



NEW HIRE ORIENTATION CHECKLIST

Name of Employee: _____ Location: _____

Date of Hire: _____ Benefits Eligibility Date: _____ Second Orientation: _____

Employment Information (All Employees)

- Application Resume
- References (Telephone, Forms, Letters)
- Background Check/Live Scan
- Virtus Training Certificate
- Offer letter/Employment Agreement
- Job Description
- Wage Disclosure Notice (Non-Exempt Employees Only)
- Employment Eligibility Verification (Form I-9)
- W4 Form EDD Withholding Allowance
- Emergency Information Sheet
- Identification Picture/Badge (if applicable)

- Substance Abuse Non-Smoking Policy
- Code of Safe Practices
- Counseling & Discipline Policy
- Meal & Break Periods Policy

Payroll Information (All Employees)

- Pay Period Schedule Time Sheet
- Direct Deposit Authorization Forms
- General Checking and/or saving(s) account(s)
- Parishioners federal Credit Union Brochure
- Southern California Credit Union Brochure
- Earned Income Tax Credit Outreach Campaign

Policies and Procedures (All Employees)

- Mission Statement | Philosophy
- HR Mission | Core Values | Pastoral Values
- Online Administrative Handbook Notice
- Non-Disclosure & Confidential Agreement
- Unemployment/Disability Exemption Notice
- Dress Code/Personal Appearance Policy
- Acceptable Use and Responsibility Policy
- for Electronic Communications (AUP)
- Personal Communication Device Policy
- Conflict of Interest Policy
- Discrimination and Harassment Policy
- Fair Treatment / Complaint Investigation
- Rights of Victims Domestic Violence, Sexual Assault & Stalking
- Respecting the Boundaries brochure
- Working Together brochure

Worker's Compensation

- Time of Hire Notice
- Pre-Designation of Personal Physician

Employee Discount Program:

- Gym Promotion Hotel Engine Great Work Perks

Schools Only:

- Proof of Freedom from TB
- Child Abuse Acknowledgement Form
- Official copy of Transcripts School
- Work Calendar Work schedule
- Copy of original Credential or CBEST (if no credential)
- Catechist Certification Adults Interacting with minors
- CPR Faculty Handbook

NOTE: The Archdiocese of Los Angeles Parishes and Schools are exempt from and do not participate in State and Federal Unemployment Insurance and State Disability Insurance programs.

Benefits and Insurance Information *

(Eligibility based on the number of hours worked per week)

- ACC Lay Employee Benefits Summary Sheet
- Archdiocese of Los Angeles Benefits Guide

*Employees working less than 20 hours per week are not eligible for benefits other than those required by law.

Health Care Plans (30 hours per week or more):

- Anthem Blue Cross PPO Anthem Blue Cross EPO
- Kaiser Permanente EPO Benefit Premium Sheet
- Section 125 Cafeteria Plan Continuation Coverage
- Employee Assistance Program (United Optum)
- Benefit Enrollment/Change Form

Voluntary Insurance Plans (20 hours per week or more):

- Hartford Group Life Insurance Form (ADLA Provided)
- Voluntary Life/AD&D Insurance
- Cost Calculation(s) – Voluntary Life/AD&D Insurance (pg.8)
- Voluntary Disability Insurance
- Cost Calculation(s) – Voluntary Disability Insurance(pgs.9-10)
- Flexible Spending Account (FSA)
- The Hartford Disability Flyer
- The Hartford Disability Waiver Form

Employee Retirement (20 hours per week or more)

- Pension Plan Booklet
- Beneficiary Designation Form
- Tax Deferred Annuity Program

FINGERPRINTING, NEW HIRE ORIENTATION, & BENEFITS ENROLLMENT ACKNOWLEDGMENT

I have received the fingerprinting schedule(s) and understand that I am required to be fingerprinted before my start date. I understand that failure to get fingerprinted before my start date will result in a delay of my start date. _____ **Employee Initials**

I acknowledge that all of the items on this checklist, applicable to my position, were reviewed with me. I understand that I must either elect or waive enrollment in the above insurance plan(s) by completing the Benefits Enrollment/Change Form within 31 days of my hire date. I understand that if I do not choose any of the above insurance benefits within 31 days of my hire date, I will be unable to elect benefits for the remainder of the plan year, unless I provide satisfactory evidence of insurability at my own expense and/or proof of a qualifying life event. The insurance company will then determine whether or not I will be covered by the group benefits.

Employee Signature: _____ Date: _____

NOTICE TO EMPLOYEE (NON-EXEMPT/CLASSIFIED ONLY)
Labor Code Section 2810.5

Employee Name: _____

Start Date: _____

EMPLOYER

Employer Name (Official Catholic Directory Name of Location): _____

Employer DBA (Name on Payroll Checks if different from above): _____

Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ (identify each rate if employee is paid at different rates for different duties)

Overtime Rate(s): _____ (= 1.5 x rate for hours worked over 8 and less than 12 in a day or for more than 40 in a week or for the first 8 hours of the 7th consecutive day worked in a week); _____ (= 2x rate for hours worked over 12 in a day, or more than 8 on the 7th consecutive day worked in a week)

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Dollar value of meal(s) or lodging provided by employer that is considered part of employee's wage: _____

(Signing the acknowledgment of receipt below does not constitute a "voluntary written agreement" as required by law in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be a separate document.)

Regular Payday: _____ (e.g., bi-weekly [every 2 weeks] on Fridays; bi-monthly [twice a month] on 1st and 15th of the month)

PAID SICK LEAVE

The employer's paid sick leave policy meets and exceeds the requirements of California Labor Code Sections 245-249, which provide that employees who have worked in California at least 30 days in a year may accrue and use a minimum of 3 days of paid sick leave a year. Employees have a right to request and use their accrued paid sick leave. Employees may not be retaliated against for using or requesting the use of accrued paid sick leave and have the right to file a complaint against an employer who retaliates against them. Additional information about the employer's paid sick leave policy is available online at <http://handbook.la-archdiocese.org/chapter-5/section-5-8/topic-5-8-2> and in the employer's policies and procedures which are provided to each employee. Employees in the cities of Los Angeles and Santa Monica are entitled to additional sick leave benefits; consult with Human Resources for more information.

WORKERS' COMPENSATION

The employee's signature on this Notice merely constitutes acknowledgment of receipt

Insurance Carrier's Name: _____

Address: _____

Telephone Number: _____

Self-Insured (Labor Code Section 3700) (yes)

Certificate Number for Consent to Self-Insure: 1656

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

(Date)

(Date)

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within 7 calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within 7 days of the changes.





Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
					<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name Archdiocese of Los Angeles			Employer's Business or Organization Address, City or Town, State, ZIP Code 3424 Wilshire Blvd. Los Angeles, CA 90010		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> ● Receipt for a replacement of a lost, stolen, or damaged List A document. ● Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. ● Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information



**Supplement A,
Preparer and/or Translator Certification for Section 1**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Archdiocese of Los Angeles 3424 Wilshire Blvd. Los Angeles, CA 90010		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your pay.

Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

- Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
 - Number of Regular Withholding Allowances (**Worksheet A**)
 - Number of allowances from the Estimated Deductions (**Worksheet B**)
 - Total Number of Allowances you are claiming

- Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)
OR

Exemption from Withholding

- I claim exemption from withholding for 2025, and I certify I meet both conditions for exemption. (Check box here)
OR
- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under penalty of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
--	--

The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

As of January 1, 2020, the *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) is used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.

Check Your Withholding: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

Exemption From Withholding: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- You did not owe any federal and state income tax last year, and
- You do not expect to owe any federal and state income tax this year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal and state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- Your spouse is a member of the armed forces present in California in compliance with military orders;
- You are present in California solely to be with your spouse; and
- You maintain your domicile in another state.

If you claim exemption under this act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The [California Employer's Guide \(DE 44\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication can be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the [FTB](http://ftb.ca.gov) (ftb.ca.gov).

Notification: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](http://govt.westlaw.com/calregs/Search/Index) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

Penalty: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. Criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](http://leginfo.ca.gov/faces/codes.xhtml) (leginfo.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](http://leginfo.ca.gov/faces/codes.xhtml) (leginfo.ca.gov/faces/codes.xhtml).

Worksheets

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

Two-Earners or Multiple Incomes: When earnings come from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "Single or Married (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

Married But Not Living With Your Spouse: You may check the "Head of Household" marital status box if you meet all of the following:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

Head of Household: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50 percent of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

Worksheet A

Regular Withholding Allowances

- | | |
|--|-----|
| (A) Allowance for yourself — enter 1 | (A) |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) |
| (C) Allowance for blindness — yourself — enter 1 | (C) |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse | (E) |
| (F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4 | (F) |

Instructions — 2 — Additional Withholding Allowances (Optional)

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B

Estimated Deductions

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- | | |
|--|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. |
| 2. Enter \$11,080 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,540 if single or married filing separately, dual income married, or married with multiple employers | – 2. |
| 3. Subtract line 2 from line 1, enter difference | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. |
| 5. Add line 4 to line 3, enter sum | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | – 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. |
| 10. Enter amount from line 5 (deductions) | 10. |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. | 11. |

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

1. Enter estimate of total wages for tax year 2025. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3.
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4.
5. Enter adjustments to income (line 4 of Worksheet B). 5.
6. Add line 4 and line 5. Enter sum. 6.
7. Subtract line 6 from line 3. Enter difference. 7.
8. Figure your tax liability for the amount on line 7 by using the 2025 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$163.90). 9.
10. Subtract line 9 from line 8. Enter difference. 10.
11. Enter any tax credits. (See FTB Form 540). 11.
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12.
13. Calculate the tax withheld and estimated to be withheld during 2025. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2025. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2025. 13.
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14.
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15.

Note: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables Are for Calculating Worksheet C and for 2025 Only

Single Persons, Dual Income Married or Married With Multiple Employers

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,756	1.100%	\$0	\$0.00
\$10,756	\$25,499	2.200%	\$10,756	\$118.32
\$25,499	\$40,245	4.400%	\$25,499	\$442.67
\$40,245	\$55,866	6.600%	\$40,245	\$1,091.49
\$55,866	\$70,606	8.800%	\$55,866	\$2,122.48
\$70,606	\$360,659	10.230%	\$70,606	\$3,419.60
\$360,659	\$432,787	11.330%	\$360,659	\$33,092.02
\$432,787	\$721,314	12.430%	\$432,787	\$41,264.12
\$721,314	\$1,000,000	13.530%	\$721,314	\$77,128.03
\$1,000,000	and over	14.630%	\$1,000,000	\$114,834.25

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$21,512	1.100%	\$0	\$0.00
\$21,512	\$50,998	2.200%	\$21,512	\$236.63
\$50,998	\$80,490	4.400%	\$50,998	\$885.32
\$80,490	\$111,732	6.600%	\$80,490	\$2,182.97
\$111,732	\$141,212	8.800%	\$111,732	\$4,244.94
\$141,212	\$721,318	10.230%	\$141,212	\$6,839.18
\$721,318	\$865,574	11.330%	\$721,318	\$66,184.02
\$865,574	\$1,000,000	12.430%	\$865,574	\$82,528.22
\$1,000,000	\$1,442,628	13.530%	\$1,000,000	\$99,237.37
\$1,442,628	and over	14.630%	\$1,442,628	\$159,124.94

Unmarried/Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$21,527	1.100%	\$0	\$0.00
\$21,527	\$51,000	2.200%	\$21,527	\$236.80
\$51,000	\$65,744	4.400%	\$51,000	\$885.21
\$65,744	\$81,364	6.600%	\$65,744	\$1,533.95
\$81,364	\$96,107	8.800%	\$81,364	\$2,564.87
\$96,107	\$490,493	10.230%	\$96,107	\$3,862.25
\$490,493	\$588,593	11.330%	\$490,493	\$44,207.94
\$588,593	\$980,987	12.430%	\$588,593	\$55,322.67
\$980,987	\$1,000,000	13.530%	\$980,987	\$104,097.24
\$1,000,000	and over	14.630%	\$1,000,000	\$106,669.70

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [FTB \(ftb.ca.gov\)](http://ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. More information is in the instructions that came with your last California resident income tax return.



EMERGENCY INFORMATION SHEET

Name: _____ Date: _____
Department/Location: _____ Job Title: _____
Building: _____ Floor: _____
Lay _____ Religious _____ Clergy _____
Extension: _____ Work Days/Hours: _____
Home Address: _____
Home Phone Number: _____ Mobile Phone Number: _____
Social Security Number: _____ Birthdate: _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY: (*Please list two—One out of state, if possible*).

Name: _____ Relationship: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____

Name: _____ Relationship: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____

OPTIONAL: IF YOU WISH YOUR PERSONAL PHYSICIAN TO BE CONTACTED, PLEASE INDICATE THE PHYSICIAN'S NAME, ADDRESS AND TELEPHONE NUMBER.

Name: _____ Phone Number: _____

Address: _____

Special Considerations: _____

List any special medical needs, allergies, prescribed medication etc. _____

MISSION STATEMENT



We, the People of God of the Archdiocese of Los Angeles,
humbly accept our mission
to continue the redemptive work of Jesus Christ.

Baptized into the Body of Christ,
confirmed in the Holy Spirit,
and nourished by the Word and Eucharist,
we share Christ's mission
of priest, prophet, and servant.

We affirm our oneness
with the Catholic Church throughout the world,
in communion with our Holy Father.
With the pastoral leadership of our Archbishop,
we collaborate in varied ways
to live and proclaim the Gospel.

Christ announced the reign of God.
As Church, we are the instrument
of this reign in the world.
We commit ourselves to build a community of faith and love.

With Christ, we bring good news to the poor.
We commit ourselves to eliminate
the many faces of poverty in our midst
--physical, spiritual and moral.

With Christ, we uphold the dignity of human life.
We commit ourselves to cherish each person
and to be faithful stewards of all God's creation.

With Christ, we affirm the bonds that unite us.
We commit ourselves to remove the barriers that divide people in the
large, complex and multicultural society of Southern California.

We dedicate our parish communities, and our schools, institutions,
ministries, and organizations to fulfill this mission under the loving
patronage of Mary, Queen of the Angels.



HUMAN RESOURCES/FINGERPRINTING

VISION STATEMENT

The Human Resources/Fingerprinting Department's vision is to ensure that all are provided a respectful, compassionate, timely and professional level of service as children of God.

MISSION STATEMENT

The Human Resources/Fingerprinting Department is committed to working together to make certain we maintain a high level of quality service to our diverse community and to be prepared and committed to continually engage in professional growth. That growth includes but is not limited to workshops, in-service sessions, continuing education and other learning opportunities.

VALUES

To fulfill and achieve our mission, according to our gospel values. To welcome everyone who comes to or calls upon the Human Resources/Fingerprinting Department for help, advice or assistance; with dignity, respect and an open door, an open heart and an open mind.



5.2.1 CORE AND PASTORAL VALUES

Dedicated to the mission of the archdiocese and recognizing the special pastoral administrative roles that staff members and volunteers fulfill in the service of the people of God, the lay employees, clergy, religious, and volunteers commit themselves to live and reflect core and pastoral values that emanate from and further that mission.

CORE VALUES

- ***Servant Leadership***

The essence of staff members' work is service to each other and their constituents throughout the archdiocese. That service is rooted in the gospel model of servant leadership.

- ***Christian Dignity and Respect***

Christian dignity and mutual respect are the values that characterize personal relationships and the working environment. Professional relationships must reflect the belief that we are called to respect one another.

- ***Commitment to Community***

"I give you a new commandment: love one another. As I have loved you, so you also should love one another" (Jn 13:35).

Ministry in the archdiocese is blessed and strengthened by a community and personal prayer life as well as social activities that promote unity and morale. A dedication to the continuous development of Christian community requires that the overall good of the community takes precedence over the personal goals and ambitions of individuals.

- ***Collaboration in Ministry***

Staff members serve in an environment that requires and promotes good interpersonal relations and collaboration with other staff within the archdiocese as well as organizations throughout the archdiocese. Such a cooperative environment breaks down the barriers that divide individuals and encourages a unity of purpose throughout the organization.



5.2.1 CORE AND PASTORAL VALUES

PASTORAL VALUES

- *Service*

We are here to serve. We are dedicated to serving the Archbishop's pastoral priorities and ministries of archdiocesan parishes, schools, charities, and other agencies, with the highest standards of professionalism and integrity, treating everyone with respect, kindness and Christian charity.

- *Stewardship*

We are committed to being responsible for the financial resources and assets entrusted to us. We strive for the highest standards of financial transparency and fiscal accountability. We are committed to exemplifying best practices and high ethical standards and ensuring that our parishes, schools and other institutions have the policies and training they need to also be good stewards of the resources entrusted to them.

- *Communication*

We serve our parishes and other institutions as collaborative partners in carrying out the mission of the Church. We are committed to full and open communication among ourselves as well as with the institutions of the Archdiocese and with the broader public.

- *Excellence*

What we are doing, we are doing for Jesus and his Kingdom. We aim for the highest quality in the products, services and ministries we provide and, in the care, that we show to those we serve.

Responsibilities to Civil and Canon Law

Civil laws, rules, and regulations at the local, state, and federal levels apply to the archdiocese, although these governmental directives are subject to exemptions arising out of constitutional and statutory protections for religious institutions. At the same time, the archdiocese recognizes and affirms its unique relationship and responsibilities to canon law and the teachings of the Roman Catholic Church as interpreted by the ordinary/diocesan bishop of the archdiocese.

ONLINE ADMINISTRATIVE HANDBOOK NOTICE



The Archdiocese of Los Angeles Administrative Handbook can be accessed online by visiting <http://handbook.la-archdiocese.org/>

The online handbook integrates a wide range of pre-existing resources, guides, manuals and other publications to offer a single comprehensive source of information on archdiocesan administrative policies and procedures. The Archdiocese of Los Angeles Online Administrative Handbook:

- Applies to all locations—all parishes, all schools -- whether parish or archdiocesan, the Archdiocesan Catholic Center and all other operating units.
- Applies to clergy, paid staff, students, parents/guardians and volunteers.
- Is in fully searchable electronic format for easy access, allowing for simplified up-dating and reduction of printing costs.
- Includes policies and procedures for day-to-day operations as well as particular situations and features more than 300 internal and external resources and links.

The Archdiocese of Los Angeles Online Administrative Handbook integrates, and replaces the Elementary and Secondary Schools Administrative Handbook released in 2009 and the previous parish handbooks and other manuals released since 1996. Comments concerning the Handbook are welcomed and should be forwarded to handbook@la-archdiocese.org.

The Archdiocese reserves the right to update the Online Administrative Handbook to reflect policy as needs evolve.

If you have any questions regarding the Archdiocese of Los Angeles Online Administrative Handbook , please contact the Human Resources Department at (213) 637-7494.

