

Ministerial Association of the Church of God

102, 4909B – 48 Street

Camrose, AB T4V 1L7

Phone: (780) 672-0772 Fax: (780) 672-6888 E-mail: markb@chog.ca

January 25, 2020

Dear Treasurer:

Greetings from Camrose,

Enclosed are the rates for the Church Workers' Benefit Plan for RWAM effective Feb 1, 2020. There is no change to benefits this year. Rates have gone up for life insurance (12%) and gone up less than 3% for medical/dental. LTD rates and dependent life has not changed.

Premiums Feb 2020 through Jan 2021	ALL PLANS Life Insurance/AD&D = 2x annual salary (1x annual salary at age 65) Long Term Disability (LTD) = 2/3 of taxed monthly salary (\$5000 max)	ENHANCED PLAN Drugs 90% Reg Dental \$1500 max Maj. Dental \$1000 max	CORE PLAN Drugs 80% Reg Dental \$750 max No Major Dental No vision care
Single	Life/AD&D = \$0.47/month/\$1000 of coverage (rounded up to nearest \$1000 of coverage) LTD \$1.88/month/\$100 of monthly benefit	\$185.00	\$170.00
Couple	Life/AD&D = \$0.47/month/\$1000 of coverage (rounded up to nearest \$1000 of coverage) Dependent Life = \$3.49/month LTD \$1.88/month/\$100 of monthly benefit	\$320.00	\$280.00
Family	Life/AD&D = \$0.47/month/\$1000 of coverage (rounded up to nearest \$1000 of coverage) Dependent Life \$3.49/month LTD \$1.88/month/\$100 of monthly benefit	\$390.00	\$360.00
Opting out of Medical & Dental	An administrative fee of \$1.50/month is now being charged those without medical and dental coverage	No coverage	No coverage

Church Employees (no waiting period)
Camp Employees (3 month waiting period)

The **employee must pay for Long-Term Disability premiums** - this can be accomplished by sending in a separate check OR by deducting it off your employee (s)' paycheck and forwarding it along with the rest of the premium.

If the employer pays for everything except the disability premium then you as the employer must add a taxable benefit for life insurance and PST (if applicable) onto your payroll calculations and include this amount on your T4. **Please inform the Camrose office ASAP when your employee's salary changes in the future.**

Please contact us if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "J. Mark Baughman". The signature is written in a cursive, flowing style.

Mark Baughman
Administration Coordinator

MEMO:

To: Church Treasurers/Participants
From: Mark Baughman
Re: Salary Updates
Date: January 25, 2020

Dear Treasurer/Participant,

If your employee(s) are being paid at least 20 hours/week and are on the Church Workers' Benefit Plan, they are also on our Long-term Disability Plan. We need to keep their compensation package updated when it changes.

Please fill in the following chart and return to the Executive Offices in Camrose:

markb@chog.ca
102, 4909B – 48 Street, Camrose AB T4V 1L7.

Name of Employee			
Effective Date			
Next salary change date			
Current Salary			
Clergy Housing Allowance			
Retirement funds			
Taxable Benefits			
Travel Reimbursement			
Other expense reimbursements (Specify)			

Treasurer Name: _____ Phone Number: _____

You can also use this form at a future salary change date

Thank you!

Mark Baughman
Administration Coordinator