.02 Plan Must Be Nondiscriminatory. The Plan is intended not to discriminate in favor of highly compensated individuals as to eligibility to participate or the receipt of benefits, and is intended to comply in this respect with the requirements of the Code. The Plan Administrator is authorized to take such actions that, in its sole discretion, are necessary to assure such compliance. Such actions may include, without limitation, a modification of the elections for highly compensated employees.

SECTION 6—CLAIMS AND APPEALS PROCEDURE

- 6.01 Health Plan. The applicable claims and appeals procedures for the Health Plan are set forth in its governing documents.

SECTION 7—RESERVED

SECTION 8—MISCELLANEOUS

- 8.01 Information. The Plan Administrator may require you to supply such information and sign such documents as are necessary to implement the Plan.
- 8.02 Applicable Law. The laws of the State of *California*) will determine all questions arising with respect to the provisions of the Plan except to the extent superseded by federal law.
- 8.03 Rights to Employer's Assets. No Participant or beneficiary has any right to, or interest in, any assets of the Employer upon termination of employment or otherwise, except as provided from time to time under the Plan. The Employer will make all payments of benefits under the Plan solely from the assets of the Employer and the Plan Administrator is not liable for payment of benefits in any manner.
- 8.04 Non-alienation of Benefits. Except as specifically provided under the Health Plan, benefits payable under the Plan are not subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, charge, garnishment, execution, or levy of any kind, either voluntary or involuntary,

including any such liability which is for alimony or other payments for the support of a spouse or former spouse, or for any other relative of the Participant, unless pursuant to court order, prior to actual receipt by the person entitled to the benefit under the terms of the Plan; and any attempt to anticipate, alienate, sell, transfer, assign, pledge, encumber, charge or otherwise dispose of any right to benefits payable under the Plan, is void. The Employer is not in any manner liable for, or subject to, the debts, contracts, liabilities, engagements or torts of any person entitled to benefits under the Plan.

- 8.05 Employment Not Guaranteed. Nothing contained in the Plan, or any modification or amendment to the Plan, or in the creation of any account, or the payment of any benefit, gives you or your beneficiaries any right to continue employment, any legal or equitable right against the Employer, or Employee of the Employer, or its agents, or against the Plan Administrator, except as expressly provided by the Plan.

SECTION 9—RESERVED

SECTION 10—PLAN INFORMATION

- 10.01 Employer. The Employer's legal name, address and federal tax identification number are:

The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, on behalf of its group health plan

Telephone: 213-637-7218

EIN: 95-1642382

- 10.02 Plan Name. The name of the Plan is the Employee Benefits Plan Premium Only Plan.

- 10.03 Plan Year. The plan year is the twelve-month period beginning 1st of July, and ending 30th of June.

- 10.04 Type of Plan. The Plan is commonly known as a cafeteria plan.

- 10.05 Type of Administration. The Plan's various benefit options are administered through contracts with carriers and/or third party administrators and, in some instances, by the Employer.

- 10.06 Plan Funding. The Plan is unfunded. Benefits are provided through component programs.

- 10.07 Plan Sponsor/Administrator. The Employer is the Plan Sponsor and Plan Administrator.

- 10.08 Termination and Amendment. The Employer reserves the right to amend the Plan, change the applicable Employee contribution rates, or terminate the Plan at any time.

IN WITNESS WHEREOF, the Employer has caused this Plan to be executed effective as of the first day of July, 2015 by its authorized officer.



By [type/print]: Randy Steiner

Title: ADLA Chief Financial Officer



How Much Will This Benefit Cost?

There's no charge for referrals, or for seeing a clinician within our network. If you'd like to speak with an expert for financial or legal assistance or for legal mediation, there's no cost for the initial consultation. Subsequent legal assistance is available at a 25 percent discount. Access to liveandworkwell.com is always free. For more information, please refer to your employer-provided benefit information.

Are Services Confidential?

We'll never share your personal records with your employer or anyone else without your permission. All records, including medical information, referrals and evaluations, are kept strictly confidential in accordance with federal and state laws.



Behavioral Solutions of California

Your EAP and WorkLife Services Benefit

(866) 248-4104

TDD/TTY Dial 711 and enter the number above,
or log on to www.liveandworkwell.com
access code: 11040



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Behavioral Solutions of California

Your EAP and WorkLife Services Benefit



Helping You Manage Life's Challenges

- Counseling Services
- Child and Elder Care Referrals
- Financial and Legal Advice
- Balancing Work and Life Issues
- ... and more

Contact us any time you need help with any of life's concerns.

(866) 248-4104

TDD/TTY Dial 711 and enter the number above.

or log on to
www.liveandworkwell.com
access code: 11040

In an emergency, the first concern is your health.
Call 911 or get to an emergency room as soon as possible.

U.S. Behavioral Health Plan, California doing business as
OptumHealth Behavioral Solutions of California

B199-70436-1579-B

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The challenges you face each day can lead to stressful feelings. At times, such feelings may overwhelm you. Your home life, your happiness and your performance at work all can suffer. We can help. Your Employee Assistance Program (EAP) and WorkLife Services Benefit is designed to provide confidential support for those everyday challenges or more serious problems, and it's available around the clock — anytime you need it.

What Can My EAP and WorkLife Services Benefit Do For Me?

You may be struggling with stress at work, seeking financial or legal advice, or coping with the death of a loved one. Maybe you just want to strengthen your relationships with your family. Your EAP and WorkLife Services Benefit offers assistance and support for all these concerns and more:

- Depression, anxiety and stress
- Substance abuse
- Relationship problems
- Workplace conflicts
- Parenting and family issues
- Living with chronic conditions
- Child and elder care support

From short-term counseling services and referrals to more extended care, your benefit offers just what you need. To find out more, give us a call or visit www.liveandworkwell.com.



How Do I Get Started?

Accessing your EAP and WorkLife Services Benefit is easy and available 24 hours a day. Simply call the toll-free number on this brochure.

What Will Happen When I Call?

A specialist will ask you a few questions to help identify the nature of your problem and the appropriate resources to address it. If you need financial or legal services, we will refer you to an expert in that field. If you want to see a clinician, we'll match you with one in our network who has the appropriate experience to help. We will work to satisfy your preferences with respect to gender and language/cultural requirements.

Can I Access Services Online?

Yes. liveandworkwell.com is an interactive Web site that provides access to your benefit and tools to help you enhance your work, health and life.

You can:

- Check your benefit information and submit online requests for services.
- Search our online directory of clinicians.
- Access information and resources for hundreds of everyday work and life issues in one of our many virtual help centers.
- Participate in interactive, customizable self-improvement programs.

Any member of your household may access these online services, including dependents living away from home.

Easy Access to Your EAP and WorkLife Services Benefit

Keep this card close by for access to confidential help 24 hours a day.



live and work well

- Counseling Services
- Child and Elder Care Referrals
- Financial and Legal Advice
- Balancing Work and Life Issues
- ... and more



live and work well

- Counseling Services
- Child and Elder Care Referrals
- Financial and Legal Advice
- Balancing Work and Life Issues
- ... and more





**Archdiocese of
LOS ANGELES**

**132 Ivy Lane
King of Prussia, PA 19406
Phone: (877) 303-7382
Fax: (877) 332-7382**

ENROLLMENT / CHANGE FORM

This form can be used as an initial enrollment or to report a change in information. Please complete all information by printing clearly and firmly or by typing.
If additional space is needed, please attach a statement with the appropriate information. Please check the applicable boxes below.

<input type="checkbox"/> New Enrollment <input type="checkbox"/> Waiver <input type="checkbox"/> Change <input type="checkbox"/> Transfer from Location # _____ to # _____ <input type="checkbox"/> Terminate									
Location Name			Location Number			Phone Number			
I. EMPLOYEE INFORMATION <input type="checkbox"/> Lay <input type="checkbox"/> Religious <input type="checkbox"/> Priest <input type="checkbox"/> Part-Time									
Date of Hire	Date Full Time	Effective Date	Date of Birth	Annual Salary \$ _____ Paid in 10 or 12 Months?	Hours Worked / Week	Marital Status	Date of Marriage		
Last Name		First		MI		Soc. Sec. No.		Sex (M/F)	
Street Address			City		State	Zip	Home Phone (including area code) ()		
E-Mail						Work Phone (including area code) ()			
II. COVERAGE ELECTION (complete dependent information section if coverage elected for spouse and/or children) DEPENDENTS ELECTING COVERAGE MUST ENROLL IN THE SAME MEDICAL/VISION OR DENTAL PLANS AS THE EMPLOYEE.									
Coverage	Effective Date	Employee	Spouse	Child(ren)	Add/Term	Comments			
Blue Cross PPO		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Blue Cross EPO		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Kaiser EPO		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Dental		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Voluntary Short Term Disability		<input type="checkbox"/> Yes <input type="checkbox"/> No	You may elect Voluntary Short-Term Disability (STD) or Voluntary Long-Term Disability (LTD), but not both						
Voluntary Long Term Disability		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Voluntary Life AD&D		<input type="checkbox"/> Yes <input type="checkbox"/> No	Check One <input type="checkbox"/> 1x Base Salary <input type="checkbox"/> 1.5x Base Salary <input type="checkbox"/> 2x Base Salary						
III. DEPENDENT INFORMATION (Required if dependent coverage is to be added or changed)									
Name	SSN	Relationship	Sex (M/F)	DOB	Dependent Certification Attached	Add/Term (A/T)			
IV. BENEFICIARY INFORMATION (Complete if Enrolling in Voluntary Life/AD&D Program. Please Note: If you are electing a beneficiary to your life insurance other than your spouse, your spouse must sign the spousal consent in the beneficiary form.)									
Name	Relationship		Date of Birth		Primary/Contingent		% Breakdown		
V. WAIVER (Signature is required if any benefit is waived) The current benefits have been explained to me thoroughly. I DO NOT wish to enroll in the following coverage(s). <input type="checkbox"/> Employee <input type="checkbox"/> Medical / Vision <input type="checkbox"/> Dental <input type="checkbox"/> Voluntary Life AD&D <input type="checkbox"/> Voluntary Short Term Disability <input type="checkbox"/> Voluntary Long Term Disability <input type="checkbox"/> Employee and/or Dependent <input type="checkbox"/> Medical / Vision <input type="checkbox"/> Dental									
Is the coverage being waived due to coverage by another plan? <input type="checkbox"/> Yes <input type="checkbox"/> No I understand that by waiving the coverage above, I will not be entitled to any benefits provided by the plan.									
SIGNATURE X _____ (To Waive Benefits)					Date _____				



