

Church Workers' Benefit Plan



MANUAL

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CHURCH WORKERS' BENEFIT PLAN
- MANUAL -
for the
CANADIAN CHURCH OF GOD MINISTRIES

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1. **PLAN RATIONALE**

The Church Workers' Benefit is a joint program of the Canadian Church of God Ministries, the Church of God in Eastern Canada, and the German Church of God in Canada to provide life, accident, extended health, dental, and long term disability insurance to full-time pastors and workers within the church.

For many years it was recognized that ministers' families were particularly vulnerable to the effects of health problems. Normally with limited financial resources, illness or accident often posed a great hardship to ministers. With this in mind, numerous persons advocated the establishment of an insurance plan that would protect church workers.

In 1985 the Eastern and Western Canadian Assemblies entered into a cooperative group insurance plan that continues to serve the Church to this day. Although changes have occurred in the plan, the same commitment to providing security for the families of church workers' is the primary objective.

By sharing together in this group plan we strengthen our vital ministry for the Kingdom of God.

2. **ADMINISTRATION AND AUTHORITY**

2.1 **ADMINISTRATION**

Administration for the plan is the responsibility of the Executive Office of the Canadian Church of God Ministries.

2.2 **AUTHORITY**

The CWBP committee will represent the final authority with the insurance company on church benefit matters relating to this plan. However, the policy manual of the Insurance carrier will over rule policies by the committee.

3. **POLICIES**

3.1 **ELIGIBILITY**

The following people and groups of people are eligible to be covered under the plan:

3.1.1 Pastors of the Church of God in Canada, Agency administrators.

3.1.2 Church workers employed in a ministry related position in Church of God congregations and agencies as identified by each organization.

3.1.3 Subsidiary groups of congregations, such as daycares, are covered optionally under the plan. However, if they opt on the plan, they must have 100% participation of eligible employees.

3.1.4 Actively working for your employer at least 20 hours a week.

3.2 **NEW APPLICANTS**

New workers must register for the CWBP within 31 days after beginning employment. The effective date of coverage is the first day of employment. Applications received after the application deadline will require the completion of a medical questionnaire for the employee and dependents and coverage could be denied as a result of the questionnaires. For all late applicants dental coverage is limited for the first year.

New applicants will receive a letter confirming they are on the plan and the effective date. Enclosures will include a prescription drug card, this manual, and a benefits book.

Where both husband and wife are church workers, they can insure as singles (for medical/dental coverage). If they have a family, one may insure under the family rate and the other under the basic rate.

3.3 **PLAN CHANGES**

All changes (deletions, changes of coverage, changes of dependents, changes of beneficiary) must be received in writing by the 15th of the month prior to the month changes are effected.

Change forms are provided. See forms section of this manual.

3.4. **PREMIUMS**

3.4.1 **COLLECTION**

Premiums are collected for three months in advance of the coverage period.

Quarterly billings and payments are to be made in the months of:

December/January for January, February and March

March for April, May and June

June for July, August and September

September for October, November and December.

Any organization with 5 or more employees have the option to be billed monthly for CWBP premiums. The full monthly payment would be due before the start of the month for which the benefits apply. 1% interest would be charged for any payments not received by the due date. If payments fall behind two times in one 12 month period, the organization would be required to revert back to the current payment method - quarterly payments. If moved back to quarterly payments, the organization can appeal to the CWBP Committee; approval of the Committee is required before this organization would be able to implement monthly payments again.

3.4.2 **PAYMENTS IN ARREARS**

One (1%) percent interest (12% per annum) is charged monthly on all overdue premiums.

No interest would be charged on outstanding balances of less than \$50.00.

If payments are in arrears by 90 days, benefits for the applicable worker(s) will cease and reinstatement would follow the late applicant procedure.

3.5 **PASTORS IN TRANSITION**

Pastors in transition are covered up to their last day of employment. They would begin coverage again on their first day of employment with their new employer. Transitions that last longer than 12 months would require an application form to be completed again.

The pastor can convert their RWAM Life Insurance to personal coverage within 31 days of ending employment.

3.5.1 **Pastors** - should give WRITTEN NOTICE during the transitional period between pastorates. Failure to give proper notice could result in premiums being charged for which there would be no coverage.