ONLINE ADMINISTRATIVE HANDBOOK NOTICE



ONLINE ADMINISTRATIVE HANDBOOK NOTICE ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Online Administrative Handbook Notice of the Archdiocese of Los Angeles. I understand that I will not be issued a print copy of the Administrative Handbook and that it is my responsibility to access the Administrative Handbook and read the policies and regulations of the Archdiocese of Los Angeles. I agree to comply with all Archdiocese of Los Angeles policies and regulations and understand that failure to do so will result in disciplinary action, up to and including termination of my employment.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT

I, _____ [name of Employee or Contractor], acknowledge and agree that:

1. During my employment/engagement by _____ (“Location”), I may obtain information about Location’s staff (including clergy and religious), employees, students, volunteers, donors, supporters, vendors, and friends which is private and confidential, and protected by various federal and state laws, and/or the Code of Canon Law, including, but not limited to, names, addresses, social security numbers, employment, student or donor records, health and financial information (the “Confidential Information”).
2. I may also obtain information that is proprietary to Location, including, but not limited to, policies, practices, programs and techniques (the “Proprietary Data”).
3. I agree that I shall not at any time during or after my employment/engagement disclose or divulge to others, including future entities that may retain my services, any Confidential Information and Proprietary Data in violation of this Agreement.
4. I agree that upon request and upon the termination of my employment/engagement I shall return all Location’s documents and records, including but not limited to: reports; manuals; correspondence; student, staff, employee, volunteer, or donor lists; computer programs; and all other materials and all copies in electronic or any other format, relating in any way to Location’s activities or in any way obtained by me during the course of my employment/engagement.
5. I further agree that I shall not retain copies, notes or abstracts of the foregoing.
6. Location may notify any future or prospective entity that retains my services or any third party of the existence of this Agreement and shall be entitled to full injunctive relief and any other legal remedies available for any breach.
7. This Agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of Location, its successors and assigns.
8. Nothing in this Agreement prevents me from discussing or disclosing information about unlawful acts in the workplace, such as harassment or discrimination or any other conduct that I have reason to believe is unlawful.
9. I acknowledge that I have read and fully understand this Non-Disclosure and Confidentiality Agreement and that I am signing it voluntarily.

Signature

Date: _____



5.7.10 UNEMPLOYMENT/ STATE DISABILITY/ PAID FAMILY LEAVE EXEMPTION NOTICE



The Archdiocese of Los Angeles is a non-profit, religious organization that is **EXEMPT** from and **does not participate** in:

1. State Unemployment Insurance
2. State Disability Insurance
3. State Paid Family Leave

While employees are not able to benefit from the state unemployment and disability program, a voluntary short term and long term disability insurance plan is available to eligible employees. Eligible employees will be given information on the voluntary disability plan during New Hire Orientation.

A voluntary unemployment insurance plan is not available through the Archdiocese of Los Angeles

If you have any questions regarding this notice, please contact The Human Resources Department at (213) 637-7494.

UNEMPLOYMENT/ STATE DISABILITY/ PAID FAMILY LEAVE EXEMPTION NOTICE ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Unemployment/State Disability/ Paid Family Leave Exemption Notice of the Archdiocese of Los Angeles.

Employee Signature

Date

Employee Name (Please Print)

Department/Location



5.2.16 DRESS CODE / PERSONAL APPEARANCE

Staff members represent the Church and should therefore maintain a professional appearance, and observe good habits of grooming and personal hygiene. Modesty is one of the cardinal virtues, accordingly, suitably conservative business attire must be worn at archdiocesan locations/worksites, all work areas, and offsite while conducting archdiocesan business. Tattoos should be covered up, hair color must be natural (black, blonde, brown, grey, red, white) and hair styles should avoid extremes. Staff members should check with the person in charge for clarification about what is appropriate in their work area.

Whether or not you are in the public eye, professional and appropriate business attire must be worn. T-shirts, tank tops, casual sandals, flip flops, shorts, sweats, torn, faded, sheer/see-through clothing, etc., is not appropriate. Jeans are not considered business/professional attire and may not be worn at any time unless your duties require you to be crawling under desks, moving equipment or materials the majority of the day or performing maintenance/custodial work. We do not have a casual dress policy or “casual days” in place. Please adhere to the dress code and always do your best to represent yourself and the Archdiocese in the best light possible

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494.

ARCHDIOCESE DRESS CODE POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Archdiocese Dress Code/Personal Appearance Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Location

10.3 ACCEPTABLE USE AND RESPONSIBILITY POLICY FOR ELECTRONIC COMMUNICATIONS (ARCHDIOCESAN AUP)



Definitions and Coverage

The Acceptable Use and Responsibility Policy for Electronic Communications ("Archdiocesan AUP") applies to all archdiocesan users of technology, whether adults, children, or youth, and whether they are students, parents, paid staff or volunteers, clergy, or members of religious orders in the archdiocese or at any Location. All users are expected to adhere to the morals and values of the Catholic Church, to respect others, to consider the potential audience and their expectations, and to follow the Archdiocesan AUP and the other policies, standards, and procedures of the archdiocese. Electronic information and communications require particular safeguards and impose unique responsibilities on all users.

The Archdiocesan AUP covers:

- Using devices appropriately from a social and moral perspective
- Maintaining data confidentiality
- Protecting proprietary, confidential, and privileged data, and personally identifiable information
- Maintaining the integrity of security controls and passwords
- Immediately reporting any suspicious conduct or actual violations
- Other activities implicated in the use of electronic devices

The archdiocese prohibits the improper use or alteration of data and/or information technology. Systems of information security are required to protect proprietary data. All users must adhere to the Archdiocesan AUP.

All materials and information created and used, in any medium, in the course of activities for or on behalf of the archdiocese or an [archdiocesan school](#), a [parish](#), the [seminary](#), a [cemetery or mortuary](#), the [Archdiocesan Catholic Center](#), or another archdiocesan department or operating unit ("Location") are assets of the archdiocese and/or the Location, as appropriate.

The complete Archdiocesan AUP text is comprised of this section page and all topic pages under this section.

10.3 ACCEPTABLE USE AND RESPONSIBILITY POLICY FOR ELECTRONIC COMMUNICATIONS (ARCHDIOCESAN AUP)



Definitions

Electronic communication **systems** include but are not limited to email, telecommunications systems (including telephone, voicemail, and video), stand-alone or networked computers, intranets, the Internet, and any other communication or data storage or transmission systems (including "the cloud" or cloud-based services) that may be created in the future.

Electronic communication **devices** include but are not limited to wired and wireless telephones, smartphones, computers, laptops, tablets, photographic, audio and video equipment, flash drives, memory sticks, media players, facsimile machines, scanners, copiers, printers, two-way radios, and other communications equipment that may be created in the future.

Electronic communication **materials** include but are not limited to emails, text messages, instant messages, postings on social media, audio and visual recordings, photographs, films, microfiche, audio and visual broadcasts, computer operating systems, software programs, electronically stored data and text files, computer and web applications, and all other electronic content that is created, downloaded, uploaded, retrieved, opened, shared, saved, forwarded, printed, or otherwise accessed or stored.

Person in charge refers to the department head, manager or supervisor of an archdiocesan department, entity or corporation; the pastor, administrator, parish life director, pastoral associate, deacon or other person designated as in charge of a parish; the superintendents of elementary schools or high schools, or a principal, president, or head of school, as applicable.

Location refers to any parish, school (whether parish or archdiocesan), the Archdiocesan Catholic Center, any Catholic cemetery and mortuary, and any other operating unit in the archdiocese.

Electronic Communication Systems, Devices, and Materials and the Users Covered

Electronic communication systems, devices, and materials and the users covered include:

- All electronic communication systems, devices, and materials used at any Location
- All electronic communication devices and materials taken from a Location for use away from the Location
- All personal devices and materials brought from home and used at a Location
- All personal devices and materials, regardless of where they are situated, that are used in such a manner that the archdiocese and/or a Location may be implicated in their use
- All users of electronic communication systems, devices, and materials, including but not limited to volunteers, clergy and religious, students, parents, employees, staff, or contractors, when those contractors are associated with any activity of the archdiocese and/or the Location

10.3 ACCEPTABLE USE AND RESPONSIBILITY POLICY FOR ELECTRONIC COMMUNICATIONS (ARCHDIOCESAN AUP)



Ownership and Control

All electronic communication systems, devices, and materials, provided to users by the archdiocese or the Location, are to be used primarily to conduct official Location and/or archdiocese business, not personal business, whether during or outside regular business hours.

With permission from the person in charge of the Location, individuals may use archdiocesan systems, devices, and materials to access and use the Internet for personal business and web exploration outside regular business hours or during breaks. The Archdiocesan AUP applies to all uses.

The archdiocese and Locations, as applicable, reserve the right to monitor, access, retrieve, read, edit, redact, remove, and/or disclose all content created, sent, received, or stored on archdiocese and/or Location systems, devices, and materials (including connections made and sites visited). The archdiocese also cooperates with law enforcement officials or others, without prior notice. Users can have no reasonable expectation of privacy in use of archdiocesan systems, devices, or materials. The archdiocese reserves these rights with respect to systems, devices, and materials not owned by the archdiocese when they are used under circumstances that implicate the archdiocese.

ACCEPTABLE USE AND RESPONSIBILITY POLICY FOR ELECTRONIC COMMUNICATIONS (ARCHDIOCESAN AUP)



ACCEPTABLE USE AND RESPONSIBILITY POLICY FOR ELECTRONIC COMMUNICATIONS (ARCHDIOCESAN AUP) ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Acceptable Use and Responsibility Electronic Communications (Archdiocesan AUP) Policy of the Archdiocese of Los Angeles. I understand that any communication(s) by any electronic device(s) owned and/or operated by the Archdiocese of Los Angeles is not for private use and may be monitored and/or content(s) reviewed, at any time, with or without notice and/or cause. Any privacy rights I may have are waived by my use of any electronic device(s) owned and/or operated by the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

5.2.17 PERSONAL COMMUNICATION DEVICE POLICY



The Archdiocese Catholic Center (“ACC”) provides company-owned devices to employees who require mobile connectivity as part of their job function. Employees who are required to use personal communication devices as part of their job must use an A-issued device. Reimbursements for personal devices will not be accepted without written authorization by the Vicar General or the Chief Financial Officer.

Communication devices are issued according to the following process:

1. An employee’s department head (or Leadership Team member) will determine the need and endorse a device request to the Applied Technology Department.
2. An Applied Technology staff member will work with the employee to determine equipment needs. The lowest cost device will be selected from a pool of acceptable devices.
3. The Applied Technology Department orders and configures the device. The device is delivered to the employee.

Once issued, employees must comply with the following rules:

1. Devices are issued on an 18-month lifecycle. No upgrade requests will be honored before the current device’s end-of-life.
2. Lost or broken devices must be reported to the Applied Technology Department within 48 hours and will be replaced with the same (or similar) model device.
3. The Applied Technology Department reserves the right to remotely disable, reset and delete all content on ACC-owned devices.
4. Accessories that are not part of the original device, as delivered by the vendor, are the sole responsibility of the employee. Cases, holsters, headsets and other items purchased by the employee for use with the device will remain the employee’s property and are not the responsibility of the ACC.

State law requires drivers to use hands free equipment while talking on their cell phone. State law prohibits drivers from texting, e-mailing or instant messaging while driving (defined as the engine of the car is turned on).

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494

5.2.17 PERSONAL COMMUNICATION DEVICE POLICY



PERSONAL COMMUNICATION DEVICE POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Personal Communication Device Policy of the Archdiocese of Los Angeles. I understand that any communication(s) by any electronic device(s) owned and/or operated by the Archdiocese of Los Angeles is not for private use and may be monitored and/or content(s) reviewed, at any time, with or without notice and/or cause. Any privacy rights I may have are waived by my use of any electronic device(s) owned and/or operated by the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Location



5.2.5 CONFLICT OF INTEREST POLICY

Service in the archdiocese carries with it a responsibility to act in an ethical manner. All staff are expected to refrain from any transaction where their own interests or the interests of those considered family may conflict with those of the archdiocese.

In particular, before accepting a second job from a different employer or at a different location, a staff member must consult with the person in charge to discuss the potential of a conflict of interest. Staff cannot accept, offer, or endorse any payment or gift, unless it is in the normal course of business following open, legal, and authorized procedures.

These rules do not, of course, include birthday or Christmas remembrances, business meals of reasonable value, or other gifts of nominal value.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494

CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Conflict of Interest Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

5.2.6 DISCRIMINATION AND HARASSMENT PROHIBITED POLICY



The archdiocese strives to create an environment where all persons treat each other with dignity, charity, and respect in accord with Christian principles and the social teachings of the Church. Therefore, the archdiocese is committed to providing a work environment that is free from harassment and discrimination.

Harassment of or discrimination against any staff member or any person serving the archdiocese (e.g., vendors, visitors, and volunteers) by any staff member is strictly prohibited. Likewise, staff members and volunteers are protected from harassment by vendors or others serving the archdiocese. The archdiocese will treat allegations of harassment or discrimination seriously and will investigate such allegations promptly, confidentially, and in a manner that is appropriate to the claim. Retaliation against any individual for making a complaint of harassment or discrimination or for participating in a harassment or discrimination investigation is strictly forbidden. Retaliation constitutes a violation of this policy.

A charge of harassment, discrimination, or retaliation shall not, in and of itself, create the presumption of wrongdoing. However, substantiated acts of harassment, discrimination, or retaliation will result in disciplinary action, up to and including termination of employment. Persons found to have filed false or frivolous charges will also be subject to disciplinary action, up to and including termination.

5.2.6.1 Harassment

Harassment can occur in the workplace when individuals are subjected to hostile or intimidating treatment because of their race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, age, or pregnancy. It may occur at any time during work or during work-related activities, at or away from the location. It may include but is not limited to any or all of the following forms:

Verbal Harassment

Derogatory, offensive, or inappropriate comments or jokes; threatening words spoken to another person

Physical Harassment

Unwanted physical touching, contact, or assault; deliberate impeding or blocking of another's movements; any intimidating interference with normal work or movement

Visual Harassment

The display or circulation of derogatory, demeaning, or inflammatory posters, cartoons, written words, drawings, or gestures (including by email, social media, or similar transmission or by other electronic means, which, from time to time, are included as visual harassment)

5.2.6 DISCRIMINATION AND HARASSMENT PROHIBITED POLICY



Sexual Harassment

Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when any or all of the following apply: submission to such conduct is made either implicitly or explicitly a term or condition of an individual's employment, submission to or rejection of such conduct by an individual is used as the basis for employment decisions, or such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or of creating an intimidating, hostile, or offensive working environment

Specific examples of sexual harassment include but are not limited to the following:

- Making unsolicited sexual advances and propositions
- Using sexually degrading words to describe an individual or an individual's body
- Displaying sexually suggestive objects or pictures
- Telling inappropriate or sexually related jokes
- Making reprisals, threats of reprisals, or implied threats of reprisals following a negative response to sexual advances
- Offering employment benefits such as promotions, favorable performance evaluations, preferred duties or shifts, recommendations, reclassifications, etc., in exchange for sexual favors
- Persistent and unwelcome flirting, kissing, massaging, leering, or intimate touching

All archdiocesan entities are responsible for:

- Implementing these policies against discrimination and harassment through regular meetings with staff, including clergy and religious, ensuring that everyone understands the policies and their importance
- Making all staff, including clergy and religious, aware of these policies and of archdiocesan commitment toward their strict enforcement
- Remaining watchful for conditions that create or may lead to a hostile or offensive work environment
- Establishing practices designed to create a work environment free from improper discrimination, intimidation, harassment, or retaliation

5.2.6 DISCRIMINATION AND HARASSMENT PROHIBITED POLICY



ALL PERSONS in the archdiocese are responsible for:

- Conducting themselves in a manner that contributes to a positive work environment and reflects the Church's teachings
- Avoiding any activity that may be considered discriminatory, intimidating, retaliatory, unwelcome, or harassing
- Informing anyone they believe is harassing them that the behavior is offensive and unwelcome
- Reporting all incidents that they consider to be discrimination, intimidation, retaliation, unwelcome, or harassment to the person in charge
- Immediately discontinuing any conduct that others have told them is considered to be discriminatory, harassing, intimidating, unwelcome, or retaliatory

Staff serving in all archdiocesan locations who wish to report conduct that they believe violates the harassment and discrimination policy should follow the process in Fair Treatment/Complaint Investigation.

5.2.6 DISCRIMINATION AND HARASSMENT PROHIBITED POLICY



For additional information regarding this policy, please refer to the Archdiocese of Los Angeles Administrative Handbook by visiting <http://handbook.la-archdiocese.org/>

DISCRIMINATION AND HARASSMENT PROHIBITED POLICY NOTICE & ACKNOWLEDGEMENT (MANAGEMENT)

As a supervisor/manager, I acknowledge that I have received, read and understand the Archdiocese of Los Angeles (Archdiocese) “Policy against Discrimination and Harassment.” I understand that the Archdiocese can be held responsible for acts of discrimination and/or harassment that I personally commit, condone, tolerate or fail to investigate and properly address.

I also understand that I can be sued and held personally liable for my conduct if at any time I know (or have reason to know) of (a) conduct that could be considered discriminatory and/or harassing, or (b) the existence of a work environment that could be regarded as hostile, intimidating, offensive or abusive, and I fail to report the situation immediately to higher management and the Director of Human Resources. If I am determined to be at fault by a court of law, I understand that it is possible that I shall have to pay for my own attorney or reimburse the Archdiocese if it has provided me with a defense.

Because I am a member of management, I promise to conduct myself in accordance with the Archdiocese’s discrimination and harassment policies and will not engage in any form of conduct prohibited by those policies. I will immediately report any act, allegation or rumor of conduct that may be regarded as discrimination and/or harassment to the Director of Human Resources. I will cooperate fully with any investigation of a claim, and I will not retaliate against any person who has reported the existence of improper conduct.

Finally, I understand that if I violate any aspect of the Archdiocese of Los Angeles’ Policy against Discrimination and Harassment I will be subject to disciplinary action, up to and including immediate termination of my employment.

I have received, read and understand this notice.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

5.6.2 DISCRIMINATION AND HARASSMENT PROHIBITED POLICY



For additional information regarding this policy, please refer to the Archdiocese of Los Angeles Administrative Handbook by visiting <http://handbook.la-archdiocese.org/>

DISCRIMINATION AND HARASSMENT PROHIBITED POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Discrimination and Harassment Prohibited Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location



5.2.7 FAIR TREATMENT/COMPLAINT INVESTIGATION

Respect for the dignity and rights of all people is intrinsic to the Church's mission as a true witness to the spirit of the Gospel. Therefore, all staff are expected to conduct themselves accordingly, and understand and accept that the values of Christian charity, temperance, and tolerance apply to all their interactions with supervisors, colleagues, students, parents/guardians, fellow workers, and all others with whom they come in contact with or on behalf of the archdiocese. All persons involved with the archdiocese are expected to model, teach, and promote behavior in conformity to the teachings of the Roman Catholic Church.

Circumstances may give rise to conflict and staff members should always endeavor to address the matter in a spirit of charity with the person(s) with whom they have a disagreement. The archdiocese encourages all parties to use every available means to bring about reconciliation and recognizes the need for a fair treatment process for occasions when a staff member believes that he or she or other staff members have received unfair, inequitable, or arbitrary treatment in the interpretation or application of archdiocesan policies or procedures to address the individual or general complaint. Accordingly, the archdiocese has established the following Fair Treatment/Complaint Investigation Process.

