



Your elections have been submitted successfully on 11/14/2018

If you applied for supplemental death coverage, your application will be reviewed and you will be notified when the review is complete. You may also check the status of your application under **My Inquiries & Requests** on your Benefits Connect home page.

Mr. GERALD PAUL SOUDER

Benefit	Coverage	Monthly Cost to Member
Pension	Participating in the Pension Plan; your employer pays 100% for this valuable benefit.	\$0.00
Retirement Savings Plan (RSP)	You are eligible to contribute to the RSP. Your employer may contribute on your behalf. See Resources for more information on contributing to the RSP.	Your cost is the amount you contribute through payroll deductions.
Medical	Option: BCBS (Highmark) PPO Coverage level: Member + Spouse Covered dependents: <ul style="list-style-type: none"> • GERALD SOUDER (self) • MICHAEL H SLATON (Spouse) 	\$0.00
Dental	Coverage level: Waived	\$0.00
Death Benefits	Salary Continuation Benefit: \$50,758.00 Lump-sum Death Benefit: \$101,516.00	\$0.00
Disability	Disability Benefit: \$30,454.80	\$0.00
Total Monthly Cost to Member		\$0.00

Beneficiaries

— Salary Continuation Benefit

Primary Beneficiary

Beneficiary	Allocation
MICHAEL H SLATON	100%

Total	100%
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Secondary Beneficiary

Beneficiary	Allocation
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Total	0%
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— Lump-sum Death Benefit

This benefit is paid based on the provisions of the Benefits Plan. There is no need to designate a beneficiary.

The Benefits Plan of the Presbyterian Church (U.S.A.)

ANNUAL ENROLLMENT LEGAL TERMS AND CONDITIONS

Note: The terms and conditions of the annual enrollment elections are in addition to the terms of use governing Benefits Connect as a whole.

Your employer has elected to offer you the opportunity to enroll for certain benefits coverage options provided by The Benefits Plan of the Presbyterian Church (U.S.A.) (the "Plan"). The Board of Pensions of the Presbyterian Church (U.S.A.) administers the Plan, which is a church plan as described in section 414(e) of the Internal Revenue Code (the "Code"). The Plan is exempt from Title I of the Employee Retirement Income Security Act ("ERISA").

By submitting my annual enrollment elections, I understand and agree that:

- My elections are subject to the terms, provisions, and conditions of the Plan, as amended from time to time, including without limitation the eligibility and enrollment provisions.
- My elections will be effective January 1, 2019, and may not be changed until the next annual enrollment period for any reason other than a qualifying life event. Any change made must be consistent with the qualifying life event, and subject to documentation and timing provisions as defined by the Board.
- The monthly contributions for which I am responsible, if any, are based on the benefits selections made available by my employer and my elections. My employer will communicate directly with me

regarding any costs for which I am responsible and arrangements for payment through payroll deductions.

- Any dependent coverage changes made as part of these annual enrollment elections will be effective January 1, 2019, subject to documentation and timing provisions as defined by the Board.
- Any death benefit beneficiary designation changes made as part of these annual enrollment elections will be effective immediately upon the member submitting the designation form through Benefits Connect, or as soon as administratively feasible, provided the designations comply with Benefits Plan provisions. I may change my beneficiary designations at any time after the annual enrollment period by submitting a new designation form through Benefits Connect.
- Effective January 1, 2019, the Board of Pensions is offering eligible employers the opportunity to offer tax-advantaged plans for employee pre-tax contributions for coverage, flexible spending accounts for health care expenses and dependent care expenses, and health savings accounts for members enrolled in the new high deductible health plan option under the Medical Plan. An independent benefits plan administrator known as Further administers these plans. If your employer has elected to offer these plans, your employer will advise you of any forms you need to complete and work directly with Further. The Board of Pensions is not involved in the administration of the Further plans.

KNOWING WAIVER OF MEDICAL PLAN COVERAGE

If I elected to waive coverage under the Medical Plan for myself (not permitted under Pastor's Participation), my spouse, and/or my dependents, I acknowledge the following:

- I acknowledge that I was given the opportunity to enroll in the Medical Plan coverage under the Benefits Plan of the Presbyterian Church (U.S.A.) ("Plan") offered by my employer.
- I understand that my waiver of coverage means that the individuals for whom I waived Medical Plan coverage will not be enrolled for coverage during any month of the calendar year for which I am enrolling and I will not have the opportunity to change my enrollment elections until the next annual enrollment period, unless I become eligible for a special enrollment period before that time due to a change in status recognized by the plan (for example, I get married or have a child).
- I understand that a change in my status as a full-time employee may not be a change in status that allows me to revoke my waiver during this calendar year.