Archdiocese of
LOS ANGELES

132 Ivy Lane

King of Prussia, PA 19406

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ENROLLMENT / CHANGE FORM

This form can be used as an initial enrollment or to report a change in information. Please complete all information by printing clearly and firmly or by typing.

If additional space is needed, please attach a statement with the appropriate information. Please check the applicable boxes below.

VI. RELEASE

I hereby certify that I am an eligible employee/beneficiary as defined in the Summary Plan Document that the above information is complete and accurate, and all claims submitted will be for individuals who are eligible members of the health plan. I hereby authorize the Plan Sponsor to deduct, from my pay, my contributions to the cost of the benefits, which I indicated above and for which I am or may become eligible. The current benefits have been explained to me thoroughly. I understand that I am responsible for a greater portion of my health costs in excess of the amounts payable under the plan.

I also authorize any physician or other health care professional, hospital or other health care facility, counselor, therapist, or any other medical or medically related facility or professional to give the health plan, respective agents or representatives any and all information or records relating to health history, health examinations, services rendered, or treatment given including treatment for alcohol, substance abuse or mental or emotional disorders, A.I.D.S., or A.R.C. of me or any of my dependents applying for coverage or any claim of benefits.

I also authorize the health plan to disclose all such health or personal information related to myself or any covered dependent, to a health care provider, a health care service plan, a self-insurer, or any insurance company for the purpose of investigating or evaluating any claim for benefits. If my coverage is under a master policy held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure of them for the purpose of administering my coverage, utilization review or financial audit.

This authorization is effective immediately and shall remain in effect for use in connection with any claim for benefits for as long as any health coverage may be in effect. A photocopy of this authorization is as valid as the original.

THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTOOD, AND AGREE TO ALL SECTIONS AND THE TERMS OF THIS ENROLLMENT FORM.

SIGNATURE X _____ Date _____
(Required)

TO BE COMPLETED BY LOCATION ADMINISTRATOR ONLY

VII. REASON FOR THE CANCELLATION / CHANGE

EMPLOYEE COVERAGE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Discharged | <input type="checkbox"/> Date of Disability _____ | <input type="checkbox"/> New Dependent |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Resignation: Date Submitted: _____ | <input type="checkbox"/> Increase in work hours: Date _____ |
| <input type="checkbox"/> Reduction in work hours: Date _____ | <input type="checkbox"/> Last day worked: _____ | <input type="checkbox"/> New name: _____ |
| <input type="checkbox"/> Deceased: Date _____ | <input type="checkbox"/> New Address | <input type="checkbox"/> Other please specify: _____ |

DEPENDENT COVERAGE:

- | | | |
|--|---|--|
| <input type="checkbox"/> Death of covered employee | <input type="checkbox"/> Date of divorce / legal Separation _____ | <input type="checkbox"/> Eligible for Medicare |
| <input type="checkbox"/> No longer an eligible dependent | <input type="checkbox"/> Termination of dependent's health coverage | |

Name of person completing this section (Please Print)

Signature

Date

Hartford Life and Accident Insurance Company



LIFE / DISABILITY ENROLLMENT FORM

☐ Initial ☐ Change ☐ Termination ☐ Reinstatement

TO BE COMPLETED BY THE EMPLOYEE*

Name: (Last Name, First Name & M.I.)			Birthdate (MM/DD/YYYY)		
Social Security Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Date of Marriage (MM/DD/YY)
Employee Home Address: (Street, City, State & Zip Code)					
Dependent Information (Complete only if dependent coverage is available and elected.) (Last Name, First Name & M.I.)			Sex: M/F	(DEPENDENT LIFE ONLY) Birthdate (MM/DD/YYYY)	
Spouse (Indicate last name if different from Employee)			<input type="checkbox"/> M <input type="checkbox"/> F		
Child			<input type="checkbox"/> M <input type="checkbox"/> F		
Child			<input type="checkbox"/> M <input type="checkbox"/> F		
Child			<input type="checkbox"/> M <input type="checkbox"/> F		
Indicate type of coverage below. You may only elect coverages reflected in your Employer's contract. (You will not be covered for coverages not included in your Employer's contract.) To elect coverage check the box marked "Y". To decline coverage check the box marked "N."					
Basic Life <input type="checkbox"/> Y <input type="checkbox"/> N AMT \$ _____		Supplemental <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> \$ _____ X Basic Amount Earnings <input type="checkbox"/> Other \$ _____		AD/D <input type="checkbox"/> Y <input type="checkbox"/> N	Supp. ADD <input type="checkbox"/> Y <input type="checkbox"/> N
				Weekly Disability <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Flat Amount _____	
Dependent Life Spouse <input type="checkbox"/> Y <input type="checkbox"/> N Amount \$ _____ Child <input type="checkbox"/> Y <input type="checkbox"/> N Amount \$ _____		LTD <input type="checkbox"/> Y <input type="checkbox"/> N		LTD Buy-Up Option 1 _____ % Option 2 _____ %	
Beneficiary Designation - Please refer to the reverse side of this form for important information regarding beneficiary designation.					
Full Name		Address		Social Security No.	Relationship
PRIMARY:					
CONTINGENT:					
<input type="checkbox"/> I hereby apply for the coverages I have indicated above on behalf of myself and all dependents listed, and I authorize my Employer to make the appropriate deductions, if any, from my wages for my share of the cost. I understand that the coverages available to me are in accordance with the provisions of the contract between The Hartford and my Group Plan.					
<input type="checkbox"/> I hereby waive the coverages offered to me. I understand that if I desire to apply for any of these coverages at a later date, I will be required to furnish, at my own expense, medical evidence in support of insurability, that is satisfactory to The Hartford, before my coverage will become effective.					
Signature _____				Date _____	

TO BE COMPLETED BY THE EMPLOYER

Policy Symbol	Policy Number	Bill Unit	Loss Unit:	Business Location:		Original Effective Date of Policy:
Employer Name			Employee Hire Date		Effective Date of Coverage	
Employee Occupation			Employee Class		Life WD LTD	
Salary \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly						
Termination Date _____				Reinstatement Date _____		

For Policyholders covered under Pennsylvania Long Term Disability policies: If, within 90 days immediately prior to becoming covered under the group contract, you or any dependent have received medical care or advice for a disease or physical condition, you, he or she may not be covered for such disease or physical condition until you, he or she has been covered for one year under this contract. This exclusion, however, only applies to a disease or physical condition for which medical care or advice has been received within 90 days immediately prior to becoming covered under the group contract.