The Fair Treatment/Complaint Investigation Process applies to all persons working in the archdiocese. The Department of Catholic Schools is charged with addressing matters that involve school personnel. The Human Resources Department may act in an advisory capacity at any step.

5.2.7 FAIR TREATMENT/COMPLAINT INVESTIGATION



For additional information regarding this policy, please refer to the Archdiocese of Los Angeles Administrative Handbook by visiting <http://handbook.la-archdiocese.org/>

FAIR TREATMENT/COMPLAINT INVESTIGATION POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Fair Treatment/Complaint Investigation Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT AND STALKING**

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING



RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING ACKNOWLEDGEMENT

Attached is a copy of the Rights of Victims of Domestic Violence, Sexual Assault and Stalking. This notice is provided for your information. If you have any questions about the notice or any of its guidelines, please contact Human Resources. Please sign and date below, and return this page only.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494

Employee Signature

Date

Employee Name (Please Print)

Location

RESPONSE TO COMPLAINTS OF SEXUAL MISCONDUCT

Q. How are complaints or allegations of sexual misconduct handled by the Archdiocese of Los Angeles?

A. The Archdiocese treats all complaints of sexual misconduct seriously and deals with such allegations in a *prompt, confidential and thorough* manner with compassion and consideration for all those involved.

- A complaint against an Archdiocesan priest or deacon, Catholic school personnel, or other Archdiocesan employee may be initiated in writing or by telephoning the Assistance Ministry Coordinator at (800) 355-2545.
- Complaints against religious order priests or women religious are made to their own religious superior. The Archdiocesan Assistance Ministry Coordinator is able to assist directing such a complaint to the proper authority.
- Complaints against parish employees or volunteers may be directed to the pastor or associate pastor of the parish in question.

Q. How will the Archdiocese handle sexual exploitation or sexual abuse complaints if lodged against a member of the clergy (i.e., bishops, priests or deacons)?

A. When a member of the clergy is accused, a team (including the Assistance Ministry Coordinator, the Vicar for the Clergy, and a special fact-finder known as an Auditor) responds promptly to the complaint. In dealing with these, the Archdiocese will:

- Make every effort to act in a way that protects people from being harmed, including relieving an accused priest or deacon from ministerial duties if there is sufficient evidence to support the allegations.
- Comply with all civil reporting mandates governing sexual abuse.
- Strive impartially to determine the facts and circumstances as accurately as possible.

- Offer victims and their families assistance in obtaining psychological counseling and spiritual direction.
- Deal as openly as possible with members of the parish community while respecting the privacy of the individuals involved and in accordance with Church law governing such situations.

PREVENTING SEXUAL MISCONDUCT

Q. What is being done to prevent sexual misconduct in the Church?

A. Every effort is made to assure that all persons ministering in the Archdiocese are aware of and will abide by the policies prohibiting sexual harassment, exploitation or abuse, and of the procedures for dealing with incidents of sexual misconduct.

School personnel are screened for their ability to work safely with children, are provided information to help recognize and deal with issues of child sexual abuse, and are offered guidance and instruction on appropriate professional conduct with students.

All seminarians and candidates for the diaconate go through an extensive evaluation and psychological assessment before entering formation. After ordination, priests and deacons receive ongoing training on maintaining the integrity of the ministerial relationship.

Every person has the right to be respected and treated with the dignity befitting a child of God. Every person has the right to having appropriate boundaries respected. Every person has the right to challenge any behavior or comment that is offensive or inappropriate. It is the responsibility of everyone to protect the safety of children, families, women and men, and to promote healing where there is injury with firm justice and mercy towards all.

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RESPECTING *the* BOUNDARIES



KEEPING MINISTERIAL RELATIONSHIPS HEALTHY AND HOLY



“The Light Shines in the Darkness
and the Darkness has not overcome it.” (John 1:5)

DEFINING THE PROBLEM: SEXUAL MISCONDUCT ARISING IN A MINISTERIAL RELATIONSHIP

Q. What constitutes a “ministerial relationship”?

A. This is a relationship in which a person is receiving pastoral care from a church leader.

Whenever a person begins a relationship with any person in his or her capacity as a church official or leader, a ministerial relationship is created.

This applies to:

- Clergy (bishops, priests and deacons)
- Members of religious communities (priests, brothers, sisters)
- Lay ministers, lay pastoral associates, youth ministers, liturgical ministers
- Spiritual directors and pastoral counselors
- School personnel
- Seminary faculty, staff, and administrators
- Religious education teachers, church camp counselors, choir directors, etc.

THE NATURE OF SEXUAL MISCONDUCT

Sexual misconduct is a general term that includes sexual harassment, sexual exploitation and sexual abuse.

More specifically:

Q. What is sexual misconduct arising from the ministerial relationship?

A. While ministry is never about sexual contact, sexualized contact or sexualized behavior may arise within a ministerial relationship. In our Catholic faith, this is never acceptable in a pastoral relationship with a parishioner, employee, student, spiritual director, counseling client, or anyone who has sought the church’s ministry.

Q. What is sexual harassment?

A. **Sexual harassment** is unwanted sexualized conduct or language between co-workers in the church setting. Although difficult to define precisely, sexual harassment may include but is not limited to the following:

- Making unsolicited sexual advances and propositions.
- Using sexually degrading words to describe an individual or an individual’s body.
- Telling inappropriate or sexually related jokes.
- Retaliating against the co-worker who refuses sexual advances.
- Offering favors or employment benefits, such as promotions, favorable performance evaluations, favorably assigned duties or shifts, recommendations, etc. in exchange for sexual favors.

Q. What is sexual exploitation?

A. **Sexual exploitation** is the sexual contact between a church leader and a person who is receiving pastoral care from the church leader.

Q. What is sexual abuse?

A. **Sexual abuse** is sexual contact between a church leader and a minor or a “vulnerable adult” as defined by law.

Either sexual exploitation or sexual abuse can include **physical contact** from the church leader such as:

- Sexual touch or other intrusive touching (i.e., tickling, wrestling, or other physical contact) that causes uneasiness or discomfort in the one touched
- An inappropriate gift (such as lingerie)
- A prolonged hug when a brief hug is customary behavior
- Kissing on the lips when a kiss on the cheek would be appropriate
- Showing sexually suggestive objects or pornography
- Sexual intercourse, anal or oral sex.

Sexual exploitation or sexual abuse can also include **verbal behavior** such as:

- Innuendo or sexual talk
- Suggestive comments
- Tales of sexual exploits, experiences or conflicts
- Making sexual propositions

Q. What factors might lead to sexual misconduct in a ministerial setting?

A. It is a common dynamic in ministry for some to feel attracted to those in church leadership positions, or to feel flattered by his or her attention. This never excuses any form of sexual misconduct. Clergy or other church leaders who engage in any form of sexual misconduct are violating the ministerial relationship, misusing their authority and power, and are taking advantage of the vulnerability of those who are seeking spiritual guidance.

Because of the respect and even reverence with which many people seek help from the Church’s ministers, there is an imbalance of power and hence a vulnerability inherent in the ministerial relationship. In these circumstances there is an absence of meaningful consent to any sexual activity, even if the person is an adult. This imbalance of power makes it never okay. It is the responsibility of the Church leader to maintain appropriate emotional and sexual boundaries with those with whom they work or serve.

Q. What impact could ministerial sexual misconduct have on its victims?

A. Victims of ministerial sexual misconduct frequently feel deep shame or self-condemnation. They may fear not being believed or fear being blamed by Church officials or members. Many times they may not even realize that the way they were treated was abusive. Sadly, victims can experience a crisis of faith and even leave the Church altogether.

**Office of Victims Assistance Ministry
Helps Abused Victims Find Healing**

The Office of Victims Assistance Ministry of the Archdiocese of Los Angeles was created in April 2002 to respond to allegations of past or current sexual abuse by anyone working or volunteering for the Archdiocese - clergy, religious or lay persons. The Office is charged with creating a safe and compassionate environment in which victim-survivors can come forward and receive counseling and other assistance in the healing process. The Office is also charged with ensuring that allegations of sexual abuse are reported to the appropriate civil authorities.

Mandated Reporters of Child Abuse

Clergy, school personnel, and many parish staff members have been designated as mandated reporters of child abuse under California law. When one of these persons receives information leading to a "reasonable suspicion" that a child is being abused or neglected, he or she must make a report to the appropriate child protection or law enforcement agency.

See *Responding to an Allegation of Suspected Child Abuse* at:

<https://lacatholics.org/reporting-child-abuse/>

When to Call Victims Assistance Ministry Office

If you are being or have been abused or know someone who is being or has been abused by a priest, deacon, religious, parish or school staff or volunteer, please call Victims Assistance Ministry at (800) 355-2545 to report. You can also seek help directly by contacting one of the Child Protective Services or Law Enforcement Agencies listed in this brochure.

You may also call Victims Assistance Ministry in the Archdiocese to report abuse suffered in another diocese and receive assistance in connecting with the appropriate persons in that diocese.

For help making a report and assistance accessing the resources listed call the Office of Victims Assistance Ministry at (800) 355-2545 or visit the website at:

<https://lacatholics.org/departments-ministries/protecting-children/>

Los Angeles County:

LA County Department of Children & Family Services & Child Protective Hotline: (800) 540-4000

Investigative Control Unit for All Child Abuse Reports: (213) 486-0530

Los Angeles County Sheriff's Department:

Special Victims Bureau (24 hours) (562) 946-8531

To speak to a Detective (562) 946-7960

LA County Department Children & Family Services
Emergency Response Command Post: (213) 639-4500

Santa Barbara County:

Santa Barbara County Child Abuse Hotline: (800) 367-0166

District Attorney Victim-Witness Assistance: (805) 568-2400

Ventura County:

Ventura County Adult & Child Abuse Hotline:(805) 654-3200

District Attorney Victim's Services: (805) 654-3622

In an emergency, dial 911.

Fingerprinting Department

Clergy/Paid Staff: All Clergy and paid staff **must be** fingerprinted according to Archdiocesan Policy.

Parish/School Volunteers: All adult volunteers who have regular contact with students/minors, including coaches, parents/guardians, people assisting in the classroom, and others **must be fingerprinted** before beginning their assignment. For specific information on Fingerprinting Policies and Guidelines call (213) 637-7411 or visit the website at:

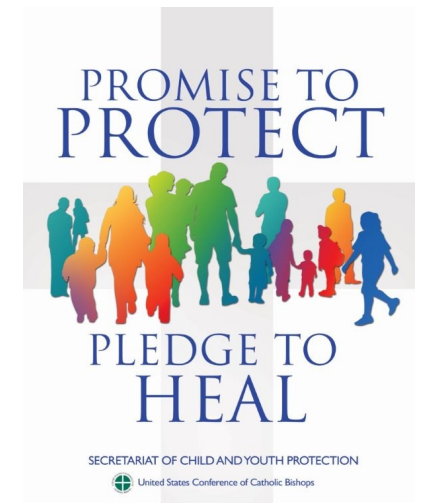
<http://handbook.la-archdiocese.org/chapter-9/section-9-3>

The Fingerprinting Department Newsletter with further details can be found at:

<https://lacatholics.org/fingerprinting/>

**Working Together
to Prevent
Child Sexual Abuse**

**April
2025 — 2026**



Policies

Programs

Reporting

Resources



My dear brothers and sisters,

For many years now, the Archdiocese of Los Angeles has worked hard to establish extensive training programs to protect young people and ensure safe environments in our parishes, schools, and other ministries.

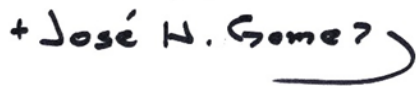
Today, as a result of this hard work, new cases of misconduct by priests and clergy involving minors are rare in the Archdiocese.

I am grateful to our dedicated staff and volunteers over the years. And we will continue to be vigilant.

In this brochure, and on our website, protect.la-archdiocese.org, you will find important background and resources on our efforts to prevent.

Thank you for your care and concern to ensure that children and young people are safeguarded in our parishes, schools, ministries and communities. Together we are making a difference.

I entrust all our children and families to the tender love of Holy Mary Our Blessed Mother.



Most Reverend José H. Gomez
Archbishop of Los Angeles

“Let us find the courage needed to take all necessary measures and to protect in every way the lives of our children, so that such crimes may never be repeated.”

(Pope Francis Letter on Zero Tolerance - December, 2016)

Implementation of the Charter for the Protection of Children and Young People

The *Charter for the Protection of Children and Young People* was adopted by the Bishops of the United States in June 2002. This important document contains the Essential Norms which are the Church’s response to child sexual abuse and the foundation for a concrete plan to proactively prevent child sexual abuse. Key components of the implementation of the *Charter* in the Archdiocese of Los Angeles include:

Office of Safeguard the Children and Safeguard the Children Parish Committees

The establishment of the Office of Safeguard the Children and formation of Safeguard the Children Parish Committees has been mandated since 2002. The Office of Safeguard the Children assists these permanent Parish Committees in implementing child sexual abuse prevention education, Safe Environment policies, procedures and resources. For information call (213) 637-7508 or visit the website at:

<https://lacatholics.org/departments-ministries/safeguard-the-children/>

Child Sexual Abuse Prevention Education for Adults

VIRTUS® “Protecting God’s Children” is a three-hour training for adults which teaches the “Five Steps of Child Sexual Abuse Prevention.” They are:

- Know the Warning Signs
- Control Access
- Monitor and Teach Internet Safety
- Be Aware of Child and Youth Behavior
- Communicate Your Concerns

This program is mandated for all adults who work or volunteer with and around children or youth on a regular basis. Over 400,000 clergy, staff, volunteers and parents have attended the program. For information:

www.virtus.org

Children & Youth Abuse Prevention Programs

The Archdiocese of Los Angeles has created the new *Empowering God’s Children and Young People*® Safety Program to teach children and young people to protect themselves from child sexual abuse by learning about such topics as:

- The Five Body Safety Rules & Safe Adults
- Boundaries & Bullying
- Internet Safety

Recognizing that parents are the “primary educators” of their children, these programs encourage parent involvement in reinforcing what their children have learned by providing: a parent/child take-home exercise for each lesson, VIRTUS® bulletins and other resources. For information:

<https://lacatholics.org/empowering-gods-children/>

Archdiocese of Los Angeles Child Sexual Abuse Prevention Policies

The Archdiocese of Los Angeles has implemented rigorous policies and procedures to provide a safe environment in our parishes and parish schools for all children and young people. These include:

- “Zero Tolerance”
- Guidelines for Adults Interacting with Minors at the Parish/School Activities or Events
- Code of Conduct for Middle and High School Students Volunteering with Minors

To view these and other policies:

<http://handbook.la-archdiocese.org/chapter-9>

“Did You Know” Bulletin Announcements

Sunday parish bulletins contain weekly “Did You Know” excerpts from articles on child and youth safety. For complete articles:

<https://lacatholics.org/did-you-know/>



5.2.21 SUBSTANCE ABUSE POLICY

The Archdiocese of Los Angeles (“The Archdiocese”) recognizes a responsibility to help provide a safe and productive work environment for all staff. The Archdiocese has a particular concern about substance abuse since it can jeopardize the health and safety of staff, students, parishioners, and the public; impair the reputation of the archdiocese and staff; and affect an individual’s productivity and efficiency. Any violation of this policy will be grounds for disciplinary action, up to and including termination of employment. Where applicable, The Archdiocese will also report misconduct to law enforcement authorities.

5.2.21.1 ALCOHOL

The possession, consumption, purchase, or sale of alcohol on archdiocesan premises while performing archdiocesan services on or off premises is strictly prohibited, except for special situations (e.g., special celebrations, social occasions, etc.) in which case the presence of alcohol must be approved in advance by the person in charge. On these occasions, moderate and limited use of alcohol by persons over age 21 is acceptable; however, staff members are expected to remain responsible and professional at all times. Responsible consumption of alcohol by adults over age 21 in the rectory or other residential facilities at a parish is allowed. However, no staff member may be physically or mentally impaired by the influence of alcohol while on archdiocesan premises or while performing archdiocesan services on or off premises.

The use, service, sale, or consumption of alcohol at social events at archdiocesan locations or at fiestas or carnivals at parishes or schools is subject to strict local and state licensing and other regulations. Any disregard or violation of those requirements can have both civil and criminal implications for the persons involved and is cause for immediate termination.

5.2.21.2 LEGAL DRUGS

Legal drugs are those prescribed or purchased over the counter, which are legally obtained and used for the purpose for which they were prescribed and sold. Caution should be exercised because even such legal drugs may affect the user’s safety and that of coworkers or others. If a staff member’s job involves sensitive or significant matters, the use of heavy or dangerous machinery, or driving, the person taking the medication must inform the person in charge that the individual is taking medication that can impair his or her judgment or physical coordination. The person in charge should make appropriate adjustments to the person’s work to assure the safety of all.

Cannabis, although legally obtained in the State of California, remains a controlled substance that can impair judgment or physical coordination; accordingly, staff members who use cannabis for medicinal purposes must inform the person in charge and its medicinal use is subject to the no smoking policy. Recreational use of cannabis is not allowed at any time while engaged in archdiocesan activities on- or off-site.

ILLEGAL DRUGS AND SUBSTANCE ABUSE

The use, purchase, manufacture, sale, transfer, possession, promotion, or the condition of being under the influence of an illegal drug by anyone engaged in archdiocesan activities is prohibited and in the case of staff, is cause for immediate termination. “Illegal drugs” are drugs or controlled substances that are not legally obtainable, or they are legally obtainable, but not obtained or used in a lawful manner.



5.2.21 SUBSTANCE ABUSE POLICY

Employees can voluntarily seek help and rehabilitation through our Archdiocesan Employee Counseling Services at (866) 248-4108. If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494.

SUBSTANCE ABUSE POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Substance Abuse Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

5.2.13 NON-SMOKING POLICY



The Archdiocese of Los Angeles is **SMOKE-FREE**. Smoking is prohibited at **ALL** times anywhere inside archdiocesan buildings, offices, and outside and around buildings as specified by state and local regulations. Smoking is prohibited within 25 feet of all entrances/exits. Smoking is only allowed in outside areas that are designated for smoking. This policy also applies to electronic cigarettes and other smokable substances.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494.

NON-SMOKING POLICY ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand the Non-Smoking Policy for the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

CHAPTER 8 HEALTH & SAFETY: CODE OF SAFE PRACTICES FOR ADMINISTRATIVE/CLERICAL PERSONNEL



UNIVERSAL PRECAUTIONS

Because of the possible exposure to human blood from cuts or abrasions, other potentially infectious materials such as vomit (OPIM), from students or others in your immediate environment, make sure you have access to latex gloves. When exposed to blood or OPIM, wear the gloves when applying first aid to a wound or cut or while cleaning up or handling OPIM, and protect other parts of your body from contact with the blood or OPIM by covering them with material impervious to blood or OPIM.

GOOD HOUSEKEEPING

- Do not leave desk drawers open and unattended.
- Keep walkways, aisles, and passageways free from obstacles, which could inhibit passage.
- Keep floor in your work area free from debris such as pencils, paper clips, waste paper, etc.
- Ensure that material on top of lockers, filing cabinets and high shelves is placed in such a manner that it cannot fall off.
- Arrange office equipment to provide safe working conditions.

