

**GENERAL SYNOD ARP CHURCH
GUIDE FOR CALCULATING ANNUAL BENEFIT COSTS EFFECTIVE 01/01/2024**

Participant (Enter Name): _____

ANNUAL EARNINGS CALCULATION

A. Enter Annual Base Salary _____

Select by marking with X

B. IS MANSE OR APARTMENT PROVIDED? (If Manse is provided, add 40% of BASE SALARY.)

YES NO

C. HOUSING/UTILITY ALLOWANCE PAID TO PARTICIPANT* _____

D. AUTO/TRAVEL ALLOWANCE PAID TO PARTICIPANT* _____

E. SOCIAL SECURITY ALLOWANCE PAID TO PARTICIPANT _____

F. OTHER ALLOWANCES PAID TO PARTICIPANT* _____

G. TOTAL ANNUAL EARNINGS (Add "A" Through "F") _____

* Do not include reimbursements under an "Accountable Expense Reimbursement Plan"

ANNUAL RETIREMENT PLAN CONTRIBUTION CALCULATION

H. DOES EMPLOYEE PARTICIPATE IN ARP RETIREMENT PLAN?

YES NO

I. RETIREMENT PLAN COVERED EARNINGS _____

J. CONTRIBUTION RATE FOR ACTIVE PARTICIPANTS _____

12%

K. ANNUAL CONTRIBUTION ("I" x "J") _____

ANNUAL INSURANCE PREMIUM CALCULATION – Rates Effective: January 1, 2024

IS THE EMPLOYEE FULL-TIME (WORKS AT LEAST 30 HOURS PER WEEK)?

YES NO

If no, is ineligible.

COVERAGE AREA

Select Coverage (X)

Annual Rates

Enter Cost

Medical (Choose One)

Traditional Co-Pay Plan

Employee Only

\$ 10,342.32

Employee + 1

\$ 22,236.00

Employee and Family

\$ 27,924.36

HDHP Buy-Up Plan

Employee Only

\$ 9,533.40

Employee + 1

\$ 20,496.84

Employee and Family

\$ 25,740.24

HDHP Base Plan

Employee Only

\$ 7,645.20

Employee + 1

\$ 16,437.12

Employee and Family

\$ 20,641.92

Dental (Choose One)

Employee Only

\$ 574.92

Employee + 1

\$ 1,092.60

Employee and Family

\$ 1,541.16

Vision (Choose One)

Employee Only

\$ 83.52

Employee + 1

\$ 151.68

Employee and Family

\$ 225.12

Employee Term Life and Accidental Death*** (Choose Hourly or Salaried)

Select Coverage (X)

Hourly Employee (\$20,000 Coverage)

\$ 67.20

Salaried Employee (\$50,000 Coverage)

\$ 168.00

***coverage for those under age 70. If over age 70, coverage and premiums are decreased by 35%

Dependent Life (If Participant has Dependents): Spouse-\$5,000; Dependents Over 6 Mo-\$2,500; Dependent 15 days to 6 Mo-\$200

\$ 18.00

Long Term Disability (LTD) - Lesser of \$150,000 or Total Earnings (item "G") from above.****

Earnings from above

Rate

Annual Earnings (From "G" above)

0.0043

TOTAL ANNUAL INSURANCE COST (Sum of All Items Entered)

**** Maximum earnings for LTD is \$150,000

TOTAL PACKAGE (Retirement and Insurance)