Hartford Life and Accident Insurance Company



LIFE / DISABILITY ENROLLMENT FORM

☒ Initial ☐ Change ☐ Termination ☐ Reinstatement

TO BE COMPLETED BY THE EMPLOYEE

Name: Last Doe		First John		M.I. F.	Birthdate (MM/DD/YYYY) 09/09/1960
Social Security Number XXX-XX-XXXX		Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Date of Marriage (MM/DD/YY) 02/03/1997
Employee Home Address: Street 123 Any Lane		City Anywhere		State CT	Zip Code 1111
Dependent Information (Complete only if dependent coverage is available and elected.) Last First M.I.			Sex: M/F	(DEPENDENT LIFE ONLY) Birthdate (MM/DD/YYYY)	
Spouse (Indicate last name if different from Employee) Doe Jane A.			<input type="checkbox"/> M <input checked="" type="checkbox"/> F	07/26/1936	
Child			<input type="checkbox"/> M <input type="checkbox"/> F		
Child			<input type="checkbox"/> M <input type="checkbox"/> F		
Child			<input type="checkbox"/> M <input type="checkbox"/> F		
Indicate type of coverage below. You may only elect coverages reflected in your Employer's contract. (You will not be covered for coverages not included in your Employer's contract.) To elect coverage check the box marked "Y." To decline coverage check the box marked "N."					
Basic Life <input checked="" type="checkbox"/> Y <input type="checkbox"/> N AMT \$ 5,000.		Supplemental <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> _____ X Basic Amount Earnings <input type="checkbox"/> Other _____		AD/D <input type="checkbox"/> Y <input type="checkbox"/> N	Suppl ADD <input type="checkbox"/> Y <input type="checkbox"/> N
Weekly Disability <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Flat Amount					
Dependent Life Spouse <input type="checkbox"/> Y <input type="checkbox"/> N Amount _____ Child <input type="checkbox"/> Y <input type="checkbox"/> N Amount _____		LTD <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	LTD Buy-Up Option 1 _____ % Option 2 _____ %		
Beneficiary Designation - Please refer to the reverse side of this form for important information regarding beneficiary designation.					
Full Name		Address		Social Security No.	Relationship
PRIMARY: Jane Amy Doe		123 Any Lane Anywhere, CT 1111		XXX-XX-XXXX	Spouse
CONTINGENT: Mark James Doe		987 Ever Road Any Town, CT 2222		XXX-XX-XXXX	Brother
<input checked="" type="checkbox"/> I hereby apply for the coverages I have indicated above on behalf of myself and all dependents listed, and I authorize my Employer to make the appropriate deductions, if any, from my wages for my share of the cost. I understand that the coverages available to me are in accordance with the provisions of the contract between The Hartford and my Group Plan. <input type="checkbox"/> I hereby waive the coverages offered to me. I understand that if I desire to apply for any of these coverages at a later date, I will be required to furnish, at my own expense, medical evidence in support of insurability, that is satisfactory to The Hartford, before my coverage will become effective.					
Signature John F. Doe				Date 05/23/2007	

TO BE COMPLETED BY THE EMPLOYER

Policy Symbol GL-GLT	Policy Number 22222222	Bill Unit	Loss Unit	Business Location CT	Original Effective Date of Policy 01/01/1993
Employer Name ABC Company				Employee Hire Date 10/16/1994	Effective Date of Coverage 02/01/1998
Employee Occupation Supervisor				Employee Class	Life WD LTD 01 01
Salary \$ 43,500 <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly					
Termination Date _____				Reinstatement Date _____	

For Policyholders covered under Pennsylvania Long Term Disability policies: If, within 90 days immediately prior to becoming covered under the group contract, you or any dependent have received medical care or advice for a disease or physical condition, you, he or she may not be covered for such disease or physical condition until you, he or she has been covered for one year under this contract. This exclusion, however, only applies to a disease or physical condition for which medical care or advice has been received within 90 days immediately prior to becoming covered under the group contract.

NAMING YOUR BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary (ies) please indicate their full name, address, social security number, relationship and, if a minor, the age of that minor. If the beneficiary is not related either by blood or marriage insert the words, **“Not Related.”** If you need assistance, contact your company representative or your own legal counsel.

Following are examples of the most common designations:

Mary J. Doe, Wife (not Mrs. John Doe). Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son, in equal shares, if they are both living, otherwise to whichever of them survives me.

Estate of the Insured

If you name more than one beneficiary with equal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example “1/3 to Mary Jones, Mother and 2/3 to Edith Jones, Wife.”

If you find that more space is needed for naming your beneficiary (ies) than that provided on this form please complete a Beneficiary Designation Form GR-11927.

GROUP BENEFITS



How to File a Claim

FILE A CLAIM WITH CONFIDENCE.

The Roman Catholic
Archdiocese

Policy # 033112

Your disability program is managed by The Hartford, a leader in disability and leave services. It's a user-friendly benefit that provides essential support services while you're away from your workplace.

The Hartford makes
it easy to file a
claim. Just follow
these steps.

STEP 1 Know when it's time to file.

If you're absent from work, we can advise you on when to file your claim. If your absence is scheduled, such as an upcoming hospital stay, simply call us prior to your last day at work. If unscheduled, please call us at your earliest convenience.

STEP 2 Have this information ready.

- Name, address, phone number, and other key identification information.
- Name of your department and last day of active full-time work.
- Your manager's name and phone number.
- The nature of your claim.
- Your treating physician's name, address, and phone and fax numbers.

STEP 3 Make the call or visit us online.

With your information handy, call The Hartford at 1-866-945-7801. We're open between 6 am and 6 pm PT from Monday-Friday. You'll be assisted by a nurse with an average 20 years of clinical experience. Your nurse has the expertise to answer questions, tell you what to expect next, and guide you through the disability process. Your nurse can also talk to your doctor directly if necessary. So feel free to share your concerns.

Prefer to file your claim online? Go to TheHartfordAtWork.com, 24/7.

TO FILE A CLAIM, CALL THIS NUMBER:

1-866-945-7801

6 am - 6 pm PT, Monday-Friday

Or, file online at

TheHartfordAtWork.com



PLEASE CUT ✂

If you're absent from work we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, you may call prior to your last day of work. If unscheduled, please call us at your earliest convenience.

Expertise without equal.
Benefits without burden.

GROUP BENEFITS



Get supportive assistance.

Even after your claim has been filed, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle free experience—from your first benefits payment to your first day back at work. Feel free to also call us with anything that's on your mind. We're here to help.

Relax and stay positive.

You have the assurance of our knowledge, expertise, and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

Quick facts.

The Hartford's goal is to get you through your time away from work with dignity and the best care possible. Keep the card below in a safe place for future use. We'll be there when you need us.



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home office of both companies is Simsbury, CT.

Expertise without equal.

Benefits without burden.

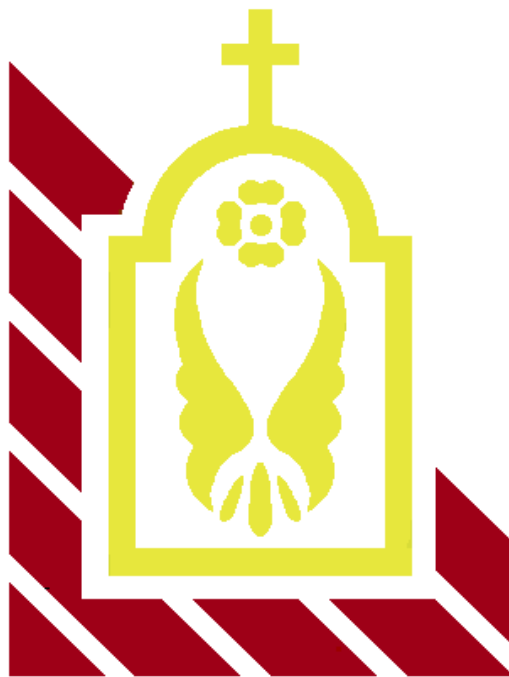
3145 NS 07/09 Printed in the USA ©2009 The Hartford, Hartford, CT 06115

WHEN YOU CALL OR FILE ONLINE, THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address, phone number, and other key identification information.
- Name of your department and last day of active full-time work.
- Your manager's name and phone number.
- The nature of your claim.
- Your treating physician's name, address, and phone and fax numbers.

PLEASE CUT ✂

**THE ARCHDIOCESE OF LOS ANGELES
LAY EMPLOYEES PENSION PLAN
(As Amended July 1, 2009)**



**A Plan Digest With Important Information
About Your Retirement Benefits**

This booklet is a digest of The Archdiocese of Los Angeles Lay Employees Pension Plan. The plan has been established and operates exclusively for the benefit of you and your fellow workers.

In this booklet, the word "Archdiocese" means The Roman Catholic Archdiocese of Los Angeles. The term "Archdiocese" also includes the affiliated employers which have adopted the plan. They are listed on the last page. Whenever the term "employee" is used, it means persons who are employed by The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, or an affiliated employer which is listed on the last page. "Plan Administrator" means The Roman Catholic Archbishop of Los Angeles, a Corporation Sole.

The official name of the plan is "The Archdiocese of Los Angeles Lay Employees Pension Plan". For purposes of brevity and variety, it is frequently referred to in this digest and elsewhere as "the pension plan", or simply "the plan".

If there is any conflict between this digest and the official plan document, the plan document will prevail. If you have any prior written material, dated earlier than July 1, 2009, describing all or part of the plan, it is obsolete. Please refer to this booklet for a summary of principal plan provisions or contact Pension Services (see the last page of this booklet for contact information).

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HIGHLIGHTS

When you retire, your sources of retirement income will include this plan, social security and your personal retirement savings.

- The plan is technically called a *cash balance pension plan*. This kind of plan determines the amount of your pension benefit by reference to a hypothetical *pension account* for you. Your account is credited with a certain percentage of your annual earnings* each year --- called *employer credits* --- and it is assumed to earn interest at a fixed rate, called *interest credits*. Your benefit at retirement corresponds to your pension account balance at that time.
- You can retire early at any time after age 55, with 5 or more years of service.
- You are vested in your pension account balance after 5 years of service.
- Your benefits under this plan are completely separate from and in addition to any benefits to which you may become entitled under the Social Security Act.
- At retirement your pension account will be paid to you in a lump sum or as a monthly annuity; it is your choice.