ELECTRICAL/TELEPHONE CORDS

- Do not use defective electrical cords. Have them repaired or replaced.
- Do not overload electrical sockets.
- Use multi-outlet additions with care; avoid overloading circuits.
- Place electrical cords in such a manner that they will not cause a tripping hazard. Extension cords MUST be equipped with ground connectors.

OFFICE EQUIPMENT/FURNITURE

- Do not tip backward in a swivel chair.
- Do not stand on chairs or desks to reach high places – use a step ladder.
- Do not tamper with or repair office machines unless properly trained.
- Load bottom filing cabinet drawer first. Open only on drawer at a time.
- Personal portable heaters or fans may be used only if you have prior approval by management. They may be used only in a safe location.
- Do not clean or adjust an office machine while in operation.

COMPUTER USE

- Sit directly in front of your computer, with the screen slightly below eye level. The keyboard should be positioned to allow the hands and arms to be held level.
- Adjust screen brightness to minimize glare and eye strain.

CHAPTER 8 HEALTH & SAFETY: CODE OF SAFE PRACTICES FOR SCHOOL TEACHING AND ADMINISTRATIVE PERSONNEL



UNIVERSAL PRECAUTIONS

Because of the possible exposure to human blood from cuts or abrasions, other potentially infectious materials such as vomit (OPIM), from students or others in your immediate environment, make sure you have access to latex gloves. When exposed to blood or OPIM, wear the gloves when applying first aid to a wound or cut or while cleaning up or handling OPIM, and protect other parts of your body from contact with the blood or OPIM by covering them with material impervious to blood or OPIM.

FOOTWEAR

- Wear safe, strong, comfortable shoes which are in good repair.
- Tie shoelaces.

CLASSROOMS

- Do not leave objects (briefcases, handbags) in aisles.
- Do not stretch cables, cords, or hoses across walkways or aisles unless covered by cord.
- Pick up litter, debris, paper wrappers, etc. Do not let tripping hazards exist.
- Promptly close filing cabinet drawers.
- Repair loose or torn carpeting.
- Do not stand on desk, chair or box to reach for overhead object. Use a ladder.
- Immediately clean up spills of liquids.

HALLWAYS

- Immediately clean up spills of liquids.
- Cone off area around spill.
- Do not leave tools, equipment or other obstacles on hallway floor.
- Do not use hallway as storage area.

STAIRWAYS

When going up or down stairs:

- Pay attention. Distractions cause accidents on stairs.
- Use handrails for support.
- Take one step at a time.
- Report loose treads.
- Turn lights on in stairwells. If a light bulb is burned out, replace the bulb promptly, or, if you are not authorized to do so, report the situation to someone who can take care of it.
- Keep your vision clear. Do not carry a load that blocks your view or is too heavy.
- Practice good housekeeping. If you spot a spill or debris on the stairs, clean it up.

CHAPTER 8 HEALTH & SAFETY: CODE OF SAFE PRACTICES FOR SCHOOL TEACHING AND ADMINISTRATIVE PERSONNEL



SCHOOL GROUNDS

- Immediately clean up a spill of liquid
- Cone off area around spill.
- Where possible, avoid wet surfaces, e.g., puddles.
- Be alert to and remove debris and/or litter on playground.
- Where electric gate is present, be alert to metal track on which playground gate runs.
- When walking across playground where students are playing sports, anticipate flying balls and students chasing game balls.

USE OF LADDERS

- If you must climb to reach something, use a sound ladder, safely set in and properly secure at both the top and bottom.
- Inspect your ladder before using it.
- NEVER use a ladder in need of repair.
- Face the ladder and use both hands.
- When reaching from a ladder, keep your shoulder inside the vertical stringer. If you must reach further than this, move the ladder first.
- ALWAYS clean the rungs, cleats, and your shoes of grease, oil and other contaminants. Besides preventing slipping hazards, this also helps prevent the transfer of any contaminants to your hands or gloves.
- Hold the rails when climbing – not the rungs.
- Ask someone to hold the ladder at the bottom for added support.
- NEVER use the top three rungs of the ladder or the top two steps of the step ladder.
- Use a non-conducting ladder, such as one made of wood or fiberglass, when working around electrical wires.
- Stay away from overhead wires.
- NEVER reach more than one arm's length in any direction.

MATERIAL/EQUIPMENT HANDLING

- NEVER carry loads that are too large
- NEVER carry loads that block your vision
- NEVER try to lift objects which may be beyond your physical capacity and training. If you cannot lift objects comfortably, don't lift it (them). Get help or use a machine or hand truck.

CHAPTER 8 HEALTH & SAFETY: CODE OF SAFE PRACTICES FOR CUSTODIAL/MAINTENANCE PERSONNEL



UNIVERSAL PRECAUTIONS

Because of the possible exposure to human blood from cuts or abrasions, other potentially infectious materials such as vomit (OPIM), from students or others in your immediate environment, make sure you have access to latex gloves. When exposed to blood or OPIM, wear the gloves when applying first aid to a wound or cut or while cleaning up or handling OPIM, and protect other parts of your body from contact with the blood or OPIM by covering them with material impervious to blood or OPIM.

BACK SUPPORT

To obviate or reduce the chances of custodial or maintenance personnel injuring (spraining or straining) their backs, back support shall be worn when performing specific tasks involving bending, stooping, twisting, squatting or lifting. When worn, the back support must be “cinched up” to the extent it “comfortably yet firmly” fits the lower back, but not to the point where it hurts or is painful.

SPECIFIC TASKS

- Place “Wet Floor” signs in areas to be mopped or waxed **before** mopping or waxing.
- Wear rubber gloves.
- Wear non-skid shoes when walking on wet or slippery floors.

Vacuum Cleaners – Safe Practices

- NEVER operate vacuum cleaners on top of electric cord.
- NEVER operate vacuum cleaners on wet surfaces.
- NEVER attempt to fix vacuum cleaner while plugged in to electrical outlet.
- NEVER put fingers in or around roller while vacuum is running.
- Inspect extension cord for ruptures or cuts.
- Inspect extension cord for loose wires.
- NEVER attempt to fix a vacuum cleaner if it breaks or is broken.
- Clean bag on regular basis.

Supplies Containing Chemicals – Safe Practices

- Wear safety goggles and rubber or neoprene gloves.
- Do not mix chemicals unless instructed to do so by supervisor.
- Do not attempt to identify a liquid product by smelling or tasting it.
- NEVER fill or use an unlabeled container or receptacle that has been used before.
- NEVER fill a container or receptacle with a solution other than the solution that is on the label.
- Immediately clean up liquid or solution after it is spilled wearing proper safety equipment.
- ALWAYS flush eyes with water in the event a liquid product containing chemicals gets into your eyes and immediately call your supervisor.

CHAPTER 8 HEALTH & SAFETY: CODE OF SAFE PRACTICES FOR CUSTODIAL/MAINTENANCE PERSONNEL



Spray Bottles – Safe Practices

- Spray away from face and eyes.
- Spray product containing chemicals on rag rather than on surface itself.
- Make sure spray bottles are properly labeled.
- NEVER fill bottle with any product other than the one shown on the label.

Electrical Cord – Safe Practices

- Check electrical or extension cords for ruptures, cracks or loose wires
- NEVER operate any machine on top of electrical cords.
- Use electrical or extension cord with 3-way plug as required.
- NEVER allow plug of electrical or extension cord to get wet while working on wet surfaces.

Step Ladder – Safe Practices

- NEVER use aluminum ladder while working around electrical fixtures.
- Read and follow instructions on ladder before using.
- Go up facing the ladder and come down in same manner.
- Make sure surface is NOT WET NOR SLIPPERY when setting up the ladder.
- Do not stand on top of ladder or second rung from top.

Gloves – Safe Practices

- ALWAYS wear rubber gloves when working with products containing chemicals, e.g., glass cleaner, degreaser or any solvent, stripper, floor wax, metal cleaner, ajax and bleach, etc.
- ALWAYS wear heavy protective gloves when collecting any kind of trash or going through any kind of trash with your hands.

Goggles and Mask – Safe Practices

- Use goggles when working with chemicals that are not common household products or when working with large quantities of household chemicals (e.g. bleach).
- Use face mask where dust, vapor or fumes are present.

CHAPTER 8 HEALTH & SAFETY: CODE OF SAFE PRACTICES FOR USERS OF POWER TOOLS



When any staff member or volunteer on staff uses power tools, the following basic safe practices must be followed to reduce the risk of fire, electric shock and personal injury.

- **KNOW YOUR POWER TOOL** – Read owner’s manual. Learn the tool’s applications and limitations as well as the specific potential hazards peculiar to this tool.
- **GROUND ALL TOOLS – UNLESS DOUBLE INSULATED** – If the tool is equipped with a three prong plug, it should be plugged into a three-hole electric receptacle. If an adapter is used to accommodate a two-hole receptacle, the grounding ear must be attached to a known ground. Never remove the third prong.
- **KEEP GUARDS IN PLACE** and in working order.
- **AVOID DANGEROUS ENVIRONMENTS** – Do not expose power tools to rain or use in damp or wet locations. Do not use tool in presence of flammable liquids or gases. Keep work area well lit.
- **KEEP CHILDREN AWAY** – All visitors should be kept a safe distance from the work area. Do not let visitors contact tool or extension cord.
- **STORE IDLE TOOLS** –When not in use, tools should be stored in a dry, high or locked up place – out of the reach of children.
- **DO NOT FORCE TOOL** – It will do the job better and safer at the rate for which it was designed.
- **USE RIGHT TOOL** – Do not force a small tool or attachment to do the job of a heavy-duty tool. Do not use a tool for a purpose it was not designed for, such as using a circular saw for cutting tree limbs or logs.
- **WEAR PROPER APPAREL** – No loose clothing or jewelry to get caught in moving parts. Rubber gloves and insulated non-skid footwear are recommended when working outdoors. Wear protective covering to contain long hair.
- **USE SAFETY GLASSES** – at all times. Also, use a face or dust mask if cutting operation is dusty
- **DO NOT ABUSE CORD** – Never carry the tool by its cord or yank it to disconnect from the receptacle. Keep cord away from heat, oil and sharp edges.

CHAPTER 8 HEALTH & SAFETY: CODE OF SAFE PRACTICES FOR USERS OF POWER TOOLS



- **SECURE WORK** – Use clamps or a vise to hold work. It is safer than using your hand, and it frees both hands to operate tool.
- **DO NOT OVERREACH** – Keep proper footing and balance at all times.
- **DISCONNECT TOOLS** – When not in use, before servicing; when changing accessories such as blades, bits, cutters, etc.
- **GUARD AGAINST ELECTRIC SHOCK** – Prevent body contact with grounded surfaces such as pipes, radiators, ranges and refrigerator enclosures.
- **REMOVE ADJUSTING KEYS AND WRENCHES** – Form a habit of checking to see that keys and adjusting wrenches are removed from tool before turning it on.
- **MAINTAIN TOOLS WITH CARE** – Keep tools sharp and clean for best and safest performances. Follow instructions for lubricating and changing accessories. Keep handles dry, clean and free of oil or grease. Inspect switches, tools, cords and extension cords periodically and have them repaired or replaced by an authorized service facility if damaged. Check moving parts for alignment and binding as well as for breakage and improper mounting. Damaged parts should be repaired or replaced by an authorized service facility unless otherwise indicated in the instruction book.
- **AVOID ACCIDENTAL STARTING** – Do not carry a plugged-in tool with your finger on the switch. Be sure the switch is turned off before plugging in a tool. Do not use a tool if the switch does not turn it on or off.
- **WEAR EAR PROTECTORS** – when using a tool for extended periods.
- **ACCESSORIES** – The use of any accessories other than what is listed or recommended for this particular tool may be hazardous.
- **KEEP HANDS AWAY FROM ALL MOVING PARTS AND BLADE.**
- **USE INSULATED SURFACES** – A double-insulated or grounded tool may be made live if the blade or bit comes in contact with live wiring in a wall, floor or ceiling, etc. Always check the work area for live wires and hold the tool by the insulated surfaces when “blind” sawing.

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF CODE OF SAFE PRACTICES



Attached is a copy of the code of safe practices that applies to your job functions and working environment. These guidelines are provided for your safety. If you have any questions about the code or any of its guidelines, please ask the person in charge or a designee, who will be able to assist you. The attached copy of the code of safe practices is for you to keep. Please sign and date below and return this page only.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF CODE OF SAFE PRACTICES

I have read and I understand the code of safe practices and I agree to comply with the guidelines provided.

Employee Signature

Date

Employee Name (Please Print)

Department/Location

5.9.5 COUNSELING & DISCIPLINE POLICY



All those who serve the archdiocese are expected to strive for excellence. If a staff member violates Archdiocese policies and procedures or is not performing their duties in a satisfactory manner, the person in charge or supervisor will find it necessary to counsel or discipline the staff member. Problems requiring such action include but are not limited to:

- Actions that interfere with work or cause a conflict of interest
- Behavior counter to the moral teachings and standards of the Church
- Breach of professional ethics
- Disclosure of confidential information
- Dishonesty
- Falsification of job applications or references
- Falsification of records or information
- Felonious behavior
- Habitual or excessive tardiness or absence from work or from the work area
- Harassment
- Inability to work cooperatively with supervisors, peers, or subordinates
- Insubordination
- Theft
- Threatening or causing bodily harm to others, or other coercive and/or intimidating actions
- Unprofessional conduct in relation to all persons
- Unsatisfactory job performance
- Vandalism
- Violation of the Archdiocesan, Acceptable Use and Responsibility Policy for Electronic Communication
- Violation of employee rules
- Working under the influence of intoxicants or illegal drugs

This list is not intended to be all-inclusive. The archdiocese reserves the right to decide under what circumstances counseling, disciplinary action, or greater penalties including termination of employment are appropriate.

PROGRESSIVE DISCIPLINE

A helpful and effective model for conducting a disciplinary action is the progressive discipline process that includes the steps described below. Not all steps need to be followed; the particular disciplinary measure applied depends on the gravity of the matter.

The steps in the disciplinary process should be documented carefully. Record as objectively as possible all events, dates, times, and disciplinary actions related to the personnel problem. Formal documentation must be signed by the person in charge and staff member. A staff member should be given an opportunity to express his or her viewpoint. The staff member's written comments should be included in his or her personnel file. If the staff member refuses to sign, a witness should sign and date a statement regarding the refusal. The disciplinary action will have effect even if the employee refuses to sign. The original disciplinary document is placed in the staff member's personnel file. A copy must be given to the individual.



5.9.5 COUNSELING & DISCIPLINE POLICY

INFORMAL COUNSELING (VERBAL)

When a problem with a staff member arises or a staff member's conduct violates Archdiocese policies and procedures and/or adversely affects his or her performance or the performance of other staff, the person in charge meets with the staff member to discuss the situation, describe the unacceptable behavior, the consequences if it continues, and a plan to action to correct the situation using the Employee Counseling Notice or/and a memorandum outlining improvement needed (Performance Improvement Plan). Serious situations may warrant an immediate written, final warning, or termination of employment.

FORMAL COUNSELING (WRITTEN)

If a problem continues after informal counseling, or if the nature of a problem is severe, the person in charge prepares a formal written warning utilizing the Employee Counseling Notice or a memorandum. The person in charge and a witness meet with the staff member to address the problem, state expectations, indicate consequences, and provide a plan of action to correct the situation. For a serious problem a formal counseling notice may be issued without a previous informal counseling and may warrant a final warning or termination of employment.

ADMINISTRATIVE LEAVE & SUSPENSIONS

When a staff incident requires immediate action and could lead to dismissal, the staff member may be placed on administrative leave or suspension with or without pay while an investigation is conducted and a final decision is made.

DISCIPLINARY PROBATION

Disciplinary probation is a specified period of time in which a staff member must improve performance and maintain the improvement.

FINAL WARNING

Several formal counseling's may conclude in a final warning, in which the staff member is notified in writing that unless correction or improvement is made, termination of employment will follow. This step is not required under all circumstances; occasionally an immediate dismissal is warranted.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494

5.9.5 COUNSELING & DISCIPLINE POLICY



COUNSELING & DISCIPLINE POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Counseling & Discipline Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Employee Signature

Date

Employee Name (Please Print)

Department/Location



MEAL & REST PERIODS POLICY

MEAL BREAKS

Non-exempt employees who work more than five hours in a day are required by law to be provided with an uninterrupted minimum meal break of 30 minutes. They should not be permitted or asked to work during the meal break. Non-exempt employees who work up to six hours in a day may agree to waive their meal break. This agreement must be mutual, voluntary, and can be withdrawn by the employee at any time. "Best practice" is to document the meal break waiver in writing, signed by the employee. The meal break does not have to be paid, but the time taken off for the meal break must be recorded on the employee's time card.

REST PERIODS

California law requires rest periods for non-exempt employees whose total daily work time is at least three and a half hours. The mandatory rest time should be in the middle of the work period and must be at the rate of at least 10 consecutive minutes for each four hours of work. The rest break is paid, but does not have to be recorded on the employee's time card.

Note: Government agencies impose significant penalties for an employer's failure to provide and/or record the meal and rest breaks as required.

If you have any questions about this policy, contact your supervisor, manager, and/or Human Resources at (213) 637-7494

MEAL & REST PERIODS POLICY ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Meal & Rest Periods Policy of the Archdiocese of Los Angeles. I understand that failure to comply with the policy will result in disciplinary action, up to and including termination of my employment.

Any violation of this policy must be immediately reported to your supervisor, manager, and/or the Human Resources Department at (213) 637-7494.

Employee Signature

Date

Employee Name (Please Print)

Department/Location



Archdiocese of Los Angeles Employee Benefit Program

Catholic Cemeteries & Mortuaries, a Ministry of the Archdiocese of Los Angeles, offers an employee benefit on traditional funeral services, preferred and alternative cremation services, casket and/or urn, interment, entombment or inurnment space(s) amount and memorial to members of our Archdiocesan Community.

Applicable Benefits

Priests

Funeral: Free Funeral Service Plan Package and a “Conventional Package” casket provided by Catholic Cemeteries & Mortuaries, excluding cash advance items (flowers, prayer cards, registry book, death certificates, etc.). Any upgrades would be at a 50% discount.

Cemetery: Free grave, midrange vault and memorial in a Priest section. Any upgrades would be at a 50% discount in any cemetery in non-Priest sections (50% is calculated at the average cost within the cemetery) Free midrange vault and memorial. There are no burial related service charges (opening/closing, vault & marker set fee, inscription fee, inurnment, entombment fee) - no charge.

Priests’ family (parents, siblings, siblings’ spouse and grandparents)

Funeral (At-need or Pre-need): 50% off Funeral Service Plan Package Price, including a casket and/or urn provided by Catholic Cemeteries & Mortuaries, excluding cash advance items (flowers, prayer cards, registry book, death certificates, etc.).

Cemetery (At-need or Pre-need): 50% off Cemetery space, vault and memorial. Excludes burial related service charges (opening/closing, vault & marker set fee, inscription fee, inurnment, entombment fee).

Religious Communities/Orders

Funeral (At-need or Pre-need): 50% off Funeral Service Plan Package Price, including a casket and/or urn provided by Catholic Cemeteries & Mortuaries, excluding cash advance items (flowers, prayer cards, registry book, death certificates, etc.).

