

ALLIANCE OF REFORMED CHURCHES

BENEFITS INTRODUCTION 2023



ALLIANCE
OF REFORMED CHURCHES



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Alliance of Reformed Churches
3140 Division Ave SW, Suite A
Grandville, MI 49418
www.arc21.org



Greetings in the Name of Jesus Christ, the Lord of the Church!

We are thankful to God for your partnership in the Alliance of Reformed Churches (the Alliance), a community of congregations who commit to live in an intentional covenanted community. We believe that through this partnership in the Gospel, the Alliance of Reformed Churches (Alliance) provides us with an opportunity to spur one another on in faith and mission.

As a way of ensuring that pastors and staff are cared for and appropriately compensated, Alliance congregations and non-profits (employers), as part of their covenant agreement with the Alliance, agree to provide certain benefits to Alliance ordained ministers (employees). In calling a minister, churches make promises to pay a pastor adequately; make contributions to the Alliance 403(b)9 retirement plan; provide basic group life, long-term disability, and medical insurance; and, offer financial support for professional development.

The Alliance covenant requires each church to provide medical insurance, group life insurance, and long term disability insurance to ordained pastors. We have chosen to partner with the Reformed Benefits Association (RBA) to supply our member churches with an option for obtaining health insurance. In addition, we are partnering with RBA to provide the Alliance group coverage for basic group life insurance and long term disability. Employers (congregations) are not required to partner with the RBA for health benefits. However, we do require you to carry group basic life and LTD through RBA because it provides a consistent, market competitive, administratively cost effective way for pastors and staff to receive this coverage. RBA was created to provide insurance benefits for churches, pastors, staff and similar ministries. The RBA offers a variety of group medical insurance plans as well as group life and disability insurance, vision, dental, and additional supplementary plans.

In the attached document, you will find an overview of the RBA's benefits and a list of steps to complete within the first 30 days of your minister's transfer or acceptance to Alliance should you wish to participate in fulfilling your commitments by utilizing RBA benefits.

Should you need any assistance in evaluating, comparing, navigating, or understanding the insurance options available to you through RBA or another entity, we recommend connecting with the Benefit Consultants at Zeutenhorst Financial, Inc. Contact ZFIService@ZFIBenefits.com or (712) 722-3878.

If there are other areas you thought should be included in this introductory packet, but were not, please let us know. We are, and always will be, committed to continuous improvement and relentless innovation.

May God bless you as you begin your future with the Alliance of Reformed Churches.

A handwritten signature in black ink, appearing to read 'Dan R. Ackerman'.

Dan Ackerman
Director of Organizational Leadership
dackerman@arc21.org

A handwritten signature in black ink, appearing to read 'Jenn Vermeer'.

Jenn Vermeer
Benefits Director, Zeutenhorst Financial
benefits@arc21.org



Reformed Benefits Association

Welcome to the Reformed Benefits Association!

On behalf of the Reformed Benefits Association, I would like to welcome you to our association plan. We have been insuring churches and denominational agencies since 2013 and are pleased to welcome our friends in the Alliance of Reformed Churches!

The Alliance requires each church to provide Medical insurance, Life insurance, and Long Term Disability insurance to ordained pastors. We at the RBA provide these benefits and more to the employees of our member churches. Please visit our website, www.reformedbenefits.org, for more information on our benefits.

To get started with our benefits package, follow these steps:

Step 1

The designated representative at the church/organization must

1. Read the Terms of Participation
2. Sign the Group Coverage Agreement
3. Complete the Electronic Fund Transfer form
4. Complete the Employee Data form for each employee (*If you are transferring to the Alliance from the Reformed Church of America, this is the only form you are required to complete, and this must be done within 30 days of the date of your transfer.*)

Return all documents to the RBA office via email at benefits@reformedbenefits.org.

Step 2

Hear back from RBA within one business day with further benefit details and instructions to complete your online enrollment and elections.