***Annual earnings includes all wages paid to you during a calendar year for personal services rendered before any payroll deduction for taxes, health and welfare benefits, tax sheltered annuities, flexible benefit plans, or any other purpose.**

The plan can be very important to you in the future. So regardless of how far away retirement may seem to be now, we suggest that you and your spouse read this booklet carefully. If you have any questions — now or in the future — contact Pension Services.

Advantageous Tax Treatment

Because the plan is intended to be a *qualified* "church plan" under the Internal Revenue Code, your benefits are not taxable until you actually receive them.

When you apply for benefits you should inform yourself of the tax laws that apply to qualified plan distributions; neither the Archdiocese nor Pension Services can help you with your individual tax questions.

* * * * *

WHO IS ELIGIBLE AND NOT ELIGIBLE FOR PARTICIPATION

Eligible

The following classifications of lay employees are eligible for coverage under the plan (unless ineligible or excluded as described below);

- Lay employees located in the Chancery Office and in each parish, and lay employees of the cemetery department and other departments of the Archdiocese.
- Lay employees of the affiliated employers listed on the last page.

Permanent deacons are considered lay employees, if employed by the Archdiocese or any of the affiliated employers.

Ineligible Classifications

The following classifications of employees are *ineligible* for coverage under the plan — but all their service will count for eligibility and vesting if their status changes:

- Part-Time Employees (persons who *regularly and customarily* work less than 20 hours per week).
- Temporary employees (persons who *regularly and customarily* work less than five months in a calendar year).
- Employees who are covered under another plan of retirement benefits sponsored by the Archdiocese, or any of the affiliates listed on the last page.

Excluded Classifications

The following classifications are *excluded* from being considered for eligibility under the plan — their excluded service will not count if their status changes.

- Priests, nuns, and members of religious communities or orders.
- Leased employees — persons on assignment from personnel agencies.
- Persons whose Archdiocesan wages are not reported to them on Internal Revenue Service Form W-2.
- Independent contractors or persons compensated solely by receipt of commissions who are not considered Employees by the Employer, such as persons working at The Tidings under a commission agreement.

Age and Service Requirements

Assuming you are not ineligible or excluded, in order to be covered under the plan, you must complete one year of service and you must be age 25 or older. There is no maximum age limitation.

Administration of Eligibility and Changes in Eligibility

For practical administrative reasons, the plan generally uses your status on December 31 of each year to determine whether or not you are eligible for coverage for that calendar year. However, for the calendar year in which your employment terminates, your status on the previous December 31 will be used. If better verifiable data is available to Pension Services, it will be used. Pension Services' decisions in this regard are final.

Questions

If you are in doubt about your eligibility status, contact Pension Services. You will find their address and phone number on the last page of this booklet.

SERVICE

Because many aspects of your plan coverage are based on the length and continuity of your *service*, it is important for you to know how it is computed.

In general, *service* means **all** your Archdiocesan employment. However, if your Archdiocesan employment has been interrupted for any reason, then your aggregate service is determined with reference to the plan's break-in-service and reemployment rules.

To simplify recordkeeping, service is credited in calendar months and years, beginning on the first day of the month in which you are employed. Service ends on the last day of the month in which your employment ends.

Service includes all time that you work, plus time you are absent from work during vacations, holidays, temporary illness, authorized leaves of absence, and up to 12 months of layoff due to lack of work. Service also includes maternity and paternity leaves of absence as defined on page 29.

Periods Excluded from Service

- Any period while you are in an Excluded Classification as described on page 4.
- Any period of layoff lasting more than 12 consecutive months, during which you receive no compensation from the Archdiocese.
- Any absence in excess of 24 months from the beginning of a maternity or paternity leave.
- Any period of *unauthorized* absence.
- Any period following your termination of employment as defined on page 7.

Service While Ineligible

Any period of service while you are classified as *ineligible* for coverage under the plan — such as part-time employment — is counted for eligibility and vesting, but no employer credits will be added to your pension account.

Service While Excluded

Any period while you are classified as *excluded* is not counted for eligibility or vesting, and employer credits will *not* be added to your pension account balance, if any.

Transfers Within the Archdiocese

If you transfer employment from one Archdiocesan location to another, such as from one parish school to another parish school, your service is not terminated but continues and is carried forward --- provided of course that you are still in an eligible class of employees. However, if, after the transfer you are in an ineligible class of employees no employer credits will be added to your pension account, but service will continue to be credited to you in your new location for purposes of vesting and the service eligibility requirement on page 4. Your pension account will continue to receive interest credits.

Change of Eligibility

If your status changes from eligible to ineligible, such as from full-time to part-time, your service is not terminated but continues and is carried forward, unless you change to one of the excluded classifications of employees defined on page 4.

Employer credits to your pension account will be discontinued while you are ineligible. During this time you will be classified as inactive. However, while you are inactive, your pension account will continue to receive interest credits.

You are not eligible for a distribution of your vested pension account balance upon a change in eligibility status, since your employment within the Archdiocese has not been terminated.

Military Service

Up to 5 years of U.S. military service is counted under the plan, provided that you return to work for the Archdiocese after your service ends, within the time your reemployment rights are protected by the federal law.

Termination of Employment

Your coverage under the plan will terminate on the earliest of the following events:

- quit, discharge, or layoff,
- death,
- retirement from Archdiocesan employment,
- disability as defined on page 15,
- failure to return to work after an illness or accident,
- failure to return to work after an authorized leave of absence,
- failure to return to work from a maternity or paternity leave within two years from the beginning of the leave,
- failure to return to work after military service within the time your employment rights are protected by law.

Break-In-Service

If your Archdiocesan employment terminates, you will incur a break-in-service if you are not reemployed within 12 months of your termination of employment date. Your break-in-service will generally be counted from the last day of the month in which your employment terminated.

(Exception: for a maternity or paternity leave, a break-in-service is counted from the second anniversary of the beginning of the leave.)

Reemployment

If you are later reemployed, you are credited with service as follows:

- ***Reemployment within twelve months.*** No break-in-service; the interval between your termination date and reemployment date counts as service.
- ***Reemployment after twelve months.*** You have incurred a break-in-service; the interval between your termination date and reemployment date does not count as service.

WHEN PLAN COVERAGE STARTS

Your coverage under the plan is automatic. It begins on the *later* of the applicable coverage dates from the following table, provided you are not otherwise ineligible for coverage at that time:

COVERAGE DATE TABLE

The first day of the month following
completion of one year of service

OR, IF LATER

The first day of the month in which you
attain age 25, provided there has been
completion of one year of service.

Coverage Ends

Your coverage under the plan ends when you retire, die, become disabled, or terminate employment. If you continue to work past your normal retirement date, your plan coverage will continue until your actual retirement.

Inactive Participation

If your status is changed from eligible to either *ineligible or excluded*, but you are still employed by the Archdiocese, you will be classified as inactive on the plan's records. You will not receive employer credits to your pension account while you are inactive. However, while you are inactive, interest credits will be added to your pension account. If you return to an eligible status, you will begin to earn more employer credits.

Remember, service for other purposes, such as vesting, will continue to be counted while you are classified as *ineligible*, but not when you are classified as *excluded*.

Administrative Provision Regarding Status Changes

Your eligibility status under the plan is reviewed once each year, as of December 31, after each Archdiocesan location has reported census data changes for the year to Pension Services. For example, if you change from full-time to part-time employment during 2009, Pension Services will probably not learn of your change until 2010, when it reviews your location's census data reported as of December 31, 2009. Unless your location reports the exact date of your status change, your earnings for the part of the year in which you were in an ineligible classification, and any other information needed to calculate your Employer Credit, Pension Services will assume that your December 31, 2009 status was in effect for all of 2009.

PENSION ACCOUNT

Pension Account Balance

A pension account will be created on the plan's records for you when you become covered under the plan, although the plan's assets are actually pooled in a trust fund and not segregated individually. Your pension account balance on any date consists of two types of credits: Employer Credits and Interest Credits.

If you were employed by the Archdiocese before 1994, your pension account may also include a prior plan credit.

Your pension account balance is also called your *accrued benefit* under the plan.

Employer Credits

An amount equal to 3% of your *annual earnings* will be credited to your pension account for each year or partial year of service while you are in an eligible status. This amount is called an *employer credit*.

Note: For periods prior to July 1, 2009, 6.25% of your *annual earnings* is credited to your pension account for each year or partial year of service while you are in an eligible status.

Annual earnings includes all wages paid to you during a calendar year for personal services rendered before any payroll deduction for taxes, health and welfare benefits, tax sheltered annuities, flexible benefit plans, or any other purpose.

Remember, employer credits *will not* be added to your pension account for any time you are in an ineligible or excluded classification, or for any time you do not receive wages from the Archdiocese.

Interest Credits

Interest at the rate of 3% compounded annually will be credited to your pension account balance. This is called an ***interest credit***. Interest credits continue as long as you have an account balance --- even if you become ineligible for plan coverage or your employment terminates. However, interest credits stop at the end of the month preceding the month in which payment of your pension account is scheduled to begin.