Cemetery (At-need or Pre-need): 50% off Cemetery space, vault, memorial and burial related service charges (opening/closing, vault & marker set fee, inscription fee, inurnment, entombment fee).

Religious Communities/Orders’ family (parents, siblings, siblings’ spouse and grandparents)

Funeral (At-need or Pre-need): 10% off Funeral Service Plan Package Price, including a casket and/or urn provided by Catholic Cemeteries & Mortuaries, excluding cash advance items (flowers, prayer cards, registry book, death certificates, etc.).

Cemetery (At-need or Pre-need): 10% off Cemetery space, vault and memorial. Excludes burial related service charges (opening/closing, vault & marker set fee, inscription fee, inurnment, entombment fee).

Deacon and Spouse

Funeral (At-need or Pre-need): 50% off Funeral Service Plan Package Price, including a casket and/or urn provided by Catholic Cemeteries & Mortuaries for both Deacon and his spouse, excluding cash advance items (flowers, prayer cards, registry book, death certificates, etc.).

Cemetery (At-need or Pre-need): 50% off Cemetery space, burial related service charges (opening/closing, vault & marker set fee, inscription fee, inurnment, entombment fee). 50% off cemetery vault and memorial.

Deacon's family (parents, siblings, siblings' spouse and grandparents)

Funeral (At-need or Pre-need): 10% off Funeral Service Plan Package Price, including a casket and/or urn provided by Catholic Cemeteries & Mortuaries, excluding cash advance items (flowers, prayer cards, registry book, death certificates, etc.).

Cemetery (At-need or Pre-need): 10% off Cemetery space, vault and memorial. Excludes burial related service charges (opening/closing, vault & marker set fee, inscription fee, inurnment, entombment fee).

Archdiocesan Employees (Part-time)

Funeral (At-need or Pre-need): 10% off Funeral Service Plan Package Price, including a casket and/or urn provided by Catholic Cemeteries & Mortuaries, excluding cash advance items (flowers, prayer cards, registry book, death certificates, etc.).

Cemetery (At-need or Pre-need): 10% off Cemetery space, vault and memorial. Excludes burial related service charges (opening/closing, vault & marker set fee, inscription fee, inurnment, entombment fee).

Archdiocesan Employee (Full-time) (Family – Spouse, children, parents)

Funeral (At-need or Pre-need): 25% off Funeral Service Plan Package Price, including a casket and/or urn provided by Catholic Cemeteries & Mortuaries for Employee and spouse, excluding cash advance items (flowers, prayer cards, registry book, death certificates, etc.).

Cemetery (At-need or Pre-need): 25% off Cemetery space, burial related service charges (opening/closing, vault & marker set fee, inscription fee, inurnment, entombment fee). 25% off cemetery vault and memorial.

Archdiocesan Employee (Full-time) (Extended Family – Siblings, siblings' spouse grandchildren & grandparents)

Funeral (At-need or Pre-need): 10% off Funeral Service Plan Package Price, including a casket and/or urn provided by Catholic Cemeteries & Mortuaries, excluding cash advance items (flowers, prayer cards, registry book, death certificates, etc.).

Cemetery (At-need or Pre-need): 10% off Cemetery space, vault and memorial. Excludes burial related service charges (opening/closing, vault & marker set fee, inscription fee, inurnment, entombment fee).



Employee Benefit Program	Funeral Services	Casket/Urn	Cemetery Space	Opening & Closing	Basic Vault/ Urn Vault	Standard Memorial
Priests	Free	Free	Free	Free	Free	Free
Priest's Family (parents, siblings, siblings' spouse & grandparents)	50%	50%	50%	50%	50%	50%
Religious Communities/Orders	50%	50%	50%	50%	50%	50%
Religious Communities/Orders (parents, siblings, siblings' spouse & grandparents)	10%	10%	10%	10%	10%	10%
Deacon and Spouse	50%	50%	50%	50%	50%	50%
Deacon's Family (children, parents, siblings, siblings' spouse grandchildren & grandparents)	10%	10%	10%	10%	10%	10%
Archdiocesan Employees (Part-time)	10%	10%	10%	10%	10%	10%
Archdiocesan Employees (Full-time) (Spouse, children & Parents)	25%	25%	25%	25%	25%	25%
Archdiocesan Employees (Full-time) (Extended Family - siblings, siblings' spouse, grandchildren & grandparents)	10%	10%	10%	10%	10%	10%

- Financing
 - At-need Funeral Services and At-need Cemetery Services and merchandise need to be paid in full at the time of service.
 - Pre-need
 - Cemetery space – may be financed at 0% interest for up to 7 years.
 - Funeral services & merchandise – may be taken out on terms for up to 5 years.

ADDITIONAL PROVISIONS

- Discounts do not apply to upright/standing monuments or monument sections
- Discounts do not apply to family estates, cremation pedestals, cremation benches and columbarium 2/4/6 unit niches
- Discounts immediately apply to all incardinated Archdiocesan Priests.
- Discounts for all, full-time and part-time (not temporary) employees of the Archdiocese of Los Angeles who have been employed for five (5) years or more. **(The 5 year eligibility requirement is being waived through June 30th, 2021. Employees whose work status has been affected by the Covid-19 pandemic are eligible for this benefit.)**
- Former employees who resigned, or were otherwise released from employment, are not eligible upon termination of employment.



- Discounts apply only to Funeral Plan Package Price, casket and/or urn provided by Catholic Cemeteries & Mortuaries, Location Amount and cemetery memorial purchased at the 6 catholic mortuaries and 11 catholic cemeteries.
- Discounts have no cash value and are non-transferable
- Burial rights to graves, crypts and niches are subject to availability at each of the 11 Catholic cemetery location.
- Discounts and prices are subject to change without notice.
- Employees married to each other may only purchase a cemetery space jointly, not separately
- Employee discounts may not be combined. Employees and qualifying family members will be afforded the most favorable discount based on their employment classification.
- Other discounts or allowances—such as promotional discounts or special consideration allowances—do not apply in addition to or in conjunction with this policy.

Archdiocese of Los Angeles Catholic Mortuaries & Cemeteries Locations:

- All Souls Cemetery & Mortuary - 4400 Cherry Avenue, Long Beach CA 90807 (562) 424-8601
allsouls@catholiccm.org
- Assumption Cemetery - 1380 Fitzgerald Road, Simi Valley CA 93065 (805) 583-5825
assumption@catholiccm.org
- Calvary Cemetery & Mortuary - Los Angeles 4201 Whittier Boulevard, Los Angeles CA 90023 (323) 261-3106 calvaryla@catholiccm.org
- Calvary Cemetery Santa Barbara - 199 N. Hope Avenue, Santa Barbara CA 93110 (805) 687-8811
calvarysb@catholiccm.org
- Good Shepherd Cemetery - 43121 70th Street West, Lancaster CA 93536 (661) 722-0887
goodshepherd@catholiccm.org
- Holy Cross Cemetery Pomona - 444 E. Lexington Avenue, Pomona CA 91766 (909) 627-3602
holycrosspom@catholiccm.org
- Holy Cross Cemetery & Mortuary Culver City - 5835 W. Slauson Avenue, Culver City CA 90230 (310) 836-5500 holycrosscc@catholiccm.org
- Queen of Heaven Cemetery & Mortuary - 2161 S. Fullerton Road, Rowland Heights CA 91748 (626) 964-1291 queenofheaven@catholiccm.org
- Resurrection Cemetery - 966 N. Potrero Grande Drive, Rosemead CA 91770 (323) 887-2024
resurrection@catholiccm.org
- San Fernando Mission Cemetery & Mission Hills Catholic Mortuary - 11160 Stranwood Avenue, Mission Hills CA 91345 (818) 361-7387 sanfernando@catholiccm.org
- Santa Clara Cemetery & Mortuary - 2370 N. "H" Street, Oxnard CA 93036 (805) 485-5757
sclara@catholiccm.org

**EXEMPT EMPLOYEE
ATTENDANCE REPORT**

INSTRUCTIONS:

1. Mark number of days to be charged in appropriate column.
2. Forms must be in the Payroll Department by 10:00 A.M. on the "Time Card Due Date."
No Calls will be made to secure missing reports.
3. The form covers the designated pay period. You should account for all days (except weekends) during the pay period. If you are absent for part of a day, indicate how many hours you were gone and the reason for your absence(s).
4. Payroll must have two weeks notification for advance vacation checks.

NAME: _____

BI-WEEKLY BI-MONTHLY PERIOD

ENDING DATE: _____

DEPARTMENT: _____

FOR THIS PAYROLL PERIOD, MY ATTENDANCE SHOULD BE CHARGED
TO THE FOLLOWING CATEGORIES:

Number of Regular Work Days _____

Number of Sick Time Off* _____

Number of Holidays* _____

Number of Vacation* _____

Number of Bereavement* _____

Number of Jury Service* _____

Number of Medical Leave Time Off* _____

Number of Personal Leave Days*
(Unpaid if no work done on these days) _____

OTHER (Please Specify)* _____

* Please Explain in Detail: (Identify the date(s) you were gone and if you did any work on those days): _____

I certify that my attendance as I have recorded above is correct.

Employee Signature

Date

Department Head Approval

Date

TIME SHEET FOR NON-EXEMPT EMPLOYEE

Employee Name: _____ Ext. : _____
 Department/Cost Ctr.: _____ Bi-Weekly Start and Ending Date: _____

Instructions:

1. Enter start time, lunch break and ending time for each day.
2. Place number of hours worked on each day in appropriate column to be charged.
3. Forms must be in the Payroll Department by 10:00 AM on the "Time Card Due Date." (No calls will be made to secure missing time sheets.)
4. The form covers fourteen (14) days. 70 – 80 hours are to be accounted for if full time. Part time hours should be marked on days worked area.
5. Payroll must have two weeks' notification for advance vacation checks.

DATES	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
MONTH/DAY														
START (IN)														
LUNCH (OUT)														
LUNCH (IN)														
END (OUT)														

TOTALS

Total Reg. Hrs.														
Overtime														
Double Time														
Vacation														
Holiday														
Sick Leave*														
Bereavement*														
Jury Duty*														
Other*														
Total														

*Please explain in detail: _____

I have recorded all hours I have worked. This is a true and accurate record of my time worked and time off for the period shown. I have been allowed to take all my rest and meal breaks. I understand that if I do not submit an accurate timesheet I may be subject to disciplinary action.

He notado todas las horas que he trabajado. Esto es un verdadero y exacto registro de mi tiempo de trabajo y tiempo libre durante el período indicado. Me han permitido tomar mi tiempo de descanso y de comida. Entiendo que si no entrego una hoja con horas exactas podría ser sujeto a acción disciplinaria.

Employee Signature Date

Department Head Signature Phone No./Ext Date

**AUTHORIZATION FOR PAYROLL DEDUCTION & DISBURSEMENT
TO CHECKING AND/OR SAVINGS ACCOUNT**

FIRST: Check with your bank to see if it is a receiving bank for the National Automatic Clearing House Association Electronic Funds Transfer.

NOTE: Normally, the payroll processing time for new accounts and account number changes takes two (2) pay periods. If your checking/savings account is not with Wells Fargo, the deposit may be in your account the day after the pay date.

Employee Name: _____ SS#: ____-- ____-- _____

Cost Center #: _____ Department: _____

CHECKING ACCOUNT:

- _____ Deposit net pay to my checking account.
- _____ Deposit fixed amount to my checking account \$ _____
- _____ Change deposit of fixed amount to my checking account to \$ _____

SAVINGS ACCOUNT:

(** Furnish Account and Routing Numbers**)

- _____ Deposit net pay to my savings account.
 - _____ Deposit fixed amount to my savings account \$ _____
 - _____ Change deposit of fixed amount to my savings to \$ _____
- Account Number: _____

CANCEL DIRECT DEPOSIT:

_____ I wish to cancel my Direct Deposit.

CHANGE OF BANKS OR ACCOUNT NUMBERS:

_____ I wish to change banks or account numbers. (Circle one)
(Complete information above and attach a new deposit slip)

Authorization is hereby given to the Archdiocese of Los Angeles Payroll Department to make the indicated payroll deduction(s) from my salary and remit specified amount to the above mentioned bank(s) which is authorized to accept and credit specified amount to my account(s). This authorization will remain in effect until revoked by my written request.

Employee Signature

Date

Payroll Department Only:

Checking Account # _____ Routing # _____
Savings Account # _____ Routing # _____



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PARISHIONERS FEDERAL CREDIT UNION
PAYROLL DEDUCTION AND DISBURSEMENT AUTHORIZATION

Archdiocesan Catholic Center and Catholic Cemeteries

Normally, the payroll processing time for new accounts and account number changes takes two (2) pay periods. Deposits to your account will be posted on your pay date.

Employee Name: _____

Social Security Number: _____

Cost Center# _____

Department: _____

Share Savings or checking Account Number: _____

Routing Number: 322281031

_____ Deposit net pay to my share savings account
_____ Deposit fixed amount to my share savings account \$ _____
_____ Change deposit of fixed amount to my share savings \$ _____

Cancel direct deposit

_____ I wish to cancel my direct deposit with my credit union account.

Authorization is hereby given to the Archdiocese of Los Angeles Payroll Department to make the indicated payroll deduction(s) from my salary and remit specified amount to Parishioners Federal Credit Union which is authorized to accept and credit specified amount to my account. The authorization will remain in effect until revoked by my written request.



Exclusive offers for employees of Archdiocese of Los Angeles

Lower Your Current Auto Loan Rate by At Least 2%

- Lower your non-CU SoCal auto loan rate by at least 2% APR¹
- No payments for 90 days²
- Terms up to 72 months
- Must have a minimum monthly direct deposit of \$750 (into checking or savings)
- Must be a new Member of CU SoCal
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- Loan amount of \$1,500
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Ready to get started? Apply online at CUSoCal.org/PartnerPerks and use promo code ARCH.



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657.607.4290 | AGallegos@CUSoCal.org



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1. APR=Annual Percentage Rate. Offer only available for employees of a CU SoCal Preferred Partner who establish a Membership. Offer valid for up to 30 days after Membership open date. CU SoCal loans are ineligible. \$5,000 minimum amount financed. Member must credit qualify and have a credit score of greater than or equal to 630, as reported to CU SoCal. Not all Members will qualify. Maximum 2% reduction with a minimum \$750 monthly direct deposit into a CU SoCal account. Vehicle model year must be 10 years old or newer. Amount financed may not exceed 120% retail Kelley Blue Book including tax, license, warranty, etc. Older used vehicles may be eligible up to wholesale Kelley Blue Book value with a one percent rate adjustment. Your rate may adjust if you do not establish payroll direct deposit within 90 days from funding date, or if you discontinue payroll direct deposit to a CU SoCal account. The above discounts are one time, and only apply at time of origination. All new accounts will be verified by ChexSystems®, and are subject to approval and Membership eligibility. Promotion and rate are subject to change without notice. Please ask a CU SoCal loan specialist for our current floor rate which corresponds to our lowest promotion rate.

2. With 90-day payment deferment, interest will continue to accrue as of funding date.

3. APR=Annual Percentage Rate. Offer only available for employees of a CU SoCal Preferred Partner. The \$1,500 More Than a Grand in Your Hand (MTAG) Loan with a rate of 15.99% APR for a 24-month term, is offered to qualified CU SoCal Members. The approximate monthly payment for \$100 with a 24-month term at 15.99% APR is \$4.93. All new accounts will be verified through ChexSystems® and are subject to approval. For Membership or checking account terms and conditions, please visit CUSoCal.org. Member must submit most recent paystub from Preferred Partner employer. Account(s) and loan(s) must be in good standing. If you've had any CU SoCal loan delinquencies, you may not qualify. Offer is subject to change. Must have a payroll direct deposit of \$750 into a CU SoCal Checking Account or be a CU SoCal Member for more than 6 months. Must be 18 years or older.



Credit Union of Southern California
BUILDING BETTER LIVES®





Department of Justice, Peace, and Human Development
Secretariat of Catholic Education

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3160
WEBSITE: WWW.USCCB.ORG/JPHD • FAX 202-541-3339

TO: Superintendents and Diocesan Contacts

FROM: The United States Conference of Catholic Bishops
Department of Justice, Peace, and Human Development
Secretariat of Catholic Education

RE: 2014 Earned Income Tax Credit Outreach Campaign

DATE: March 2014

The Compendium of the Social Doctrine of the Church notes:

250. In order to protect [the] relationship between family and work, an element that must be appreciated and safeguarded is that of a family wage, a wage sufficient to maintain a family and allow it to live decently. Such a wage must also allow for savings that will permit the acquisition of property as a guarantee of freedom. The right to property is closely connected with the existence of families, which protect themselves from need thanks also to savings and to the building up of family property. There can be several different ways to make a family wage a concrete reality. Various forms of important social provisions help to bring it about, for example, family subsidies and other contributions for dependent family members, and also remuneration for the domestic work done in the home by one of the parents.

Millions of working poor families are finding it increasingly difficult to meet their daily needs and achieve financial security. One of the ways our society provides the “family subsidies” to which the *Compendium* refers is the Earned Income Tax Credit (EITC).

Earlier this year, the Census Bureau reported that the EITC, combined with the Child Tax Credit (CTC), lifts over four million children out of poverty, making them the most potent tool the government has for fighting child poverty.

These powerful antipoverty initiatives deliver critical income support for millions of workers in low-wage jobs. Claiming these tax credits put families on the path to securing better housing, pursuing quality education, obtaining dependable transportation, covering out-of-pocket health care costs, or paying for quality childcare. It is important that we continue this outreach to help ensure that low and moderate-income working families do not miss out on these benefits.

Enclosed is information regarding the 2014 Tax Credit Outreach Kit. More information can be found at www.eitcoutreach.org.

Thank you for your help and for all that you do to serve poor and vulnerable people and families. Any questions about the program can be directed to Tom Mulloy, domestic policy advisor, at tmulloy@usccb.org.



The **EITC** is for working people who earn less than \$66,819. This year, the amount of the credit you could receive is up to \$7,830 if you claim qualifying children or up to \$632 if you don't claim qualifying children. The amount of the credit depends on:

- whether you are single or married
- if you have no children or the number of qualifying children you have
- the amount you earned

Just imagine what you could do with the EITC.



Life's a little easier with **EITC**



See if you qualify.
www.irs.gov/eitc

Are you eligible to claim the EITC for 2024?

Here are the rules to claim the credit . . .

- Generally must be a U.S. citizen or resident alien all year
- Must work and have earned income
- Must have a valid Social Security number issued on or before the due date of the return (including extensions)
- May not have more than \$11,600 of investment income (such as interest)
- Must have a qualifying child and meet other requirements if you are married but not filing a joint return.
- May not be a qualifying child of another person
- May not file Form 2555 (related to foreign earned income)

You have to file a federal income tax return to get the EITC even if you owe no tax or are not required to file. The EITC provides a boost to help pay your bills or save for a rainy day.

Did you meet the rules?

If so, your earned income must be less than . . .