Step 3

Once the online enrollment is complete, RBA will begin invoicing you or your employer (whatever the arrangement is). You can also save a confirmation statement for your records.

Step 4

Make sure to report any changes—including new hires, terminations, and life events—within 30 days of the event. This is the case with any insurance, so don't get caught off guard!

Should you have any questions along the way, just get in touch with us at benefits@reformedbenefits.org. We are happy to help you in this transition.

Thank you!

Nikki Huttenga
Director

Reformed Benefits Association
1700 28th Street
Grand Rapids, MI 49508
(616) 224-0831 office
www.reformedbenefits.org

**Reformed Benefits Association
2023 Premium Rates
Alliance of Reformed Churches**

Medical Coverage

Co-Pay Plan		Employee age-based monthly rate		
AGE	E	S	C	F
< 30	\$487.64	\$1,121.57	\$975.28	\$1,462.92
30 - 34	\$525.33	\$1,208.25	\$1,050.65	\$1,575.98
35 - 39	\$565.93	\$1,301.63	\$1,131.85	\$1,697.78
40 - 44	\$609.66	\$1,402.22	\$1,219.33	\$1,828.99
45 - 49	\$656.78	\$1,510.59	\$1,313.56	\$1,970.34
50 - 54	\$707.54	\$1,627.34	\$1,415.08	\$2,122.61
55 - 59	\$762.22	\$1,753.11	\$1,524.44	\$2,286.66
60 - 64	\$821.13	\$1,888.59	\$1,642.25	\$2,463.38
65 +	\$884.59	\$2,034.55	\$1,769.17	\$2,653.76

Consumer Plan	Monthly
Employee Only	\$744.41
Employee & Spouse	\$1,666.93
Employee & Child(ren)	\$1,494.30
Employee + Family	\$2,225.76

Premium Plan	Monthly
Employee Only	\$1,046.33
Employee & Spouse	\$2,356.82
Employee & Child(ren)	\$2,085.31
Employee & Family	\$3,121.57

Dental Coverage

Delta Dental	Monthly
Employee Only	\$42.40
Employee + One	\$84.80
Employee + Family	\$159.00

Vision Coverage

EyeMed	Monthly
Employee Only	\$6.04
Employee + One	\$13.53
Employee + Family	\$19.98

Group Life and AD&D Insurance

		<u>Monthly</u>
Option 1	\$75,000	\$20.50
Option 2	\$175,000	\$46.50
Option 3 (ARC only)	\$250,000	\$65.00

Supplemental Life Insurance

Age-banded Rate Per \$1,000

Employee & Spouse** ***Coverage reduced 50% at age 70*

Age per \$1,000

0-25	\$0.08
25-29	\$0.08
30-34	\$0.09
35-39	\$0.10
40-44	\$0.12
45-49	\$0.22
50-54	\$0.39
55-59	\$0.62
60-64	\$0.69
65-69	\$1.38
70+	\$2.42

Supplemental Child(ren) Life	<u>Monthly</u>
Coverage \$10,000	\$1.90

Supplemental AD&D	<u>Monthly</u>
Coverage \$10,000 increments	\$0.29

Long Term Disability (per \$100 CMP)	<u>Rate per \$100 CMP</u>
Group LTD (agency + ARC)	\$0.23
Voluntary LTD (non-ordained)	\$0.39

VOLUNTARY BENEFITS

Accident Insurance-- \$250/day benefit	<u>Monthly</u>
Employee	\$14.60
EE + Spouse	\$21.98
EE+ Child(ren)	\$29.90
Family	\$37.88

Critical Illness Insurance--per \$1,000 benefit; Employee and Spouse

Tobacco User Monthly Rates

Non-Tobacco Monthly Rates

Age	Monthly
0-29	\$0.451
30-39	\$0.911
40-49	\$2.180
50-54	\$4.530
60-69	\$7.784
70+	\$17.150