Although the Archdiocese intends to continue interest credits at the current rate indefinitely, as Plan Sponsor it has the right to change the rate of interest credits or to discontinue them.

Note: For periods prior to July 1, 2009, interest is credited at the rate of 6% compounded annually.

Hypothetical Accounts

Although specific assets are not allocated to each participant's particular pension account, and no participant has any claim with regard to specific trust fund assets, the plan maintains a record of each participant's total benefit. There is, of course, no guarantee that the trust fund will always be sufficient to provide plan benefits. In the event that assets of the trust fund are not sufficient to pay all plan benefits, benefits will be distributed in accordance with the priorities set forth in the official plan documents. The Archdiocese has no liability for benefits if the trust fund assets are insufficient.

Annual Statement of Account

If you are accruing benefits under the plan, you will receive a personalized statement after the end of each calendar year showing your status under the plan including the following items:

- (a) the beginning balance in your pension account as of the previous January 1,

- (b) the amount of interest credits added to your beginning balance,
- (c) the amount of employer credits, if any, allocated to your pension account for the calendar year, and
- (d) the new balance in your pension account as of December 31.

Individual statements will be provided once a year — after the plan's census data is collected and processed. This project takes several months, owing to the need to manually collect census data from each Archdiocesan location separately. Your patience is appreciated.

Changes in Status

If your status changes from eligible to either *ineligible or excluded*, and your employment has not terminated, no further employer credits will be added to your pension account, although interest credits will continue to be added.

If the exact date of your status change is known to Pension Services, that date will be used for purposes of stopping or starting employer credits. But if the exact date is not known, Pension Services will use your status on each December 31 as the benchmark for the prior 12 months for purposes of allocation of employer credits.

For the calendar year in which your employment terminates, Pension Services will use your status on the preceding December 31st as the benchmark.

If actual verifiable dates can be obtained, then those dates will be used instead of December 31. Pension Services' determination as to status will be final.

RETIREMENT

Normal Retirement

A *normal* pension is one which is paid to you upon retirement at age 65, or upon completion of five years of service if you were hired after your 60th birthday. This date is called your *normal retirement date*.

Postponed Retirement

A *postponed* pension is one which is paid to you beginning after your normal retirement date. If you work past your normal retirement date, employer credits and interest credits will continue to be added to your pension account, provided that you remain in an eligible classification. If you do not remain in an eligible class, your pension account will continue to receive interest credits only.

Early Retirement

An *early* pension is one which is paid to you immediately upon retiring from Archdiocesan employment between age 55 and age 65. You must have at least 5 years of service to be eligible to elect early retirement.

IMPORTANT NOTE: You may not begin to collect a pension under the plan while you are still employed by the Archdiocese — even if you are employed in an ineligible class, such as a part-time employee.

DISABILITY

If you become disabled while employed by the Archdiocese, the full amount of your pension account balance, if any, is payable to you, even if you have not met the 5-year vesting requirement.

Disability Defined

To be eligible for a disability benefit, you must provide evidence that you are receiving social security disability benefits.

Payment of Disability Benefit

Your pension account balance will be paid to you in a single sum as soon as possible after your disability has been verified (by confirmation that you are receiving social security disability benefits), provided proper application has been made. Disability benefits are always paid as a lump sum; your pension account balance may not be converted to an annuity.

PRE-RETIREMENT SURVIVOR BENEFITS

The plan provides a pre-retirement survivor benefit if your death occurs while you have a pension account balance on the plan's books, either as an active employee, or as a terminated employee with a vested pension benefit.

Eligibility

To be eligible for a pre-retirement survivor benefit, you must have (1) an undistributed pension account balance if your death occurs while you are employed by the Archdiocese, or (2) a vested deferred benefit if your Archdiocesan employment has terminated, and (3) payment of benefits to you in any form (lump sum or annuity) must not have started.

Amount of Survivor Benefits

- ***Death While Employed by the Archdiocese:*** If your death occurs while you are employed by the Archdiocese (even if you have not met the 5-year vesting requirement), your spouse, or if you have no spouse, your beneficiary will be paid an amount equal to your pension account balance *in a single sum*.
- ***Death of a Former Employee:*** If your death occurs after your Archdiocesan employment terminates but before payment of benefits to you has started, your spouse, or if you have no spouse, your beneficiary will be paid an amount equal to your vested pension account balance *in a single sum*.

Payment of Survivor Benefits is made only in a single lump sum, provided the proper application has been filed with Pension Services. Annuity benefits are not available.

VESTED BENEFIT

If your Archdiocesan employment terminates for a reason other than retirement, disability, or death, then whether or not you will receive your pension account balance depends upon how many years of service you had completed on your termination of employment date. A year of service is twelve months of service, calculated under the rules on pages 5 through 8.

The percentage of your pension account balance to which you have a nonforfeitable right if you leave Archdiocesan employment is your *vested pension benefit*.

If you terminate employment before you can officially retire under the plan, you will be vested in your pension account balance according to the following vesting schedule:

VESTING SCHEDULE	
Complete Years of Service	Vested Percent
Less than 5 years	0%
5 or more years	100%

Vested Deferred Pension

Since your vested pension benefit cannot be paid until you reach your early retirement date or normal retirement date under the plan, it is referred to in the plan as a *vested deferred benefit*. When you are eligible to retire under the plan, you may choose either an annuity or a lump sum, unless the small payment provision on page 20 applies.

DISTRIBUTIONS FROM THE PLAN

Normal Forms of Payment Upon Retirement

Two types of annuity benefits are available at retirement — one for single employees, the other for married employees. The annuity benefit appropriate for your marital status will automatically take effect unless you elect the lump sum cash option. The amount of your monthly annuity benefit will depend on the size of your vested pension account balance and on the plan's annuity conversion factors, which take into account your age and marital status at retirement.

Annuities are not available for employees with vested pension account balances of \$5,000 or less.

Single Employee Normal Form Annuity. If you are not married at retirement, your normal form of payment will be a *Life Annuity With Full Cash Refund*. Under this form of annuity, the plan will pay you a monthly retirement income for life. If you die before you have been paid an amount equal to your vested pension account balance --- calculated at the time your annuity benefits start --- the remainder will be paid (*refunded*) to your beneficiary.

Married Employee Normal Form Annuity. If you are married, the normal form of payment is a *Life Annuity With a Fifty Percent Surviving Spouse Benefit With Full Cash Refund*.

This means that you receive regular monthly payments during your lifetime. If you predecease your spouse, 50% of the pension you were being paid will be paid to your spouse for life.

If both you and your spouse die before an amount equal to your vested pension account balance --- calculated at the time your annuity benefits start --- has been paid, the remainder will be paid (*refunded*) to your beneficiary.

If your spouse predeceases you, *after* payments to you have started, your benefit will continue to be paid to you; it will not be increased or decreased on account of your spouse's death. Also, if you remarry, your new spouse cannot be added in place of your deceased spouse, nor can your remaining annuity payments be converted to a lump sum.

If your spouse dies *before* your benefit payments begin, then this form of payment will not take effect and you will be entitled to the single employee normal form annuity benefit described above.

Eligible Spouse

To be eligible for a surviving spouse's pension, your spouse must be continuously married to you from the date payment of your pension benefit starts until the date of your death. If you marry, or remarry, after payment of your pension benefit has started, your new spouse will not qualify for the surviving spouse's pension.

Optional Form of Payment

Lump Sum Payment. Instead of the normal form of annuity payment described above for your marital status, you may elect — within 90 days before payment is to be made — to receive your pension account balance in a lump sum.

Under this form of benefit payment, you elect to receive your pension account balance in a single lump sum, payable upon retirement from Archdiocesan employment. (Your lump sum may be paid to you or paid in a "direct rollover" to your IRA or another employer-sponsored plan. See page 22 for further information on direct rollovers.) Upon payment of your pension account balance, no further benefits are payable to you, your spouse, or any other beneficiary.

Possible Future Changes in Benefit Form

The Archdiocese has the right at any time to change the forms of benefit payable under the plan, including the right to eliminate forms of benefit payment, but not after payment of benefits have commenced. When you apply for benefits, Pension Services will inform you of the benefit forms available at that time.

Small Payments

If your *vested* pension account balance equals \$5,000 or less when it becomes payable, it will be paid in a lump sum. Annuities are not available for employees with vested pension account balances of \$5,000 or less.

Electing a Method of Payment

You must choose a method of payment — annuity or lump sum — within the 90 day period preceding the date benefits are scheduled to begin.

It is very important to note that, if you are married, your spouse must consent to your election in writing in the presence of a Notary Public.

Deferred Payment

If you terminate your Archdiocesan employment after you are vested in your accrued pension benefit but before you can officially retire under the plan, distribution of your vested accrued pension benefit will be deferred until you can officially retire and you make application for benefits. Because payment is postponed, your benefit is called a ***vested deferred benefit***, in which case your vested pension account will remain on the plan's books. Payment cannot be deferred beyond age 65 --- unless you have been reemployed by the Archdiocese.