3.5.2 **Treasurers** - during pastoral change the church must request, IN WRITING that the "leaving" pastor's name be deleted

from the church's account and that the "arriving" pastor's name be added. Failure to give proper notice could result in the church being responsible for the former pastor's premiums.

3.6 EDUCATION SABBATICALS

Plan participants may continue coverage on the plan while on paid education sabbaticals (up to one year in duration) while maintaining employment with the church, maintaining provincial health insurance, and provided applicable premiums continue to be paid.

3.7 TERMINATION OF COVERAGE

3.7.1 Payment Arrears see 3.4.2

3.7.2 Pastoral Resignation see 3.5

3.7.3 When a worker resigns, coverage is terminated on the last day of work.

3.7.4 Upon termination, life insurance can be converted to personal coverage if applied for within 31 days.

3.7.5. Upon termination, medical and dental insurance can be obtained from Blue Cross, if applied for within 31 days.

3.7.6 Contact Robertson Hall Insurance (Medicine Hat – Mel Snyder 1-403-488-8441 or MSnyder@robertsonhall.com) to act on 3.7.4 for RWAM life insurance coverage.

3.8 **CLAIMS**

Claim forms and accompanying receipts are sent directly to RWAM Insurance Administrators Inc.; therefore it is very important that the forms are correctly completed. Policy number and the insured's signature must be included.

Claims are mailed to:

RWAM Insurance Administrators Inc.
Attention: Health Claims Department
49 Industrial Drive
Elmira, ON N3B 3B1

Or faxed to: 519-669-1923

Or scanned and e-mail to: web-groupclaims@rwam.com

Cheques from the Insurance company will be mailed to the insured or deposited in the account the employee has identified for direct deposit.

4. **COVERAGE** (See carrier manual for specifics)

4.1 **LIFE INSURANCE**

Insured – 2x annual taxed salary (1x for those 65 and over)

Dependents: Spouse - \$15,000
 Child - \$7,500

4.2 **ACCIDENTAL DEATH AND DISMEMBERMENT**

Insured – equal to life insurance amount

4.3 **LONG-TERM DISABILITY**

Insured - after two weeks from disability. Employment Insurance (EI) should give a benefit for the next 15 weeks. If the insured is not qualified for this, the Canadian Board of Missions will look at covering this period. After 119 days of disability, RWAM will provide a benefit of 67 % of monthly earnings up to a maximum of \$5,000.00 per month.

4.4 **EXTENDED HEALTH CARE**

Coverage includes hospital expenses for semi-private, payment of prescription drugs, paramedical expenses, vision care, ambulance, some appliances and supplies, dental accident charges, some convalescent home/private duty nursing services, out of province emergency and travel assistance.

Generic (unless doctors requires name brand) prescriptions including insulins and birth control pills - 90% coverage (80% for

core coverage), dispensing fees not covered. Fertility drugs, immunizations, and birth control appliances are not covered.

Paramedical – up to \$750/year/person

Vision Care-Up to \$300/24 months for glasses and up to provincial maximum/24months for examinations. Time is reduced to every 12 months for dependent children.

There is no annual deductible in this section.

4.5 DENTAL CARE

Basic, endodontic and periodontal (80% coverage) –

\$1,500/person/year enhanced plan; \$750/person/year for core plan

Major dental (50% coverage)

\$1,000/person/year enhanced plan; no coverage for core plan

There is no annual deductible in this section

5. LONG TERM DISABILITY

5.1 ELIGIBILITY

The Church worker must already be a participant in the Church Workers' Benefit Plan.

Contact the Executive Offices in Camrose for the application form. The application form should be sent in within 30 days of the date of disability.

5.2 COVERAGE

Short-Term Disability

Employment Disability Insurance should be applied for. As long as the worker has the regional requirement of insurable employment in the past 26 weeks they should be eligible for EI disability benefit. In the case that the worker is not eligible for EI benefits, the CWBP Disability Fund (CBM) may provide a benefit equal to the amount listed below beginning at the end of the two EI week waiting period as long as application has been made to Employment Insurance and it has not been turned down.

Long-Term Disability

If disability due to illness or injury extends beyond 119 days, the long-term disability coverage through the group insurance plan provides a benefit if the church worker remains totally disabled except during which time they receive an Employment Insurance (EI) benefit.