- \$18,591 (\$25,511 if married filing a joint return) with no qualifying children who have valid SSNs
- \$49,084 (\$56,004 if married filing a joint return) with one qualifying child who has a valid SSN
- \$55,768 (\$62,688 if married filing a joint return) with two qualifying children who have valid SSNs
- \$59,899 (\$66,819 if married filing a joint return) with three or more qualifying children who have valid SSNs

Special rules may apply for members of the U.S. Armed Forces in combat zones, members of the clergy, and those with disability retirement income.

Do you have a qualifying child who lives with you?

To be a qualifying child for the credit . . .

- The child must meet the relationship, age, residency, and joint return tests described at www.irs.gov/eitc or in Publication 596, Earned Income Credit.

Did you double check your facts?

Here are common errors to avoid . . .

- Claiming a child as a qualifying child who does not meet the relationship, age or residency tests
- Underreporting or overreporting income or expenses
- Social Security number and last name mismatches

If you claim the EITC, the IRS can't release your refund until mid-February. Errors on the tax return can cause a delay in processing your claim for the tax credits.

Do you want help with the EITC?

Go online or call us toll free . . .

- Go to www.irs.gov/eitc for free information and to check out the interactive EITC Assistant to see if you qualify for the credit and estimate the amount of your EITC.
- Visit a Volunteer Income Tax Assistance (VITA) site for free tax help and preparation. Go to www.irs.gov/VITA or call 1-800-906-9887 to find a site.
- Use Free File at www.irs.gov/FreeFile for free online filing through commercially available tax preparation software.
- Go to www.irs.gov/chooseataxpro to help locate a qualified tax return preparer.
- Call 1-800-829-4059 if you have access to TTY/TDD equipment for the hearing impaired.

El Crédito tributario por ingreso del trabajo (**EITC**, por sus siglas en inglés) es para los trabajadores que ganan menos de \$66,819. Este año, la cantidad del crédito que usted podría recibir es de hasta \$7,830 si reclama hijos calificados o de hasta \$632 si no reclama hijos calificados. La cantidad del crédito depende de:

- si está soltero o casado
- si no tiene hijos o el número de hijos calificados que tiene
- la cantidad que ganó

Imagínese lo que podría hacer con el **EITC**.



La vida es más fácil con el **EITC**



Consulte si califica.
www.irs.gov/eitc

¿Reúne los requisitos para reclamar el EITC para 2024? Estas son las reglas para reclamar el crédito . . .

- Por lo general tiene que ser un ciudadano estadounidense o extranjero residente durante todo el año
- Tiene que trabajar y tener un ingreso de trabajo
- Tiene que tener un número de Seguro Social válido emitido para la fecha de vencimiento de la declaración o antes (incluidas las prórrogas)
- No puede tener más de \$11,600 de ingresos de inversión (tales como intereses)
- Tiene que tener un hijo calificado y cumplir con otros requisitos si usted está casado pero no presenta una declaración conjunta
- No puede ser un hijo calificado de otra persona
- No puede presentar el Formulario 2555 (relacionado con los ingresos ganados en el extranjero)

Tiene que presentar una declaración de impuestos federales sobre los ingresos para recibir el **EITC** aun si no adeuda impuestos o no está obligado a presentar. El **EITC** proporciona un incentivo para ayudar a pagar sus facturas o ahorrar para los tiempos difíciles.

¿Cumplió usted con las reglas?

Si es así, sus ingresos ganados tienen que ser menores de . . .

- \$18,591 (\$25,511 si está casado y presenta una declaración conjunta) sin hijos calificados que tienen SSN válidos
- \$49,084 (\$56,004 si está casado y presenta una declaración conjunta) con un hijo calificado que tiene un SSN válido
- \$55,768 (\$62,688 si está casado y presenta una declaración conjunta) con dos hijos calificados que tienen SSN válidos
- \$59,899 (\$66,819 si está casado y presenta una declaración conjunta) con tres o más hijos calificados que tienen SSN válidos

Se podrían aplicar reglas especiales a los miembros de las Fuerzas Armadas de los Estados Unidos en zonas de combate, miembros del clero y aquellas personas con ingresos de jubilación por incapacidad.

¿Tiene un hijo calificado que vive con usted? Para ser un hijo calificado para propósitos del crédito . . .

- El hijo tiene que cumplir los requisitos de parentesco, edad, residencia y declaración conjunta descritos en www.irs.gov/eitc o en la Publicación 596, Crédito por Ingreso del Trabajo (**EIC**).

¿Verificó cuidadosamente sus datos?

Estos son los errores comunes que debe evitar . . .

- Reclamar como hijo calificado a un hijo que no cumple los requisitos de parentesco, edad o residencia
- Declarar ingresos o gastos insuficientes o de más
- Números de Seguro Social que no concuerdan con los apellidos

Si reclama el **EITC**, el **IRS** no puede emitir su reembolso hasta mediados de febrero. Los errores en la declaración de impuestos pueden causar un retraso en el trámite de su reclamación de los créditos tributarios.

¿Desea ayuda con el EITC?

Conéctese a Internet o llámenos libre de cargos . . .

- Visite www.irs.gov/eitc para obtener información gratuita y consultar el Asistente interactivo del **EITC** para ver si califica para el crédito y estimar la cantidad de su **EITC**.
- Visite un sitio de Asistencia Voluntaria al Contribuyente con los Impuestos sobre los Ingresos (**VITA**, por sus siglas en inglés) para obtener ayuda y preparación tributaria gratuitas. Visite www.irs.gov/es/VITA o llame al 1-800-906-9887 para encontrar un sitio.
- Utilice el **Free File** en www.irs.gov/es/filing/irs-free-file-do-your-taxes-for-free para la presentación gratuita en línea a través de un software de preparación de impuestos disponible comercialmente.
- Visite www.irs.gov/chooseataxpro para ayudar a encontrar un preparador de declaraciones de impuestos calificado.
- Llame al 1-800-829-4059 si tiene acceso al equipo **TTY/TDD** para las personas con discapacidades auditivas.

Access to Medical Care

Welcome to WellComp

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you. Your employer has received the approval from the State of California to cover your workers' compensation medical care needs through the WellComp Network. You are automatically covered by the WellComp Network if your date of injury or illness is on or after your employer's MPN implementation date and if you have not properly pre-designated a personal physician prior to your injury or illness.

In the event that you have an injury or illness, you may carry this pamphlet with you to present to your medical service provider for access to care.

This pamphlet is not required to receive medical services

■ Initial Care

In case of an emergency, you should call 911 or go to the closest emergency room.

In the event that you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

■ Subsequent Care

If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.com or call WellComp Patient Services.

■ Emergency Care

In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

■ Hospital and Specialty Care

Your primary treating provider in the WellComp Network can make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

■ Choosing a Treating Physician

If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the Medical Access Assistant in the WellComp Patient Services Department or discuss your options with your initial care provider.

■ Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact the Medical Access Assistant in the WellComp Patient Services Department or your Claims Examiner.

■ Changing Primary Treating Physician

If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

■ Obtaining a Specialist Referral

As long as you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

1. Your primary treating provider in the WellComp Network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
2. You may select an appropriate specialist by accessing the WellComp Directory.
3. You may contact your Medical Access Assistants in the WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating provider makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

■ Continuity of Care

What if I am being treated by a WellComp doctor and the doctor leaves WellComp?

Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.

If you are being treated for a work-related injury in the WellComp Network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp Network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

■ Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp Network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp Network. If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. If your current treating physician is not a participating physician within WellComp and you have not yet been transferred into the MPN, your physician can make referrals to providers within or outside the MPN. Your current doctor may be allowed to become a member of WellComp.

You will not be transferred to a doctor in WellComp if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.
- For a complete copy of the Transfer of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

■ Care Transfer Disputes

Notice of determination, from the employer or claims examiner, shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible. If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN. If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision. If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved.

Second Opinion, Third Opinion and Independent Medical Review Process:

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

■ Obtaining Second and Third Opinions

If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- ✓ Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp Network who have the recognized expertise to evaluate or treat your injury or condition.
- ✓ Select a physician or specialist from the list.
- ✓ Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- ✓ Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- ✓ You will be provided information and a request form regarding the Independent Medical Review (IMR) process at the time you select a third opinion physician. Information about the IMR process can be found in the MPN Employee Handbook.

If the Second/Third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If the 2nd/3rd opinion doctor agrees with your need for a treatment or test, you may be allowed to receive that recommended treatment or test from a provider inside or outside the MPN, including the 2nd or 3rd opinion physician.

■ Obtaining an Independent Medical Review (IMR)

If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed MPN Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the Independent Medical Review process and the form to request an Independent Medical Review.

If the second opinion, third opinion or IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician if MPN contains a physician who can provide the recommended treatment. If the IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp Network.

Any physician chosen outside of the WellComp Network must be within reasonable geographic area. The treatment or diagnostic test is limited to the recommendation of the MPN/ IMR.

■ Treatment Outside of the Geographic Area

WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating provider, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:

The following is a summary of Workers' Compensation medical services that are available to employees covered by the WellComp Network.

Primary treating and specialty services including consultations and referrals

Examples of primary treating or specialty providers include: general medical practitioners, chiropractors, dentists, orthopedists, surgeons, psychologists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services

Examples of inpatient hospital and outpatient surgery center providers include: acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services

Examples of ancillary care providers include: diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services including outpatient and out-of area emergency care



WellComp Provider Directory

For more information about the MPN including access to a roster of all treating physicians in the MPN, go to www.WellComp.com where you can search by medical specialty, zip code, physician or provider group. For website assistance or to access a hard copy of the regional area listing and/or an electronic copy of the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator):

WellComp Information

For questions about the use of MPN's or complaints The MPN contact is: Gale Chmidling, MPN Manager (800)544-8150

WellComp has individuals available to answer questions, provide website assistance, and generate provider listings. Medical Access Assistants are available to assist with finding an MPN physicians of your choice, including scheduling and confirming physician appointments. Assistants are available 7am to 8pm Pacific Standard Time, Monday through Saturday at the contact information below:

WellComp
Patient Services Department
P.O. Box 59914
Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.com



Employee Notification

This pamphlet contains important information on accessing the WellComp Medical Provider Network:

- ✓ Find out if you are covered
- ✓ Access medical care
- ✓ Learn about continuity of care
- ✓ Choose your own physician
- ✓ Transfer into the WellComp Network
- ✓ Contact WellComp

MPN Identification Number:

This pamphlet is available in Spanish. For a free copy, please contact WellComp Medical Provider Network.

Este folleto esta disponible en el Español. Para una copia gratis, favor de llamar a WellComp Medical Provider Network

Time of Hire Notice

This notice, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this notice applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.



- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent Disability (PD) benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: <https://www.dir.ca.gov/RTWSP/RTWSP.html>
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.



OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Address: _____

Phone: _____

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.



Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at www.californiaspecialist.org. You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401**.

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the Division of Workers' Compensation website at: www.dwc.ca.gov or call 1-800-736-7401

Department of Industrial Relations
1515 Clay Street, 17th Floor
Oakland, CA 94612



PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I
 choose to be treated by: _____
 (name of doctor)(M.D., D.O., or medical group)
 _____ (street address, city, state, ZIP)
 _____ (telephone number)

Employee Name (please print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
 (Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

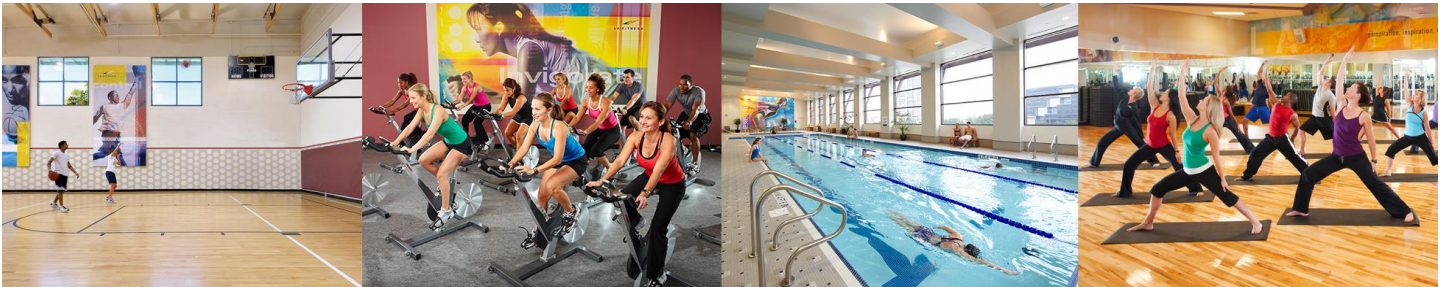
Title 8, California Code of Regulations, section 9783.

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+Amenity may be available at an extra charge.

**Visit the Roman Catholic Archbishop employee website to
enroll in a Multi-Club/Multi-State membership.**

Enroll online through the special LA Fitness website linked from your employee benefits page. **Offer valid until 01/20/2026.** At time of enrollment, member must pay first and last months' dues to join and a recurring annual fee ("Annual Fee") of \$59.00 per year. Monthly dues must be paid by one account and deducted by automatic transfer from checking, savings, Visa, MasterCard, American Express, or Discover account. Offer is redeemable by non-members only. Facilities vary, and certain amenities (including personal training, kids klub, some classes, and leagues) may be available for an additional fee; a separate contract may be required. Advertised rate is subject to change. Restrictions may apply, and offer cannot be combined with other discounts or promotions. ©2025 Fitness International, LLC. All rights reserved.

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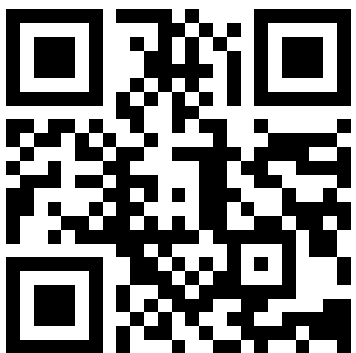
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A GUIDE TO YOUR
Benefits

July 1, 2025 - June 30, 2026





About Your Benefits

The Archdiocese of Los Angeles offers employees comprehensive health care benefits and voluntary insurance plans. Our benefits program is designed to give you the flexibility to choose the benefits that are right for you and your family. We closely manage our health care benefits program so that we can keep costs reasonable without sacrificing the high quality of the covered services.

The Archdiocese of Los Angeles also offers a number of valuable insurance plans on a voluntary basis. These benefit plans can help protect your income and financial security. This section of the guide also contains the eligibility and enrollment information for these benefits.

This guide is intended to give you an overview of the benefits available to you. Because the selection of your benefits is important, please set aside some time to review the information in this guide.

The benefits program includes the following coverage:

- Medical/vision and prescription drug
- Dental
- Employee Assistance Program
- Voluntary benefits:
 - Life and accidental death & dismemberment (AD&D) insurance
 - Long-term disability insurance

Note: All dependents must have identical coverage as selected by the employee, this includes Medical/Vision and Dental. Dependents cannot elect separate coverage.

Notice

The Archdiocese of Los Angeles offers standardized health care plans for employees and religious members of the Archdiocese and their eligible family members. The Archdiocese of Los Angeles health plans are bound by the Ethical and Religious Directives for Catholic Health Care Services published by the National Conference of Catholic Bishops. The plans provide benefits that are in compliance with these Directives. The Directives can be reviewed at <http://www.usccb.org/about/doctrine/ethical-and-religiousdirectives>. If you are an Archdiocese health plan participant, even if you are not Catholic or even if you possess personal beliefs in contravention of these Directives, the Archdiocese health plans will still only provide benefits in compliance with these Directives. The Archdiocese of Los Angeles summary plan descriptions may contain language which may be argued to be inconsistent with the Directives; however, services which are contrary to the Ethical and Religious Directives for Catholic Health Care Services are specifically excluded by the Archdiocese health plans.

This booklet summarizes the key features of your benefit plans. It is only intended to provide the highlights of your benefits. See your plan document for full details. If any conflict ever arises between this booklet and the actual plan document, the terms of the plan document will govern in all cases. The Archdiocese of Los Angeles reserves the right to change, modify, or terminate the benefit plans at any time. This booklet is not a contract for purposes of employment or payment of benefits.



Health Insurance Benefits Overview

Eligibility for the Health Care Program

If you are a priest, religious or Archdiocesan lay employee working 30 or more hours per week, you are eligible for benefits. Archdiocesan lay employees have the option to enroll eligible dependents for medical/vision and dental benefits. Eligible dependents include:

- Your spouse
- Your dependent children, up to age 26, regardless of student status
- Any dependent child you claim on your federal tax return who is incapable of self-support because of a medical or physical disability

If You Are a New Employee

Your coverage will be effective the first of the month following one month of continuous employment. If you are a new employee, you must enroll in the Archdiocesan health care benefits program within 31 days of your date of hire. Otherwise, you will have to wait until the next scheduled Open Enrollment period. If you are working 20 or more hours per week, you are also eligible to enroll in the voluntary plans offered through The Hartford during your first 31 days of employment. **Your elections will remain in effect until the next Open Enrollment unless you experience a qualifying "change in status".**

NOTE: All employees regardless of class, including teachers are subject to the same waiting period as all employees, which is the first of the month following 31 days of continuous full time service.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your health care benefit elections during the scheduled Open Enrollment period. All elections and/or changes you make during this period are effective July 1.

Your elections will remain in effect until the next Open Enrollment unless you have a qualifying "change in status." In order to make adjustments to your benefit elections outside of the initial eligibility period and Open Enrollment, the IRS requires you to have a qualifying change in status. Events that are considered qualifying changes in status include:

- Marriage, legal separation or divorce
- Termination of spouse's employment
- Birth, adoption or custody change of an eligible dependent
- A change in benefit eligibility due to a reduction or increase in hours of employment for either you or your spouse
- Death of an eligible dependent

If you have a qualifying change in status, you can make changes to your benefits by notifying your Location Administrator within 31 days of the change. If your change in status is not listed above or if you need clarification on whether your change in status qualifies you to change your benefit election, please contact your Location Administrator.



Medical Benefits

Administered by Anthem Blue Cross & Kaiser

The Archdiocese of Los Angeles gives you a choice of three medical options: **PPO, EPO, and Kaiser**. Each medical option includes vision care benefits.

How the Anthem Preferred Provider Organization (PPO) Works

A PPO is a network of doctors and health care facilities that provide services to members at lower rates. You can go to any doctor you like within the Anthem Blue Cross Prudent Buyer PPO network, including specialists; you do not have to select a primary care physician. If you decide you'd rather go to a doctor or health care facility that does not belong to the PPO network, you are free to do so—but your out-of-pocket costs will be higher.

PPO Network Providers

When you go to a PPO network provider:

- Your coinsurance and out-of-pocket maximum will be lower.
- Preventive care will be covered in full.
- You will never pay more than the discounted PPO rate—no matter what the provider might charge non-PPO patients.
- The deductible does not apply to certain services, such as physician office visits and prescriptions drugs. When you receive these services from a PPO network provider, you will pay a flat copay and nothing else.
- There are no claim forms to fill out.

Out-of-Network Providers

Except in the case of an emergency, if you go to an out-of-network provider:

- Your coinsurance and out-of-pocket maximum will be higher.
- Anthem will pay benefits only up to the “maximum allowed amount” for a particular health care service in your geographic area. ***If your non-network provider charges more than the maximum allowed amount, you will have to pay all charges over that amount.***
- If you use a non-network provider Anthem will issue a check to the member and it will be your responsibility to pay the provider directly.