If you are entitled to a vested deferred benefit, you should apply to Pension Services for a certification of your vested deferred benefit based on a final review of your work history. You will be asked to complete a data verification and application form.

The Archdiocese also has the right to change the form of benefit payable under the plan --- for example, the lump sum benefit could be discontinued.

At retirement age, you must submit an application form and elect a method of payment in writing, before payment can begin.

Date of Payment

When you reach your early or normal retirement date, payment of your benefit will begin as soon as possible after you have filed an accurate and complete application form.

Application forms may be obtained from Pension Services.

When you apply for retirement benefits, you will be provided with a description of all forms of payment applicable to your marital status, and the relevant financial effect of each form of payment, so that you and your spouse can then make an informed election.

In-Service Withdrawals

In-service withdrawals are not permitted, and if made, could cause the plan to lose its tax-favored status. For example, if you stop working full-time for the Archdiocese but continue as a part-time employee, your vested benefit cannot be paid, because your Archdiocesan employment has not ended.

APPLYING FOR BENEFITS

You must apply for your benefits on forms supplied by Pension Services. You will be asked to verify all the data upon which your pension will be calculated, including your age, your marital status, and your pay history. If you are eligible to receive benefits immediately, you will also be asked to elect a form of payment and make income tax withholding decisions.

Tax Withholding on Annuities

If you elect annuity payments, you are required by federal law (and the laws of some states, including California) to also make an election as to whether or not you want income taxes withheld from your monthly annuity. If you fail to make an election, income taxes will automatically be withheld.

Direct Rollover of Lump Sum to IRA

If you elect a lump sum benefit instead of an annuity, you will be provided forms, as required by federal law, to elect a *direct rollover* of all or part of your lump sum distribution to an Individual Retirement Arrangement (IRA) or another employer's pension plan. Amounts paid by *direct rollover* will not be subject to income tax withholding. However, any amount paid directly to you will be subject to mandatory federal tax withholding.

Spouse Consent Requirements

If you are married, you may not apply for benefits, elect the lump sum option, or elect a direct rollover of any part of your pension account balance, unless your spouse consents to it. Your spouse must:

- (a) consent in writing on forms provided by Pension Services, and
- (b) your spouse's signature must be witnessed by a Notary Public.

You must establish your marital status to the satisfaction of Pension Services before any payment will be made to you.

Submitting Your Application

Data verification forms, application forms, income tax withholding forms, and any other forms needed to collect your benefits or name a beneficiary are available from Pension Services.

Return the completed forms to Pension Services at least 90 days before you want your pension payments to begin. It is also your responsibility to furnish any additional information that may be required and to make sure Pension Services and the plan trustee have your correct address so your pension check(s) will reach you.

Ordinarily, your benefit application will be processed within 45 days, but special situations may take longer. Therefore, if you fail to send in your application at least 90 days before you want your pension to begin, it may be delayed.

If your application is incomplete or improperly completed it will be returned to you, and you will be given an explanation or assistance necessary to perfect your application.

If you are not eligible for a benefit, Pension Services will tell you why in writing. You will also be told how you can appeal the decision.

Exceptions to Application Requirement And Spouse Consent

If your vested pension account balance equals \$5,000 or less, your benefit is payable only in a lump sum and it may be processed without a full application or spouse consent. However, you must still comply with the direct rollover procedure required by federal law, which will be explained to you in writing at the relevant time.

OTHER THINGS YOU SHOULD KNOW

Participant Records

Participant records are maintained by Pension Services on a calendar year basis. The accuracy of your data in the pension plan master file is largely based on your Archdiocesan employer's response to Pension Services' annual data questionnaire. Each Archdiocesan parish, school or other location is asked to update its plan records annually as of December 31st, and submit current data to Pension Services for incorporation in the plan's permanent data base.

Plan Administrator

The official Plan Administrator is the Archbishop. Day-to-day operations of the plan are conducted by Pension Services.

All questions and requests for information about the plan's administration and/or operations should be addressed to Pension Services. The address is on the last page of this booklet.

Covered Employees

Not everyone is eligible under the plan. Whenever the term "participant" is used in this digest, it means only those employees who meet the plan's age and service requirement for coverage, and who are not classified as ineligible or excluded. Where the context is appropriate, "participant" also includes other persons who have an undistributed pension account balance on the books of the plan.

Whenever the term "employee" is used, it means lay persons who are employed by The Roman Catholic Archdiocese of Los Angeles, a Corporation Sole, or an affiliated employer who is listed on the last page.

The plan described in this booklet applies only to employees who retire or terminate Archdiocesan employment on or after July 1, 2009.

Employee Contributions

Employees are not permitted to make contributions to this plan. You may be eligible to establish and make contributions to an Individual Retirement Account (IRA) and/or to a tax sheltered plan described in Internal Revenue Code Section 403(b). You should seek advice elsewhere (from the Internal Revenue Service, your accountant or your tax advisor) concerning your eligibility for either an IRA or an Internal Revenue Code Section 403(b) tax sheltered plan.

Reemployment After Receiving Payment(s)

If you return to work for the Archdiocese in an eligible classification after you have received your plan benefits in a lump sum, a new pension account will be created on the plan's books for you, and new employer credits and interest credits will be added.

If you return to work for the Archdiocese in an eligible classification while you are collecting monthly annuity benefits, payment of those benefits will stop. Your new pension account will receive new employer credits and interest credits while you work in an eligible class. When you later retire or cease to be in an eligible class, your pension will start again. It will be based on the vested pension account balance you would have had if you had not received any benefits, adjusted by subtracting the benefits you received and the interest credits they would have earned if they had remained in your pension account. You will have another opportunity to elect either a lump sum or an annuity when your pension recommences. There is no guarantee that your pension benefit will be larger as a consequence of your reemployment.

Benefits While on Leave of Absence or in Suspense

You cannot withdraw your vested pension account or begin receiving benefits while you are employed by the Archdiocese, even if your participation in the plan is suspended because you are in an ineligible or excluded classification. The same rule applies during an authorized leave of absence, even if it is without pay.

Loans or Withdrawals/Distributions Before Retirement

The plan is intended to help build financial security for your retirement and long term needs. Therefore, no loans or withdrawals from your pension account are permitted. And, your vested pension account will not be distributed to you until after your Archdiocesan employment has terminated and you are eligible to retire under the plan.

Designation of Beneficiary

At any time you are married, **your spouse is automatically your primary beneficiary.** Neither you nor your spouse may elect otherwise.

If you are single, you may designate anyone, or your estate, as your primary beneficiary and you may change your designation any time, using the forms provided by Pension Services.

Whether you are married or single it is advisable for you to designate a secondary beneficiary to receive any benefit due upon your death, just in case your spouse or other primary beneficiary does not survive you.

If you fail to designate a beneficiary, or if your spouse or beneficiary is not living at the time survivor benefits are to be paid, then the benefit due, if any, will be paid as follows:

- (1) In equal shares to the surviving children (natural or adopted) for whom you had a legal and parental responsibility;

- (2) If there are no such children, to your parents in equal shares or, if only one parent survives, to that parent;
- (3) If there are no such children or parents, in equal shares to your surviving siblings;
- (4) If none of the above survive, in equal shares to your surviving grandparents;
- (5) If none of the above survive, in equal shares to your surviving aunts and/or uncles who are children of your grandparents; or
- (6) If none of the above survive, to your estate.

Should your spouse or other primary beneficiary fail to survive you by at least 30 days — or if you and your spouse or other beneficiary die in a common accident or disaster — you will be deemed to have died last, and any benefit due will be paid in accordance with that assumption.

Beneficiary forms, with instructions, are available from Pension Services.

Abandoned or Unclaimed Benefits

It is your responsibility to see that Pension Services has your correct address. If the plan is unable to pay a benefit to you because your identity or whereabouts is unknown, the Plan Administrator will delay payment of your benefit until you are identified or located, or until your death is legally established.

Pension Services will mail notification of the intended delay of your benefit payment to your last known address at least 30 days before payment is suspended. If no response is received within 30 days, the suspension will become effective.

Legal Incapacitation

If you, your spouse, or any of your beneficiaries are entitled to receive benefits under the plan and become legally incapacitated — or if your designated beneficiary is a minor — benefits will be paid to the person or institution that, in the opinion of the Plan Administrator, is providing for the care and maintenance of the individual in question. Any such payment constitutes a full and complete discharge of the plan's obligation to pay a benefit.

Misstatement and Data Errors

If your age, marital status, date of hire, date of termination, or any other relevant fact related to your coverage under the plan, or an application for payment of benefits, is misstated or erroneous due to incorrect data, the Plan Administrator has the right to make an adjustment in your benefits based on the correct information.

Any error in pension account balances due to a misstatement or data error will be corrected. Any overpayment of benefits due to misstatement will be deducted from future payments when possible. The Plan Administrator may also institute legal action to recover any overpaid amount or wrongfully paid amount. Interest may be charged on any amount that is overpaid or wrongly paid due to misstatement.

While you are covered by the plan, you will be provided annually with a personalized Statement of Account which will set forth all your relevant data on file plus your status under the plan. It is your responsibility to read it carefully and advise Pension Services of any misstatements or errors.