Age	Monthly
0-29	\$0.363
30-39	\$0.595
40-49	\$1.181
50-54	\$2.410
60-69	\$3.844
70+	\$12.760

Critical Illness insurance-- per \$1,000 benefit; Child(ren)	0.93/\$1,000
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Reformed Benefits Association (RBA) 2023 Terms of Participation

In order to participate in Reformed Benefits Association (RBA) plans, a church, assembly or institution (“employer”) must agree to **enroll all eligible full-time staff minimally** in one of the group Basic Life insurance plans. If an employer wishes to provide medical insurance to staff, the employer agrees to enroll all eligible full-time staff in a medical plan, unless the staff has documented coverage through a parent, spouse or Medicare. The employer agrees *not* to allow staff to purchase an alternate medical insurance plan outside of RBA.

The employer must choose one of the following options, which will apply to all eligible staff (selection indicated on the employer’s Group Coverage Agreement):

Option 1: Partial Coverage (no Medical)

- An employer may join Reformed Benefits Association by enrolling all eligible full-time staff in one of the Group Basic Life insurance plans. The employer may also offer voluntary life benefits to its full-time staff, **not including medical, dental or vision coverage.**

Option 2: Full Coverage

- An employer may join Reformed Benefits Association by enrolling all eligible full-time staff in a **Medical** plan option. A staff may choose to opt out of the medical plan only if he or she has documented alternate coverage through a spouse, parent or Medicare. **All participating staff must also be enrolled in one of the Group Basic Life insurance plans.** The employer may also offer any additional voluntary benefits to its full-time staff. Part-time staff, working a minimum of 20 hours per week, are eligible to participate at the employer’s discretion.

Who is eligible for coverage?

- Full-time staff are required to be enrolled in a group basic life insurance plan (Medical is required if the employer chooses Option 2).
- Part-time staff, working a minimum of 20 hours per week, are eligible to participate at the employer’s discretion.
- Staff may add their spouses and dependent children (up to age 26) to their coverage.
- Individual churches/employers determine how they define full-time employment status (e.g 32 hours/week, etc). and must apply the full-time definition consistently.
- Ministers serving on an interim basis may participate in RBA on an individual basis and are not considered as part of group coverage.

When does coverage begin?

- The first of the month after hire date, or the first of the month after a participant moves to full time. If hire date is the first of the month, coverage will begin on that day.
- Enrollment may occur at a later date if the staff has a qualifying life event, which includes:
 - Loss of other coverage due to ineligibility for a reason such as divorce, death, termination of employment, or COBRA coverage is exhausted.
 - Adding a new dependent due to marriage, birth, adoption, etc.
- **New enrollment and/or any changes, INLCUDING termination, must be made within 31 days of the event!** If notification is not made within the 31 day period the staff will need to wait until the following open enrollment.

Premiums

The employer will be billed on a monthly basis, with payment due by the 5th of the month (i.e. March premium will be due on March 5). Payment must be processed via electronic fund transfer (EFT). The employer is responsible to collect payment from the staff member for any premium cost share, or for any voluntary benefit elections.

**Reformed Benefits Association
2023 Group Insurance Coverage Agreement**

The council/consistory /board of directors of _____, a church, institution or agency, located in _____, _____, hereby agrees to offering all of its staff one of the following package options:

Check only one option

__ Option 1 Partial Coverage: enroll all current and future full-time staff members, according to the Terms of Participation, in one of the group Basic Life plans offered by Reformed Benefits Association. The employer may also offer additional voluntary benefits (excluding Medical, Dental and Vision) to eligible staff.

__ Option 2: enroll all current and future full-time staff members, according to the Terms of Participation, in one of the group Medical and Basic Life insurance plans offered by Reformed Benefits Association. The employer may also offer voluntary benefits to eligible staff.