Application for benefit payments should be made within 30 days of the date of disability.

Benefit payments of 67.0% of monthly earnings to a maximum of \$5,000.00* per month will be provided effective 119 days after the disability began until:

- the date the church worker is no longer disabled,
- the date the church worker returns to work,
- the date the church worker reaches age 65.

Life benefit premiums during the time of disability up to the earlier of retirement or age 65 will be waived as long as the church worker remains totally disabled. Proof of total disability would be required within 12 months of disability and periodically thereafter.

Persons on Long Term Disability are allowed to remain covered for life, medical and dental insurance with RWAM for 2 years after Long Term Disability begins. At the end of the 2 years they can obtain medical and dental insurance through Blue Cross and convert their life insurance to a personal policy with RWAM.

5.3 PREMIUMS

Premiums for Long Term Disability will be paid quarterly in advance by plan participants or their employers. **It is required that the employee pay the premiums** so that the benefits will not be taxable. The CWBP Committee in conjunction with the Insurer sets rates for the Long Term Disability.

Premiums for the Long Term Disability Plan and for Life Insurance will be waived once an employee's coverage for Long Term Disability begins.

6. APPLICATION PROCEDURES

6.1 Commencement of Plan

It is the responsibility of the Church/Agency or Worker to contact the administration office to advise desire for plan implementation and to procure the necessary forms. New applicants must register within 31 days of commencement of work to be covered without the need of a medical examination. Coverage begins on the first day of employment. To ensure application is received by the Insurance carrier within the 31 day limit, the application must be received by the administration office within 31 days.

7. CHANGE PROCEDURES

7.1 Process

Individuals wishing to change coverage must notify the administration office IN WRITING by the 15th of the month prior to the month in which the change is to take effect.

7.2 Change Form

See attached Information Update Form.

8. TERMINATION PROCEDURES

8.1 Process

Individuals/Churches/Agencies wishing to terminate coverage must notify the administration office IN WRITING by the 15th of the month prior to the month in which the termination is to take effect. Failure to do so may result in the Individual/Church/Agency paying an additional month's premium.

8.2 Termination Form

See attached Information Update Form.

9. CHURCH/AGENCY RESPONSIBILITY

9.1 Forms and Coverage

If the Church Workers' Benefit Plan is included in the contractual agreement with the employee, it is the responsibility of the Church or Agency to ensure that all forms and coverages are in order and are filed according to plan policies.

9.2 Premium Payments

Churches or Agencies providing CWBP coverage for their employees are responsible for making premium payments according to the schedule outlined in 3.4.1 of this manual.

10. FORMS

Church Workers' Benefit Plan Summary
Church Workers' Benefit Plan Information Update
Medical/Prescription form (master copy – not available on website)
Forms may be photocopied as needed.

11. COMMUNICATION AND INFORMATION BULLETINS

It is the responsibility of handbook holders to update their manuals with new pages, communications and information bulletins.

11.1 New Pages

Each page is numbered and dated. New pages are to be inserted so as to replace former page with the same corresponding number.

11.2 Communication and Information Bulletins

Communications, which do not have a corresponding section in the manual, are to be filed under section 10.

11.3 Handbooks

11.3.1 Handbooks are made available to each church/agency participating in the plan, each CWBP committee member and each plan participant.

11.3.2 Replacement costs of Handbooks will be the responsibility of the individual, church or agency from which the original was lost or misplaced.

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Church Workers' Benefit Plan Information Update Form

NOTE: This form or other written notice should be in our office by the 15th of the month previous to when changes are to take effect.

NAME: _____ S.I.N.#: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE #: _____

OPTIONS (CHECK WHICH IS APPLICABLE)

- New Applicant

- Delete Applicant

- Change for Applicant:
 - Earnings - _____
 - Beneficiary- _____
 - Address - _____
 - Phone # - _____

- Change of Coverage
 - Class: Old Class _____ to New Class _____
 - Spouse Name _____
Spouse Birthdate _____
 - Add Dependent
Name _____
Birthdate _____
 - Delete Dependent
Name _____
Birthdate _____

DATE CHANGE IS TO BE EFFECTIVE: _____

Signature: _____ DATE: _____

OFFICE USE ONLY:

DATE RECEIVED: _____