Assignment or Attachment Prohibited

To the extent permitted by law, benefits payable under the plan are not subject to assignment, transfer, other legal encumbrance, or process. This prohibition includes a domestic relations order, unless the Plan Administrator determines that the order is consistent with the terms of the Plan and applicable law.

Employment Rights Not Implied

Coverage under the plan does not give you the right to be retained in the employ of The Roman Catholic Archdiocese of Los Angeles, or in the employ of any of the affiliated employers listed on the last page, nor does it interfere in any way with the right of the Archdiocese, or any affiliated employer, to discharge or terminate you at any time, without regard to the effect such discharge or termination may have on your rights under the plan.

Employer Policy and Procedures

Where this digest discusses aspects of your employment, such as part-time status or leaves of absence, the discussion relates only to coverage and benefits under the plan. Nothing in this digest affects the terms of your employment or any other Archdiocesan administrative or personnel policy or procedure governing any aspect of your employment.

Maternity or Paternity Leave

Solely for purposes of the plan, maternity or paternity leave means an absence due to pregnancy, or the birth of your child, or the placement of a child with you in connection with the adoption of the child by you, or for the purpose of caring for your newborn or adopted child during the period immediately following the child's birth or placement for adoption. The granting of leaves of absence and the terms and conditions that apply to them are not the responsibility of the plan or Pension Services.

A maternity or paternity leave as defined above, will not interrupt service credits, provided you return to Archdiocesan employment before your leave expires. If you do not return to the Archdiocese before your leave expires, your employment will be considered terminated 24 months from the date your leave started.

Plan Amendment, Merger and Termination

Although the Archdiocese expects and intends to continue the plan indefinitely, it may be modified, amended, suspended, or terminated at any time. For instance, the rate of future employer credits may be changed, and the rate of interest credits may be increased or decreased, or such credits may be discontinued. The Archdiocese also has the right to change the forms of benefit payable under the plan. However, no amendment to the plan can adversely affect your right to the benefits you have earned up to the time such a modification or amendment is made, to the extent those benefits are funded.

If the plan should ever be merged or consolidated with another plan, your benefit immediately after the merger or consolidation will be at least as great as the benefit you would have received if the plan had then terminated.

In the event the plan is terminated, your right to your plan benefit, to the extent then funded, will become 100% vested regardless of your age or service. At that time, the assets of the plan will be prioritized and subdivided, with pensioners having the highest priority. After all plan obligations have been satisfied, any remaining plan assets will be returned to the Archdiocese.

Financing the Plan

The plan is funded solely through employer contributions to a trust fund. You, as an employee, are not required to pay anything and cannot contribute anything.

The Archdiocese makes contributions to the plan's trust fund which are calculated by an independent actuary and are expected to be enough to provide present and future benefits.

These contributions and their investment earnings are held in a trust fund, but specific assets are not allocated to particular participants' pension accounts, and no participant has any claim to priority with regard to specific trust fund assets. There is, of course, no guarantee that the trust fund will always be sufficient to provide plan benefits. In the event that assets of the trust fund are not sufficient to pay all plan

benefits, benefits will be distributed in accordance with the priorities set forth in the plan document, with pensioners having the highest priority. The Archdiocese has no liability for benefits if the trust fund assets are insufficient.

Plan Assets Exclusively for Employees and Beneficiaries

Plan assets cannot be used for any other purpose than to provide benefits for you, your spouse, or other beneficiary, and to pay plan expenses, unless the plan terminates and all benefits are paid in full.

Statutory Limitations

The plan contains certain benefit limitations required by federal law. You will be notified if you are affected by these limits.

Federal law also contains special rules if the plan becomes top heavy in favor of key employees. It is very unlikely that the plan will ever become top heavy. If this should occur, however, you will receive complete information on application of legal requirements.

Social Security and Other Plans

Plan benefits are completely separate from and in addition to your social security benefits, the cost of which both you and the Archdiocese share equally. Besides benefits from this plan and social security, you also may have retirement income from other sources, such as personal savings, individual tax sheltered plans described in Internal Revenue Code Section 403(b), an IRA, or another employer's pension plan. Benefits from these sources are not affected by this plan.

Official Plan Documents

This digest is only a summary of The Archdiocese of Los Angeles Lay Employees Pension Plan. All of your rights and benefits are described in the official plan documents, which are controlling.

Questions

All questions and requests for information about the plan's administration and/or operations should be addressed to:

Pension Services
575 Market Street, Suite 2450
San Francisco, CA 94105
Toll-free Number: (866) 907-5472

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PLAN DIRECTORY

Official Plan Name: The Archdiocese of Los Angeles
Lay Employees Pension Plan

Plan Sponsor: The Roman Catholic Archbishop of Los Angeles,
a Corporation Sole

Affiliated Employers:

- Archdiocese of Los Angeles Education & Welfare Corporation
- St. John's Seminary College
- St. John's Seminary in California
- Our Lady Queen of the Angels Seminary
- The Tidings

Type of Plan: Defined Benefit, Cash Balance Type

Effective Date: Provisions described in this digest are effective
July 1, 2009.

Plan Year: The plan year is a calendar year.

Pension Services' Mailing Address:

Pension Services
575 Market Street, Suite 2450
San Francisco, CA 94105
Toll-free Number: (866) 907-5472

NO ERASURES
TYPE OR USE INK

THE ARCHDIOCESE OF LOS ANGELES
LAY EMPLOYEES PENSION PLAN
BENEFICIARY DESIGNATION

This designation
supersedes and replaces
all previous designations
under this Plan.

EMPLOYEE INFORMATION

Employee Name _____ Social Security No. _____
Address _____
_____ Phone No. _____

IMPORTANT NOTICE

If **you are legally married**, your primary beneficiary is automatically your spouse. Neither you nor your spouse may elect otherwise. Sample designations can be found on the opposite side of this page. Sample designations in **bold type** mean your spouse is your primary beneficiary.

If **you are not married**, your primary beneficiary is any person that you designate to receive death benefits under the plan, if any are payable. See sample designations on the opposite side of this page.

Regardless of your marital status, it is important to designate a beneficiary, and to keep your designation up-to-date. If you fail to designate a beneficiary, or your beneficiary is not living at the time of your death, then the benefits due will be paid in accordance with the plan and the plan's administrative procedures.

Should your spouse or other beneficiary fail to survive you by at least 30 days, or if you and your beneficiary die in a common accident or disaster, you will have been deemed to have died last.

BENEFICIARY DESIGNATION

Please read the **Important Notice** section above before making your designation. Attach a separate page if more space is necessary.

Beneficiary Address _____

Use separate page if more than one address and indicate name of each addressee.

EMPLOYEE SIGNATURE

I hereby make the above designation, revoking and replacing all previous designations under this plan.
I understand if I am legally married at my death, my spouse has priority over any other claim presented.

Signature of Employee _____ Date _____

FOR PLAN USE
ONLY

**THIS DESIGNATION IS NOT VALID UNTIL RECEIVED BY PENSION SERVICES ON
BEHALF OF THE PLAN.**

Mail this form to the address on the reverse side.

INSTRUCTIONS

1. Use this form to designate or change your primary and/or secondary beneficiary.
2. Where more than one primary and/or secondary beneficiary is designated, the amount to be paid to each beneficiary must be clearly set forth by designating fractions or portions to be received.
3. Your secondary beneficiary will receive a benefit only if (a) your primary beneficiary dies before you, or (b) your primary beneficiary dies before receiving the total survivor benefit.
4. If you wish to designate a minor as beneficiary, appointment of a custodian is recommended (see sample designation #12 below). If a minor (or other person incapable of giving valid receipt) is designated beneficiary and has no surviving parent, custodian or conservator, the Plan Administrator may direct that payment be made to the person or institution responsible for the care and maintenance of such individual.
5. The proper wording for typical nominations of beneficiary is shown below. In the event none of the following nominations provide the disposition desired, you should consult your attorney.

Type of Beneficiary	Language To Be Used
1. Estate	Estate
2. One Primary Beneficiary	Peter Jones, father.
3. Two Primary Beneficiaries	Peter Jones, father and Anna Jones, mother, equally, or the survivor.
4. Three or More Primary Beneficiaries	Peter Jones, father, Anna Jones, mother, and Mary Jones, daughter, or the survivors, equally or the survivor.
5. One Primary Beneficiary and One Secondary Beneficiary	Dorothy Q. Jones, spouse, if living, otherwise Mary Jones, daughter.
6. One Primary Beneficiary and Two Secondary Beneficiaries	Dorothy Q. Jones, spouse, if living, otherwise Mary Jones, daughter, Quincy Jones, son, equally, or the survivor.
7. One Primary Beneficiary and Three or more Secondary Beneficiaries	Dorothy Q. Jones, spouse, if living, otherwise Mary Jones, Quincy Jones, and Edna Jones, children, or the survivor, or survivors, equally.
8. One Primary Beneficiary and Unnamed Children as Secondary Beneficiaries	Dorothy Q. Jones, spouse, if living, otherwise the children born of the marriage of the designator and said wife, or the survivor, or the survivors, equally.
9. Two Primary Beneficiaries and One Secondary Beneficiary	Peter Jones, father, and Anna Jones, mother, equally, or the survivor, if either survives; otherwise Mary Jones, daughter.
10. Two Primary Beneficiaries in Unequal Shares	Peter Jones, father, as to three-fourths (3/4) and Anna Jones, mother, as to one-fourth (1/4), or the survivor.
11. Revocable Inter Vivos Trust	Surviving Trustee(s) under the Trust Agreement Establishing the [Name of trust, such as "Peter and Dorothy Jones Revocable Trust"] dated [date trust agreement signed].
12. Minor Child	[Name of child], if at least age _____ [not less than 18 or more than 24] at my death; if younger, to [Name of adult to serve as custodian] as custodian for [Name of child] under the Uniform Transfers to Minors Act.