If I am a minister enrolled for Pastor's Participation coverage, I understand that my election to waive Medical Plan coverage for my spouse and/or my dependents will not result in any reduction of Medical Plan dues for my employer.

- I understand that some employer plans offer medical coverage for spouses that is limited to spouses that are not offered coverage through their own employer. Because my employer is offering coverage to me, which would make me ineligible for coverage under any such plan, I understand that I need to confirm with my spouse's plan that I will be eligible for coverage under that plan before I make my election to decline enrollment for myself in this Plan.
- I understand that, to avoid paying an assessment under the Affordable Care Act's individual responsibility rules, I may need to obtain health benefit coverage from another source, such as:
 - group health coverage through a spouse or parent's employment,

- a government program, including Medicare, Medicaid, and Tricare, or
- individual health insurance coverage, for example, through a health insurance exchange (often called the Marketplace).
- I understand that, despite my waiver, I will not qualify for a subsidy for any coverage that I obtain through the Affordable Care Act's Marketplace during the months when I qualify as an eligible employee because of the coverage that was offered to me under the Plan.
- **I certify that I have had the opportunity to consider this decision and, at my choosing, I have had the opportunity to confer with family members, advisors, and others, including legal counsel. I certify that my election to waive coverage under the Plan is made knowingly and voluntarily.**

ADDITIONAL MEDICARE OR MEDICAID COVERAGE CERTIFICATION.

I acknowledge that federal law prohibits an employer from offering or paying any incentive to an employee, his or her spouse or a dependent to waive employer group health coverage and enroll for Medicare or Medicaid coverage, including an offer to pay any Medicare or Medicare supplement premiums or otherwise reimburse an employee for such expenses, unless the employer is eligible for and has applied for the small employer exception (available to employers with fewer than 20 employees).

By agreeing to these terms and conditions, I am making this certification, and I confirm that my employer has not offered any financial incentive or agreed to pay any Medicare or Medicare supplement premiums in consideration of this coverage waiver.

AFFIRMATIVE CONSENT TO ELECTRONIC NOTIFICATION

I agree to receive legal notifications and other Benefits Plan communications electronically, and understand that:

Electronic Transmission Method

In each instance the Plan will furnish me with an e-mail notification and provide any required disclosure documents as a link in the e-mail.

- The e-mail notice will be sent to the e-mail address I provided in my enrollment form (unless updated more recently).
- If I prefer that the Board provide Plan notifications to a different email address, or I wish to update my email address, I must notify the Board by sending an email message to memberservices@pensions.org (mailto:memberservices@pensions.org) and indicate in the subject line: Change in E-Mail Address to Receive Disclosures Electronically.

To access the e-mail notification and any linked document, I must have (1) a computer with internet access and (2) an internet browser installed on that computer allowing me to send and receive e-mails (for example, Internet Explorer).

To retain a copy of any e-mail I receive for future reference, I must either (1) be able to print a copy on a printer attached to the computer; or (2) save a copy to your computer's hard drive.

I certify that I have access to the internet capabilities specified.

If any of these requirements change in a way that creates a material risk that you will no longer be able to access and retain electronically transmitted documents, the Board will notify you of the new requirements.

Your Right to Withdraw Your Consent

I understand that I may withdraw my consent to receive disclosures electronically at any time without charge. To do so, I must notify the Board by sending an e-mail message to memberservices@pensions.org (mailto:memberservices@pensions.org) or a written letter by first class mail that indicates in the subject line: *Consent Withdrawn for Electronic Disclosure* and include in the revocation notice my full name, phone number, e-mail address on file with the Board and the mailing address where the legal notifications and Plan disclosure documents should be sent.

Your Right to Request a Paper Copy

You have a right to request and obtain a paper version of any electronically transmitted notice or Plan disclosure document at no charge. Contact the Board's to request a paper copy.

Phone: 800-773-7752 (800-PRESPLAN)

E-mail: memberservices@pensions.org

HEALTH STATEMENTS FOR SUPPLEMENTAL DEATH BENEFITS

I understand that my and/or my spouse's application for supplemental death benefits, or increases in that coverage, may be subject to completion and approval of a health statement. If so, I agree

- that I, as the member, will complete and submit my health statement through Benefits Connect as described on the health statement and in any annual enrollment-related communication; and
- that my spouse will complete the online health statement on his/her own, print the statement, sign it, and submit the signed statement to the Board electronically through Benefits Connect, if possible, or by fax or mail, if necessary.

Effective: September 1, 2018

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The Benefits Plan of the Presbyterian Church (U.S.A.)

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