How the Anthem Exclusive Provider Organization (EPO) Works

The EPO uses the Anthem Blue Cross Prudent Buyer provider network to closely manage your medical care and control your out-of-pocket costs. You do not have to select a primary care physician. ***Unless it's an emergency, you may only go to doctors and health care facilities in Prudent Buyer PPO network. Out-of-network care is not covered.***

How the Kaiser Exclusive Provider Organization (EPO) Works

Kaiser Permanente provides medical care through its own hospitals and health care facilities. All Kaiser members are encouraged to select a personal physician for preventive care, treatment of illness, and referral to a specialist when needed. You may change or choose your personal physician at any time. ***Except in the case of an emergency, you must go to Kaiser facilities and see only Kaiser doctors. Out-of-network care is not covered.***

The chart on the following page shows the highlights of your medical benefits. Please see the Evidence of Coverage (available on www.myenroll.com) for complete information on the benefits, exclusions, and limitations. See page 5 for the definition of some common medical terms.



	Anthem Blue Cross PPO	Anthem Blue Cross EPO	Kaiser Permanente EPO
Choice of Doctor/Facility (the doctors and facilities you choose to use will affect the payment of benefits)	You may use any doctor you wish; you will save money when you use Anthem PPO network providers	In order for benefits to be paid, you must use Anthem PPO network providers	In order for benefits to be paid, you must use Kaiser doctors and hospitals
Coinsurance Percentage (Network/Non-network)	10% in / 30% out	Most eligible benefits covered at 10%	Most eligible benefits covered without coinsurance
Office Visit Copay	\$20 copay in / 30% out	\$25 copay	\$25 copay
Hospitalization	10% in / 30% out; \$500 deductible per non-preauthorized admission	10%	\$250 copay per admission
Emergency Room	\$100 copay (waived if admitted); 10% in and out	10%	\$150 copay; waived if admitted
Annual Deductible			
Individual	\$500	\$500	None
Family	\$1,000	\$1,000	None
Annual Out-of-Pocket Maximum			
Individual	\$5,000 / \$15,000	\$2,000	\$1,500
Family	\$10,000 / \$30,000	\$4,000	\$3,000
Mental Health			
Inpatient	10% in / 30% out	10%	\$250 copay
Outpatient	\$20 copay / 30% out	\$25/visit	\$25 copay for individual visits; \$12 for group therapy
Chemical Dependency/Alcoholism Treatment	Combined with Mental Health Care	Combined with Mental Health Care	\$25 copay for individual visits; \$5 for group therapy; \$100 per admission for inpatient detoxification
Chiropractic	\$20 copay in / 30% out; Limit 24 visits per calendar year	\$25 copay; Limit 24 visits per calendar year	\$15 copay; Limit 20 visits per calendar year
Allergy Visit and Serum	\$20 copay in / 30% out	\$25 copay	\$25 copay for testing; \$5 copay for injection
Skilled Nursing Facility	10% / 30% out; 120 days per calendar year	10%; 120 days per calendar year	No charge up to 100 days per benefit period
Routine Preventive Care	No charge / 30% out	No charge	No charge
Outpatient Surgery	10% in / 30% out	10%	\$25 copay
Well-Baby Care	No charge / 30% out	No charge	No charge
Prescription Drugs		Prescription by Optum RX	
Retail – 30-day supply	\$10/\$30/\$50	\$10/\$20/\$30	\$10/\$20 – 30 days 2x copay for 31 – 60 days 3x copay for 60 – 100 days
Mail Order – 90-day supply	\$20/\$60/\$100	\$20/\$40/\$60	2x copay for 31 – 100 days
*RX Out of Pocket Maximum	\$500 Ind/\$1,000 Fam	\$500 Ind/\$1,000 Fam	Does not apply

Note: if you take a maintenance drug, (such as blood pressure or cholesterol medication), you are **required** to use the mail order service. You will be allowed two fills at the pharmacy. The third and subsequent fills will not be covered if filled at the pharmacy.

*Rx Out of Pocket Maximum is calculated every calendar year.



Anthem Members Only

HEAL – (limited availability area)

HEAL lets you schedule On-Demand doctor house calls. Book a doctor house call at home, work or anywhere, on your schedule.

The service is available 7 days a week from 8am to 8pm. You can see a doctor using HEAL for the same cost as your regular, in-network doctor visits: \$20 for PPO members and \$25 for EPO members. Schedule appointments either online at: www.heal.com or call: (844) 644-4325

Families use HEAL in place of Emergency Room, Urgent Care, Primary and Preventative care. Convenient evening and weekend hours.

LiveHealth Online

LiveHealth Online lets you talk with and get treatment from a doctor online, either at the www.livehealthonline.com website or on your smartphone or tablet using the free app. It is secure, easy to use, and affordable.

This service is available seven days a week, 24 hours a day, 365 days a year. You can see a doctor using LiveHealth Online for the same cost as your regular, in-network doctor visits: \$20 for PPO members and \$25 for EPO members. You just have to enroll for free at www.livehealthonline.com or on the app. (If you don't enroll, Anthem won't be able to cover your visit.)

Use LiveHealth Online for a range of medical issues. The most common are cold and flu symptoms, fevers, allergies, infections, and other similar illnesses. Sometimes there's just no substitute for going to the doctor in person. But other times, the convenience of having a doctor a click away can help you get the care you need when you need it. You can download your LiveHealth Online app for free from the Apple App Store or Google Play. For more information, contact customersupport@livehealthonline.com (include your e-mail address and phone number) or call (855) 603-7985.



Medical Terms You Should Know

Copay	The flat dollar amount you pay for certain services, such as office visits and prescription drugs, when you go to a network provider.
Coinsurance	The percentage of your medical costs you have to pay for most covered services. You will begin paying coinsurance after you have met your deductible.
Deductible	The dollar amount you pay for most services each calendar year before benefits are paid.
Exclusive Provider Organization (EPO)	A network of doctors and health care facilities that closely manage your care to control your out-of-pocket costs. In an EPO, you must go to network providers for all your non-emergency care.
Explanation of Benefits (EOB)	A document sent to you by your insurance company after you have received medical benefits. The EOB shows what the insurance company paid on your behalf, as well as how much you owe (if applicable)
Maximum Allowed Amount	<p>The most the PPO will pay for a particular medical service in your area.</p> <ul style="list-style-type: none">■ PPO network providers have agreed to accept this amount as reimbursement for covered services—they will never bill you more than the maximum allowed amount.■ If you go to an out-of-network provider, you will be responsible for the difference between the maximum allowed amount and what that provider charges you.
Out-of-Pocket Maximum	The maximum amount of copays and coinsurance you have to pay each calendar year.
Preferred Provider Organization (PPO)	A network of doctors and health care facilities that provide services to members at negotiated rates. In a PPO, you have the option to go to network providers and out-of-network providers.



Dental Care Coverage

The Archdiocese of Los Angeles offers dental care coverage, either in conjunction with medical coverage or as a separate election. The Archdiocese is contracted with Cigna Dental to provide you with their dental network. This network is a list of dentists who have agreed to reduce their fees to our members. This means you will save money when you visit a dentist in the Cigna network.

You can search for a dentist in your area by calling Cigna at 1-800-564-7642, or by visiting their website at <http://hcpdirectory.cigna.com/web/public/providers>

Archdiocese of Los Angeles Dental Plan			
Plan Provisions			
Annual Deductible	\$50 per individual; \$150 per family (Deductible must be first satisfied prior to receiving all services).		
Annual Maximum Benefit	\$1,500 per individual		
Preventative Services (Routine exams, cleanings, and X-rays) Deductible Waived	DPPO Advantage 90%	DPPO 80%	Out-of-Network 80%
Basic Services (Fillings, oral surgery, Endodontics and Periodontics)	DPPO Advantage 90%	DPPO 80%	Out-of-Network 80%
Major Dental Services (Crowns, inlays, onlays, bridge and dentures)	DPPO Advantage 60%	DPPO 50%	Out-of-Network 50%
*Orthodontia is excluded			

Vision Care Coverage

Vision care benefits are available to employees who enroll in the Archdiocesan medical benefits program.

	Anthem Blue Cross* PPO & EPO Coverage offered through Eye Med	Kaiser Permanente EPO**
Vision Exam with Dilation as Necessary-Every 12 months	\$10 copay	Covered at 100% after \$25 copay
Frames-Every 24 months	\$0 copay \$130 allowance, 20% off balance over \$130	Frames covered every 24 months
Prescription Lenses- One pair of lenses per calendar year.	Limited to the following amounts: Single: \$10 copay Bifocal: \$10 copay Trifocal: \$10 copay Lenticular: \$10 copay	Limited to \$175 allowance for frames, lenses, and/or contact lenses once every 24 months*
Contact Lenses- One pair of lenses per calendar year in lieu of frames and lenses.	Limited to the following amounts: Elective lenses: \$0 copay \$100 allowance; 15% off balance over \$100 Medically necessary lenses: 5% off balance over \$140	Benefit is available per calendar year (January through December)

* You are highly encouraged to utilize a network provider as your benefits will be richer when you remain within the Eye Med Insight Network. To find a provider the Eye Med network, please go to www.eyemedvisioncare.com and select the Insight Network or you can call (866) 800-5457.

**If you currently participate in the Kaiser EPO plan your vision benefits are provided through the Kaiser Permanente EPO. You must use Kaiser doctors and facilities to receive benefits.



Voluntary Life and AD&D Insurance

The Archdiocese of Los Angeles offers voluntary life and accidental death and dismemberment (AD&D) insurance through The Hartford, to help you protect your loved ones if something should happen to you. This plan is offered to all active lay employees who work at least 20 hours per week.

You may enroll in this plan within 31 days of your date of employment or during a qualifying life event; otherwise you must wait until the next scheduled open enrollment.

If you die while covered under this plan, your beneficiary will receive the life insurance benefit amount in force on the date of your death. The plan also pays an AD&D benefit, equal to your core life insurance amount, if you die as a result of a covered accident. Benefits are also payable if you suffer certain severe injuries in an accident, including loss of limb, sight, or paralysis.

Please Note: If you are electing a beneficiary to your life insurance someone other than your spouse, your spouse must sign the spousal consent in the beneficiary form.

You have three benefit options:

Option 1	Option 2	Option 3
1 times your annual earnings, to a maximum benefit amount of \$75,000	1½ times your annual earnings, to a maximum benefit amount of \$100,000	2 times your annual earnings, to a maximum benefit amount of \$200,000

The cost of your coverage is based on your age and the benefit option you select.

NOTE: At age 70 the amount of your life insurance will decrease by 50% on July 1st. (plan year renewal) which occurs on or after the date you attain age 70.

Your Age	Monthly Rate per \$1,000 of Coverage	Calculating Your Cost	
Under 30	\$.082	Gross Annual Salary	\$ _____
30 – 39	\$.086	Multiply by Benefit Option	x _____
40 – 44	\$.137	(1, 1½, or 2)	
45 – 49	\$.214		= _____
50 – 54	\$.334		(round to nearest \$1,000)
55 – 59	\$.514		
60 – 64	\$.796	Your Coverage Amount	\$ _____
65 – 69	\$ 1.413	Divide by \$1,000	/ _____
70 – 74	\$ 2.44	Multiply by Rate for Your Age	x _____
75 – 80	\$ 3.87		
81+	\$ 6.095	Your Monthly Cost	\$ _____



Long-Term Disability (LTD) Insurance

With this option, you are covered under the California State Disability Plan for 12 months. You then become eligible for LTD benefits if your disability continues beyond one year. The LTD plan pays 60% of your monthly earnings to a maximum monthly benefit of \$4,333. Benefits you receive under the LTD plan are non-taxable. If you are eligible for income from other sources such as Social Security and/or Workers' Compensation income you receive "from another employer" or "due to other employment," your LTD benefits will be adjusted so that the maximum monthly benefit you receive from all sources does not exceed 60% or \$4,333 of your pre-disability earnings.

If your disability begins prior to age 63, your LTD benefits may continue up to age 67 while you remain disabled and under a physician's care. If your disability begins at age 63 or after, your benefits will be payable as follows:

Age Reduction Schedule for LTD Benefits	
Age at Which Disability Begins	Duration of Benefit Payments
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69+	12 months

Note: This policy will not provide coverage for any period of Disability beginning within the first 12 months of the effective date of Your coverage under this policy if the period of Disability is caused by or substantially contributed to by a Pre-existing condition or the medical or surgical treatment of a Pre-existing condition. The look-back period for a pre-existing condition is up to 6 months.

The cost of your LTD coverage, is \$.338 times your gross monthly earnings. You would calculate your cost like this:

LTD Insurance		
Gross Monthly Earnings	\$ _____	Divided by
Multiply by Rate	X \$.338	\$100 in
Your Monthly Cost	\$ _____	covered
		benefit

Example. Paula earns \$42,000 per year. Here's how she calculates the monthly cost of her LTD coverage:

- $\$42,000 \div 12 \text{ months} = \$3,500 \text{ per month}$
- $\$3,500 \div \text{per } \$100 = 35$
- $35 \times \$.338 = \11.83

Paula's LTD coverage will cost \$11.83 per month.



Additional Benefits

Employee Counseling Services

Because the Archdiocese cares about the well being of our employees, we provide an Employee Assistance Program to all employees and their families. These services are completely confidential, free and offer assistance in resolving those problems that may be interfering with your professional and/or personal life. Along with referrals, you may receive up to eight sessions per person per issue to help you deal with a variety of issues that can affect you at work or at home, such as:

- Parenting and child care
- Stress and anxiety
- Depression
- Coping with grief and loss
- Debt management and budgeting
- Addiction and recovery
- Living with a chronic condition

Offered through Optum, employee counseling services are provided primarily through phone based counselors, who are available to assist you 24 hours a day, seven days a week by calling (866) 248-4104, or by logging on to www.liveandworkwell.com, access code 11040.

HearUSA--Hearing Care Discount Program

HearUSA is an experienced network of hearing care professionals who have been providing hearing healthcare since 1987. We are committed to the highest quality service to members, at discounted prices. Discover why more than one million people have trusted us with their hearing!

Archdiocese employees and their dependents, even those who do not qualify for the Archdiocese's benefits, can take advantage of this HearUSA discount program and receive the following benefits:

- FREE Hearing Screening (\$39.00)
- Save up to 50% on digital hearing aids
- One-year unlimited services, including annual cleaning and maintenance
- 3-year warranty including one-time loss and damage coverage (deductible may apply)
- 1-year supply of hearing aid batteries with purchase of hearing aids
- 10% discount on hearingshop.com. Use code EARUSA
- 12 month no interest financing available (if eligible)

If you or someone in your family may have hearing loss, call to schedule a FREE hearing screening today: 1-855-835-5776

1. Identify yourself as **"Archdiocese of Los Angeles Discount Member"**.
2. HearUSA will make an appointment for you at the closest provider and send you a confirmation.
3. At your appointment, your Hearing Care Provider discusses your results with you and offers better hearing options.
4. You pay HearUSA the discounted allowable charges. Allowable charges vary according to the hearing aid technology level recommended by your hearing care provider.



Flexible Spending Accounts

Flexible spending accounts (FSAs) help you save money by using pre-tax dollars to pay for certain health care and dependent care expenses. The money you put into these accounts is taken out of your paycheck before taxes are withheld, so you end up paying taxes on a smaller amount of income. This means more take-home pay for you!

Health Care FSA

You may set aside up to **\$1,500** (employer set maximum) per year to pay for out-of-pocket medical, prescription, dental, and vision care expenses for yourself and your eligible family members—even if you do not cover yourself or your family members under the health benefits program. You can use this FSA to pay for deductibles, coinsurance, office visit copays, prescription drug copays, and other eligible expenses, such as orthodontia, contact lenses and solution, physical therapy, lab work, and laser vision correction.

Dependent Care FSA

If you are unable to take care of your dependent during work hours, you can use this FSA to pay for child day care or elder care so you (and your spouse, if you are married) can work. You may contribute up to **\$5,000** per calendar year in this FSA (depending on your marital and tax filing status).

FSA Tips and Rules

- Estimate your expenses carefully before you enroll. The key to making FSAs work for you is to use your FSA for predictable expenses—in other words, expenses you know you will incur during the plan year.
- You must spend your FSA money on time, or you will lose it. You may carry over a balance into the following plan year but will need to use it by **March 31** or you will lose it.
- You cannot change your election during the plan year, unless you have a qualified life status change, such as marriage, divorce, or birth of a child.

Open Enrollment is every October with an effective date of January 1st.



Contact Information

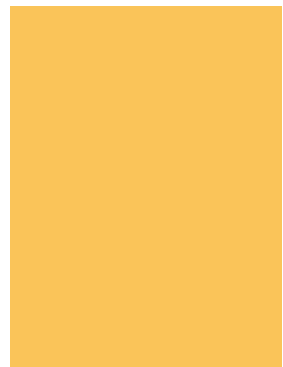
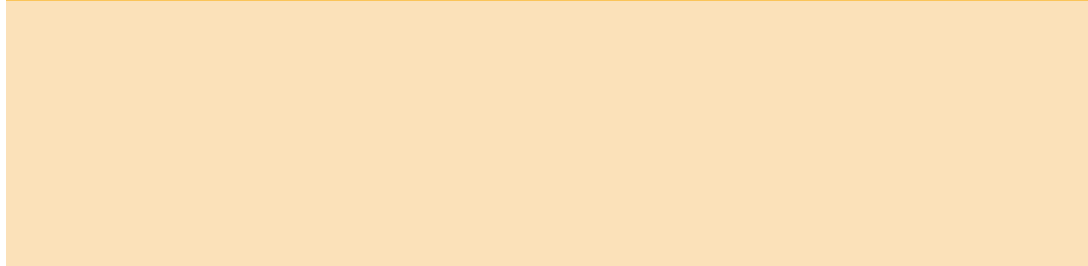
If you have questions about your health care benefits or coverage, we encourage you to contact the carrier directly, using the contact information shown below.

Coverage	Member Services	Website
Anthem Blue Cross		
PPO & EPO	(855) 852-9995	www.anthem.com/ca
HEAL (limited availability area)	(844) 644-4325	www.HEAL.com
LiveHealth Online	(855) 603-7985	www.livehealthonline.com
Prescription Drugs (RxBenefits) Mail Order (OptumRx)	(800) 334-8134	www.rxbenefits.com www.optumrx.com
Vision Benefits (Eye Med)	(866) 800-5457	www.eyemedvisioncare.com
Kaiser Permanente		
EPO	(800) 464-4000	www.kp.org
Prescription Drugs and Vision Benefits	(800) 464-4000	www.kp.org
Chiropractic-American Specialty Health	(800) 678-9133	ashlink.com/ash/kp
Cigna Dental		
Dental Plan (Cigna Dental Plan PPO and EPO Network)	(800) 244-6224	www.mycigna.com
The Hartford		
Voluntary Term Life and AD&D Insurance Plan	(888) 563-1124	https://abilityadvantage.thehartford.com
Voluntary LTD	(888) 277-4767	https://abilityadvantage.thehartford.com
Employee Assistance Program		
Employee Assistance Program (Optum-EAP)	(866) 248-4104	www.liveandworkwell.com Access code = 11040
Hearing Discount Program		
HearUSA	(855) 835-5776	Identify yourself as: "Archdiocese of Los Angeles Discount Member"
FSA Benefits		
Health Care and Dependent Care FSA Benefits	(888) 337-7785	myenroll.com

For help with enrollment issues, call our plan administrator, BAS, at (888) 337-7785 between 5:30 a.m. and 5:00 p.m. Monday through Friday, or e-mail employeebenefits@basusa.com.