Designations in bold type mean your spouse is your primary beneficiary

Designations in bold type mean your spouse is your primary beneficiary

QUESTIONS AND RETURN ADDRESS

Pension Services
530 Bush Street, Suite 500
San Francisco, CA 94108-3633
Toll-free: 866/907-5472



ARCHDIOCESE OF LOS ANGELES TAX DEFERRED ANNUITY SUMMARY

The Archdiocese offers a Tax Deferred Annuity ("TDA") program which is a voluntary employee payroll deduction for saving money on a tax deferred basis. The annual contribution allowed per year is \$18,000.00 (Effective 1/1/2015).

The following two companies are endorsed. Under each company, a list of investment options is provided, numbered by increasing level of risk (1 being most conservative).

NOTE: GENERAL DESCRIPTION ONLY. NOT ALL FUNDS ARE LISTED

MUTUAL OF AMERICA/ Rep. Brian Severin (562) 983-0407

M of A minimum deduction requirement: \$10.00 per pay period

1. Interest Accumulation Account – Interest Bearing Account
2. Mutual of America Mid-Term Bond Fund – Bond Investment (3-7 years maturity)
3. Mutual of America Bond Fund – Bond Investments
4. Fidelity VIP II Asset Manager Fund – Balanced Portfolio of stocks and bonds
5. Mutual of America Equity Index Fund – Stock Fund seeking to duplicate S&P500
6. Mutual of America all America Fund – Stock Fund, 60% S&P500 and 40% with 4 sub-advisors
7. Fidelity VIP II Contrafund – Growth stock fund
8. Mutual of America Aggressive Equity Fund – Growth stock fund
9. Scudder International – Foreign stocks with businesses outside U.S.

LINCOLN NATIONAL/Rep. Roberto J. Duran (800) 622-0734

LN minimum deduction requirement: \$25.00 per pay period

1. Individual Fixed Annuity – Principle is guaranteed by Lincoln Life
2. Bond Funds – Domestic and Global bond funds
3. Putnam Global – Balanced fund, some global investments
4. Fidelity – Equity Income and Contrafund – Dividend paying, large company stocks
5. Janus – Capital Appreciation and Aspen Worldwide Growth – Stock funds
6. Social Awareness Fund – Stocks; no nuclear, gambling, liquor, tobacco
7. Delaware Emerging Growth – Stock Fund investing in small companies
8. Index Funds – Small and Large-Cap index funds
9. International Fund – Foreign stocks

To enroll in the TDA program, please contact endorsed company of your choice to enroll. Once enrolled through the endorsed company, you may contact the Human Resources Department to complete a Salary Reduction Agreement.



ARCHDIOCESE OF LOS ANGELES SALARY REDUCTION AGREEMENT

Location Name

And Address: _____

The fundamental principle underlying TDA's is that it is a voluntary salary reduction which is deferred from federal and state taxes. You agree to have your employer reduce your salary by a stipulated dollar amount each pay period; your employer agrees to do so and to remit that amount to the TDA Company you have selected. The amount of money you may contribute to your TDA cannot exceed a maximum established by statutory and regulatory requirements. The annual contribution allowed per year is \$18,000.00 (Effective 1/1/2015).

Once you have executed such an agreement, the dollar amount of the reduction may be changed by executing a new agreement, and upon your written request, you can stop at any time.

=====

Voluntary Salary Reduction Agreement Tax-Deferred Annuity Plan

Employee _____ SS# _____ Location /Department _____

I hereby agree to reduce the salary of the above named employee by \$_____ effective NEXT PAYROLL PERIOD or (payroll ending: _____). It is further agreed that the amount of such reduction will be paid to the TDA Company selected to be applied toward the purchase of a non-forfeitable annuity benefit for such employee. (A non-forfeitable annuity benefit is one that you own and which you cannot be deprived.)

Date

Employee Signature

=====

OFFICE USE ONLY/PAYROLL CONFIRMATION:

Payroll effective: _____ Pay Date: _____ Intls: _____ Notes: _____
TDA

Return to the Payroll Department 3424 Wilshire Blvd Los Angeles CA 90010-2241



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GET STARTED TODAY

Archdiocese of Los Angeles employees, act by 04/30/2015

Take advantage of a fitness benefit that encourages and supports a healthy lifestyle. With customizable personal training, innovative group exercise classes and state-of-the-art strength/cardio equipment, we can help you achieve your best.

CORPORATE MEMBERSHIP RATES FOR MONTHLY PAYMENT MEMBERSHIPS

Pay initiation fees and first and last month's dues at time of enrollment.

	INITIATION FEE	EMPLOYEE RATE	ADD A FAMILY MEMBER
All Club Sport	\$23.99	\$26.99/mo.	\$26.99/mo.
All Club Super Sport	\$19.99	\$39.99/mo.	\$39.99/mo.
All Club Ultra Sport	\$19.99	\$54.99/mo.	\$54.99/mo.

Offer expires 04/30/2015. Rates not valid in NY, NJ, MD or VA.

JOIN TODAY

- **In-Club:** Call 800.224.0240 or check online to find a club near you. Bring an employee ID, business card or current pay stub as proof of employment.
- **Online:** Go to 24hourfitness.com/corporate and enter your corporate ID **19022CORP**

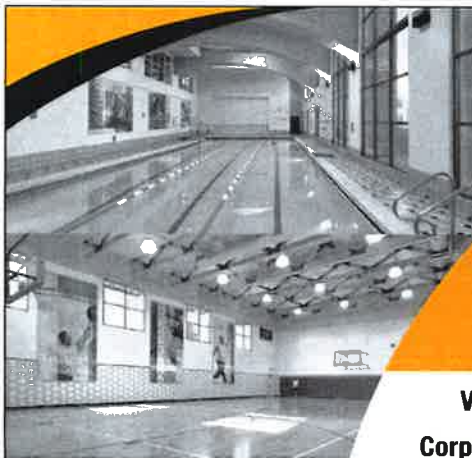
For more information, please contact:

Call 800.224.0240

And ask for the Club Manager or Membership Manager



Offer valid for new members only; offer expires 04/30/2015. Offer only valid on the specific Monthly Payment memberships listed above with valid employee ID, business card or current pay stub as proof of eligibility for employees of participating companies. Offer not valid on Keep Fit Reduced Dues or Keep Fit Loyalty Monthly Payment memberships. Selected club of enrollment must be within 50 miles of purchaser's residence. One-Club access is for club of enrollment only. All-Club access depends on membership purchased; All-Club Sport memberships do not include access to Super/Ultra-Sport clubs. All-Club Super-Sport memberships do not include access to Ultra-Sport clubs. Dues must be paid by pre-authorized payment (eft). Access level for add-ons will be the same as the Primary Membership access level. Family add-ons must live at the same address as Primary Member. Maximum of 8 family add-ons (with not more than 1 family add-on between the ages of 18-65) per Primary Member account. Family add-on monthly dues must be debited from the same account as the original Primary Member. Kids' Club and Personal/Group Training available for an additional fee. Must be at least 18 years old (19 in NE) or 12 with parent. No other discounts with this offer. Incentives may be offered for other memberships. Facilities, classes and amenities may vary per location. Not all clubs open 24 hours every day. See club for details. ©2013 24 Hour Fitness USA, Inc.



LA | FITNESS

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or bring this voucher to your nearest LA Fitness facility for processing.*

To be able to view your Voucher #, you will need the latest version of Adobe® Reader.®

Voucher #: _____

For a location near you, call 1-800-LA FITNESS

Corporate ID#: CKVTZ6J26W6

Expiration Date: 6/12/2016

Redeemable by non-members only. Must be at least 18 years of age. One certificate per person. Original certificate required. Discount is not available in combination with other discounted rates including group rates and family add-on specials. Not available for resale or redeemable for cash. This certificate cannot be sold or listed for sale online auction sites such as eBay or uBid. Any such sale or listing is prohibited and will void the certificate. Photos depict a typical facility; amenities and classes may vary by club. LA Fitness® Sports Clubs are registered in the state of Texas as a health studio, number 080543. LA Fitness® Sports Clubs are registered in the state of Florida as a health studio, numbers HS4516, HS5217, HS7516, HS7853, HS9511. For the registration numbers for any specific Florida LA Fitness location, visit www.lafitness.com. ©2015 Fitness International, LLC. All rights reserved.

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