



## ACCOUNT INFORMATION

Employer or Congregation Name \_\_\_\_\_ Agreement Number \_\_\_\_\_

Employee/Minister's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Employee Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

*We will use your email address solely to communicate with you about Brethren Insurance Services.*

## LTD PREMIUM CALCULATION

**NOTE:** Coverage amount is based on this information. Please submit a new form annually and any time there is a salary, utilities, and/or housing allowance change.

Salary Effective Date \_\_\_\_\_ Hours worked per week \_\_\_\_\_

- |   |          |
|---|----------|
| <b>A. Your base annual cash salary</b>  | A. _____ |
| <b>B. Utilities</b><br>(If an allowance is given or if utilities are paid by employer.)                       | B. _____ |
| <b>C. Subtotal (A) + (B)</b>  | C. _____ |
| <b>D. Housing Allowance</b><br>(If you use a parsonage, use 20 percent of (C), or rental value of parsonage.) | D. _____ |
| <b>E. Total (C) + (D)</b>   | E. _____ |
| <b>F. Divide (E) by \$100</b>   | F. _____ |
| <b>G. Multiply (F) by 0.59 (This is your annual LTD premium.)</b>   | G. _____ |

## SIGNATURES

*I understand that misstatements, misrepresentations, or omissions may result in my insurance coverage being void as of its effective date with no benefits payable. I hereby request the group insurance coverage for which I am or may become eligible and authorize deductions from my earnings to serve as payment for any required contributions. My signature below affirms that all information and statements provided on this form are full, complete, and true to the best of my knowledge.*

**Fraud Warning Notice:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits a request for enrollment or files a claim containing a false or deceptive statement is guilty of insurance fraud.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer

*(church board chair, district executive, treasurer,  
or other authorized employer representative)*

\_\_\_\_\_  
Date