



VOLUNTARY BENEFITS ENROLLMENT FORM

LOCATION # _____

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ DATE OF HIRE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Short—Term Disability



Coverage: 80% of Weekly Income
 up to \$1,500 per week.

I choose to **ENROLL** in Short-Term Disability Coverage

I choose to **WAIVE** Short-Term Disability Coverage

Short –Term Disability pays you a weekly benefit if you have a covered disability that keeps you from working. You are eligible for coverage if you are a full-time employee of the diocese working a minimum of 30 hours per week.

Legal Insurance



I choose to **ENROLL** in Legal Insurance

I choose to **WAIVE** Legal Insurance

LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues. \$8.60/pay period (based on 24 pay-period deduction schedule.)

For more information visit: <https://www.legaleaseplan.com/diocesefwsb>

AllState Identity Protection



I choose to **ENROLL** in Identity Protection

\$9.95 per person / month

\$17.95 per family / month

I choose to **WAIVE** Identity Protection

Coverage: Identity Monitoring and alerts, 24/7 Privacy Advocate Support, \$1million identity theft insurance.

Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, financial transactions and what you share on social media—so you can protect the trail of data you leave behind. Get reimbursed for fraud-related losses like stolen 401(k) & HSA funds or fraudulent tax returns with our \$1 million identity theft insurance.

Questions please call 1-800-789-2720

Signature _____ Date _____