Please select the denomination the church is affiliated with:

RCA : CRC : ARC:

We have read and understand the attached Terms of Participation and agree to abide by the criteria as outlined. We have listed the names of all paid staff members in the section below (add additional names on a separate page if necessary):

STAFF INFORMATION

Please list information for all staff working at least 20 hours per week :

Name:	Full-time or Part-time	Have Coverage through Spouse? (Y/N)	Number of hours worked per week	Date of Hire	Participant of RBA? (Y/N)

We understand we will be billed the premium based on the staff member's election, and it is our responsibility to collect any required premium from the staff members.

***Authorized Signature _____ Position _____ Date _____

Printed Name: _____ Phone Number: _____

Email for RBA Communication _____

Customer Number:

******You represent and warrant that you have the authority to bind the organization named above to these Terms and you agree to be bound by these Term on behalf of such organization. You represent and warrant that you have the authority to bind the organization named above to these Terms and you agree to be bound by these Term on behalf of such organization.***

Complete, sign, and return with any certification of spousal coverage (if applicable) to:

Return by email to:

benefits@reformedbenefits.org

Reformed Benefits Association

1700 28th Street SE

Grand Rapids, MI 49508

Fax: 616-224-5896

Please return only one copy



**Reformed Benefits Association
Electronic Funds Transfer (EFT)
Authorization Agreement for Debits**

1 Individual or Group Participant

Individual or
Group Participant _____

SSN or Federal ID No. _____

2 Bank Information

Name of Bank: _____

Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Check One: Savings Checking NOTE: (Attach copy of "voided" check)

3 Authorization

I (we) _____ ("Individual or Group Participant") hereby authorize Reformed Benefits Association (RBA) to initiate debit for future RBA monthly premium payments to the account indicated above at the financial institution named above ("Bank"), and to debit the same to such account. I (we) authorize my/our financial institution to debit my/our account for these payments. I (we) acknowledge that changes to my or individuals in our group coverage or in the RBA policy or premium rate may change the debit amount. I (we) understand that the monthly charge to my (our) bank account will not exceed the total premium amount designated for the benefits that I (we) have selected.

This authorization is to remain in full force and effect until RBA has received written notification from the Individual or Group Participant named above, at the address provided below, of its termination in such time and in such manner as to afford RBA and Bank a reasonable opportunity to act on it. Transfers will be made on the 5th of every month, or the following business day. You must notify RBA by the 20th of the month to cancel your transaction.

Individual or Group Participant _____
(Please Print)

Signature of Participant or
Authorized Signature of the RBA Entity _____

Date: _____

Note: To revoke this agreement, the Participant or the RBA entity must send his/her or their revocation in writing to:

**Reformed Benefits Association
1700 28th Street SE
Grand Rapids, MI 49508-1407**



NEW PARTICIPANT ENROLLMENT DATA REFORMED BENEFITS ASSOCIATION

PARTICIPANT INFORMATION		
Last Name:	First Name:	
Date of Birth:	SSN:	Phone:
Home Address:		
City:	State:	ZIP Code:
Gender: M <input type="radio"/> F <input type="radio"/>	Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/>	Email:
Date of Hire:	Job Title:	Ordination <input type="radio"/>
Annual Salary: _____ Housing Allowance <input type="radio"/> Parsonage <input type="radio"/>	Effective Date of Coverage:	Hours worked per week:
I authorize my enrollment with the Reformed Benefits Association (RBA) as of the effective date stated above. Should I experience a Qualified Change in Status, I will notify my employer within 30 days.		Church affiliation (circle one): CRC RCA ARC
Signature:		Date:

BILLING ENTITY INFORMATION		
Billing Entity:		
Billing Address:		Billing Phone:
City:	State:	ZIP Code:
Authorized Billing Entity Representative:		
Authorized Signature:		Date:
INTERNAL RBA USE ONLY		
Date Received:	Received by:	Database Entry:
EFT:	GCA:	
HIPAA Form:	LTD with CRC/RCA:	Additional Info:

Benefit Enrollment			
Long Term Disability (Ordained staff only):			
Basic/Group Life (select one):	\$75,000	\$175,000	\$250,000