For more information about your benefits, you may also visit HR Connection at: www.hrconnection.com [user name = ADLAen]

Disclaimer: The benefits presented are a brief description, are to be used for informational purposes only and the policy or contact will govern. A copy of the policy is available upon request for review. Please refer to the policy/certificate for exact coverage details.



Group Medical Monthly Premiums Effective July 2025 - June 2026

Lay Employees -- Annual Base Salary Above \$51,000

PLAN YEAR JULY 2025

MEDICAL/VISION & DENTAL

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 422.35	26.0%	\$ 1,202.08	74.0%	\$ 1,624.44	\$ 329.75	26.0%	\$ 938.52	74.0%	\$ 1,268.26	\$ 254.71	26.0%	\$ 724.95	74.0%	\$ 979.67
Two Party	\$ 1,214.24	36.0%	\$ 2,158.64	64.0%	\$ 3,372.88	\$ 885.63	36.0%	\$ 1,574.45	64.0%	\$ 2,460.08	\$ 686.00	36.0%	\$ 1,219.55	64.0%	\$ 1,905.55
Family	\$ 1,777.57	41.0%	\$ 2,557.96	59.0%	\$ 4,335.53	\$ 1,330.64	41.0%	\$ 1,914.83	59.0%	\$ 3,245.47	\$ 1,071.92	41.0%	\$ 1,542.52	59.0%	\$ 2,614.44

MEDICAL / VISION

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 408.30	26.0%	\$ 1,162.09	74.0%	\$ 1,570.39	\$ 315.70	26.0%	\$ 898.51	74.0%	\$ 1,214.21	\$ 240.66	26.0%	\$ 684.96	74.0%	\$ 925.62
Two Party	\$ 1,177.80	36.0%	\$ 2,093.88	64.0%	\$ 3,271.68	\$ 849.20	36.0%	\$ 1,509.68	64.0%	\$ 2,358.88	\$ 649.56	36.0%	\$ 1,154.79	64.0%	\$ 1,804.35
Family	\$ 1,722.40	41.0%	\$ 2,478.57	59.0%	\$ 4,200.97	\$ 1,275.48	41.0%	\$ 1,835.44	59.0%	\$ 3,110.92	\$ 1,016.76	41.0%	\$ 1,463.13	59.0%	\$ 2,479.89

DENTAL

	Optional Benefit					Optional Benefit					Optional Benefit				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 14.05	26.0%	\$ 40.00	74.0%	\$ 54.05	\$ 14.05	26.0%	\$ 40.00	74.0%	\$ 54.05	\$ 14.05	26.0%	\$ 40.00	74.0%	\$ 54.05
Two Party	\$ 36.44	36.0%	\$ 64.77	64.0%	\$ 101.20	\$ 36.43	36.0%	\$ 64.77	64.0%	\$ 101.20	\$ 36.44	36.0%	\$ 64.76	64.0%	\$ 101.20
Family	\$ 55.17	41.0%	\$ 79.39	59.0%	\$ 134.55	\$ 55.16	41.0%	\$ 79.39	59.0%	\$ 134.55	\$ 55.16	41.0%	\$ 79.39	59.0%	\$ 134.55

Group Medical Monthly Premiums Effective July 2025 - June 2026

Lay Employees -- Annual Base Salary Below \$51,000

PLAN YEAR JULY 2025

MEDICAL/VISION & DENTAL

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 324.89	20.0%	\$ 1,299.55	80.0%	\$ 1,624.44	\$ 253.65	20.0%	\$ 1,014.61	80.0%	\$ 1,268.26	\$ 195.93	20.0%	\$ 783.73	80.0%	\$ 979.67
Two Party	\$ 843.22	25.0%	\$ 2,529.66	75.0%	\$ 3,372.88	\$ 615.02	25.0%	\$ 1,845.06	75.0%	\$ 2,460.08	\$ 476.39	25.0%	\$ 1,429.16	75.0%	\$ 1,905.55
Family	\$ 1,213.95	28.0%	\$ 3,121.58	72.0%	\$ 4,335.53	\$ 908.73	28.0%	\$ 2,336.74	72.0%	\$ 3,245.47	\$ 732.04	28.0%	\$ 1,882.40	72.0%	\$ 2,614.44

MEDICAL / VISION

	Anthem PPO					Anthem EPO					EPO (Kaiser)				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 314.08	20.0%	\$ 1,256.31	80.0%	\$ 1,570.39	\$ 242.84	20.0%	\$ 971.37	80.0%	\$ 1,214.21	\$ 185.12	20.0%	\$ 740.50	80.0%	\$ 925.62
Two Party	\$ 817.92	25.0%	\$ 2,453.76	75.0%	\$ 3,271.68	\$ 589.72	25.0%	\$ 1,769.16	75.0%	\$ 2,358.88	\$ 451.09	25.0%	\$ 1,353.26	75.0%	\$ 1,804.35
Family	\$ 1,176.27	28.0%	\$ 3,024.70	72.0%	\$ 4,200.97	\$ 871.06	28.0%	\$ 2,239.86	72.0%	\$ 3,110.92	\$ 694.37	28.0%	\$ 1,785.52	72.0%	\$ 2,479.89

DENTAL

	Optional Benefit					Optional Benefit					Optional Benefit				
	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total	Employee	%	Employer	%	Total
Single	\$ 10.81	20.0%	\$ 43.24	80.0%	\$ 54.05	\$ 10.81	20.0%	\$ 43.24	80.0%	\$ 54.05	\$ 10.81	20.0%	\$ 43.24	80.0%	\$ 54.05
Two Party	\$ 25.30	25.0%	\$ 75.90	75.0%	\$ 101.20	\$ 25.30	25.0%	\$ 75.90	75.0%	\$ 101.20	\$ 25.30	25.0%	\$ 75.90	75.0%	\$ 101.20
Family	\$ 37.68	28.0%	\$ 96.87	72.0%	\$ 134.55	\$ 37.67	28.0%	\$ 96.88	72.0%	\$ 134.55	\$ 37.67	28.0%	\$ 96.88	72.0%	\$ 134.55



IMPORTANT INFORMATION ABOUT YOUR CONTINUATION COVERAGE

What is continuation coverage?

The Archdiocese of Los Angeles gives employees and their families the opportunity to continue their health care coverage at their own expense when there is a "qualifying event" that would otherwise result in a loss of coverage. Those individuals who are entitled to continue coverage are referred to as "qualified beneficiaries." Depending on the type of qualifying event, "qualified beneficiaries" can include the employee covered under the group health plan, a covered employee's spouse, and dependent children of the covered employee.

If you are a qualified beneficiary, you may elect continuation coverage only under the Plan or Plans that covered you immediately before the qualifying event. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, such as changing coverage under the Plan during open enrollment or other special enrollment rights. The persons who have been identified by the Plan as qualified beneficiaries entitled to elect continuation coverage are listed on the cover letter sent with this Notice.

How long will my continuation coverage last?

The length of time for which coverage may be continued depends on the qualifying event. In the case of a loss of coverage due to termination of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of a loss of coverage due to an employee's death, divorce or legal separation, the employee's entitlement to Medicare or a dependent child's ceasing to be a dependent under the terms of the Plan, coverage may be continued for up to 36 months. When the qualifying event is the termination of employment or reduction of the employee's hours of employment and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. The cover letter sent with this Notice shows the maximum period of continuation coverage available to the qualified beneficiaries at this time.

A qualified beneficiary's continuation coverage will be terminated before the end of the maximum period if: any required premium is not paid on time, the qualified beneficiary becomes covered under another group health plan, the qualified beneficiary enrolls in Medicare, the employer ceases to provide any group health plan for its employees or, if coverage is being continued because of the special extended coverage period for disabled individuals (see, below), it is determined that the person is no longer disabled under the Social Security laws. Continuation coverage may also be terminated for any generally applicable reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

Special rules for termination of employment and reduction of hours.

If your qualifying event would ordinarily result in a maximum continuation coverage period of 18 months, the following special rules apply:

How can I extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify Cobra Control Services, LLC of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability.

An 11-month extension of coverage may be available if any of the qualified beneficiaries is disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify Cobra Control Services, LLC of that fact within 60 days of the SSA's determination and before the end of the first 18 months of continuation coverage. All of the qualified beneficiaries listed on the first page of this Notice who have elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify Cobra Control Services, LLC of that fact within 30 days of the SSA's determination.

Second Qualifying Event.

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months from the date continuation coverage first began. Such second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's enrolling in Medicare, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. Please note: Enrollment in Medicare will be a second qualifying event only if it would cause a loss of coverage for the dependent under the active plan. You must notify Cobra Control Services, LLC within 60 days after a second qualifying event occurs.

Medicare Entitlement Followed by Qualifying Event.

If a qualifying event occurs less than 18 months after the date you become entitled to Medicare, the period of continuation coverage for your qualified beneficiaries is 36 months from the date of your Medicare entitlement.

How do I elect continuation coverage?

Each qualified beneficiary has an independent right to elect continuation coverage. For example, both the employee and the employee's spouse may elect continuation coverage, or only one of them. Similarly, parents may elect to continue coverage only on behalf of their dependent children. A qualified beneficiary must elect coverage by the date specified on the cover letter sent with this Notice. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until the deadline for electing coverage, but the continuation of coverage will begin only as of the date the change is post-marked or otherwise received.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage. The rates for continuation coverage for qualified beneficiaries are set forth on the election form accompanying this Notice.

When and how must I pay for continuation coverage?

First payment for continuation coverage

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the Election Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within that 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact Cobra Control Services, LLC to confirm the correct amount of your first payment.

Your completed election form and first payment for continuation coverage should be sent to:

Election Form	First Payment
Cobra Control Services, LLC PO Box 62407 King of Prussia, PA 19406	Cobra Control Services, LLC PO Box 417985 Boston, MA 02241-7985

Your election form and payment must be sent by REGULAR U.S. MAIL to the address listed above. The postmark on your letter will document proof of mailing. Please note that the P.O. Box will not accept correspondence sent by certified mail or delivery service.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Your payments are due in full by the first of the month for that month of coverage (Example, premiums for coverage in July are due by July 1st). If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break. The Plan will not send periodic notices of payments due for these coverage periods.

Periodic payments for continuation coverage should be sent to Cobra Control Services, LLC at the address set forth above.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

How do I get more information?

More information about continuation coverage and your rights under the Plan may be available from the Plan Administrator.

For more information about health insurance options available through the Health Insurance Marketplace, visit www.healthcare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than continuation of coverage.

What if I move or have children who do not live with me?

In order to protect your family's rights, you should keep Cobra Control Services, LLC informed of any changes to the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator. If you have a spouse or any dependent children who are eligible to elect continuation coverage, but who do not live with you, please provide Cobra Control Services, LLC with their names and addresses.

Flexible Spending Account Enrollment Form



Follow these easy steps:

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Location Administrator/Insurance Department.

For Employer Use	
Date of Hire (MM/DD/YYYY)	
Benefits Effective Date (MM/DD/YYYY)	

Personal Information

Employee Name (last name, first name)		Social Security Number	
Street Address (cannot be PO Box)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Day Time Phone Number		Email Address	
Date of Birth (MM/DD/YYYY)		Enrollment Status	<input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Flexible Spending Account (FSA)	Dependent Day Care Flexible Spending Plan (DFSA)
---------------------------------	--

<input type="checkbox"/> Select FSA <input type="checkbox"/> Decline FSA	<input type="checkbox"/> Select DFSA <input type="checkbox"/> Decline DFSA
I. Annual Contribution (Maximum Contribution \$1,500)	I. Annual Contribution (Maximum Contribution: \$5,000)
II. Number of regular pay periods	II. Number of regular pay periods
III. Contribution per pay period (I divided by II)	III. Contribution per pay period (I divided by II)

Authorization and Certification

I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year.
- I am not permitted to change my elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events.
- I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year.
- The Archdiocese's plan allows you to carryover a certain amount of unused funds to be used in the next plan year before unused amounts are forfeited.

Employee Signature	Date
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*Beginning January 1, 2013, Health FSA contributions are limited by the IRS. The limit is per person; a husband and wife may each contribute, up to the specified limit.

Health Care Flexible Spending Account



Paying for Unreimbursed Health Care Expenses With Pre-Tax Payroll Reductions

Health FSA Basics

A Health Care Flexible Spending Account (HFSA) allows you to set aside a portion of your salary, before-tax, to reimburse certain amounts you pay for medical care.

Participating in the Archdiocese's Health Care Flexible Spending Account can help save you money on taxes since the money you set aside is not subject to federal income or Social Security tax. This allows you to benefit from more of the money you earn.

The Archdiocese has capped your annual HFSA contribution at \$1,500. This is the most you may contribute to the HFSA for 2024.

What are Eligible HFSA Expenses?

You may be reimbursed from your health care FSA for expenses related to medical care, only. An amount spent on general good health is not considered a medical expense. An expense is for medical care if it is incurred to diagnose, cure, mitigate, treat, or prevent disease or affect any structure or function of the body.

If an expense is not clearly for medical care, or if it has both a medical care and non-medical care purpose, your doctor must document, in writing, that it is medically necessary.

Your HFSA may not reimburse insurance premiums or expenses that are paid from other medical, dental or vision plan coverage.

Whose Expenses are Eligible for Reimbursement?

A medical expense must be incurred by an employee, the employee's spouse, or the employee's tax dependent for health coverage purposes in order for the expense to be reimbursed from the HFSA.

Expenses of an employee's child who has not attained age 27 as of the end of the employee's taxable year may also be eligible for reimbursement.

How Does the HFSA Work?

The HFSA will allow you to set aside dollars from your paycheck, before taxes are taken out, and these dollars may be used for medical care expenses.

To participate in the HFSA, you must designate the total amount you would like to contribute for the plan year. This amount may not exceed \$1,500. A portion of your total contribution will be deducted from each paycheck you receive during the plan year. When you incur an eligible medical expense, you must submit a claim and proper documentation in order to be reimbursed tax free from your account. When deciding your contribution amount for the year, it is important to conservatively estimate the medical expenses that you will incur within the plan year. According to IRS regulations, any money remaining in your account at the end of the plan year will be forfeited.

Tax Savings Example

	Without HFSA Plan After Tax	With HFSA Plan Before Tax
Annual Gross Pay	\$30,000.00	\$30,000.00
Before Health Care Expense	\$0.00	-\$1,000.00
Taxable Gross Pay	\$30,000.00	\$29,000.00
Federal Income Tax (12%)*	-\$3,600.00	-\$3,480.00
FICA Tax (7.65%)*	-\$2,295.00	-\$2,218.50
After-tax Health Care Expense	-\$1,000.00	\$0.00
Net Take-home Pay	\$23,105.00	\$23,301.50

Total Annual Savings: \$196.50

*Note – Your FICA and/or Federal Income Tax rate may differ. Consult your tax advisor.

The Archdiocese's plan allows you to carryover a certain amount of unused funds to be used in the next plan year before unused amounts are forfeited. The maximum amount of the carryover is set by the IRS. In 2023, the maximum carryover amount was \$610. It may change for 2024.

Rules to Remember

If you do not use the money you contribute to your HFSA for medical care expenses you incur during the plan year you lose it (except for the allowable carryover amount).

The carryover amount will not be available for you to use until after the time limit for submitting expenses for reimbursement for the prior plan year has passed.

You must submit claims for reimbursement by March 31 after the end of the plan year. Gather your documentation and submit your expenses for reimbursement by March 31.

Dependent Day Care

Flexible Spending Account



Paying for Unreimbursed Dependent Day Care Expenses With Pre-Tax Payroll Reductions

DFSA Basics

A Dependent Day Care Flexible Spending Account (DFSA) allows you to set aside a portion of your salary, before-tax, to reimburse certain amounts spent for eligible dependent day care expenses that are necessary in order for you, and if you are married, your spouse, to work or look for work.

Participating in the Archdiocese's DFSA can help save you money on taxes since the money you set aside is not subject to federal income or Social Security tax. This allows you to benefit more from the money you earn.

Your maximum annual DFSA contribution under federal tax law may be up to \$5,000 (\$2,500 maximum if you are married, filing separate income tax returns) (for 2023, these amounts are subject to change). Your contribution may not exceed your earned income or your spouse's earned income, whichever is less, unless your spouse is disabled or a full-time student, in which case certain income-attribution rules apply.

What are Eligible DFSA Expenses?

Expenses for the following services may be reimbursed from the DFSA, provided they are necessary for the protection and care of your dependent while you work or look for work:

1. Child day care centers
2. Babysitters
3. Preschool / Nursery School (not kindergarten)
4. Non-educational before or after school care programs
5. Adult day care centers
6. Family day care centers
7. Summer day camp (non-educational)

You may claim expenses for services given inside or outside your home. However, payments are not reimbursable if they are made to certain related individuals, including your child under age 19, your spouse, the child's parent, or certain other relatives.

If the service is provided by a day care center that offers care for at least six people (other than residents), the center must comply with all local and state laws and licensing requirements.

Important Note: You must report your dependent care provider's taxpayer identification number (or Social Security number), name and address on the DFSA claim form, in order for your eligible expenses to be reimbursed from your DFSA.

Whose Expenses are Eligible for Reimbursement?

An eligible dependent is any dependent who is:

1. A child under age 13 who is your dependent under federal tax rules.
2. A child, spouse or parent who is physically or mentally incapable of caring for himself or herself and has your same place of residence for more than half of the year.

A dependent generally has to spend at least 8 hours a day in your household for the dependent's expenses to be reimbursable.

How Does the DFSA Work?

The DFSA allows you to set aside before-tax dollars from your paycheck to pay for your out-of-pocket dependent day care expenses.

To participate in the DFSA, you must designate the total amount you would like to contribute each plan year. A portion of your total contribution will be deducted from each paycheck you receive during the plan year. When you incur an eligible dependent day care expense, submit a claim for the expense with proper documentation and you will be reimbursed tax-free from the account, up to the amount you have already contributed for the year.

When making your calculation, it is important to conservatively estimate the expenses that you will incur within the plan year.

According to IRS regulations, any money remaining in your account at the end of the plan year will be forfeited.

You have until March 31 after the plan year ends to gather your documentation and submit your expenses for reimbursement. If you do not use amounts during the plan year and submit your claims for reimbursement by March 31, you will lose any amounts remaining in your account.

Elections Changes

Because of the special tax advantages that the DFSA provides, the IRS places certain restrictions on contributions to and distributions from the DFSA.

Once you authorize deposits to the DFSA for the plan year, federal rules prohibit you from stopping or changing your election until the next plan year, unless you experience a "Change of Status Event" recognized by the Archdiocese.

Examples of Change in Status Events

1. Change in legal marital status
2. Change in number of dependents
3. Change in employment status of employee, spouse or dependent that affects eligibility
4. Reduction or increase in hours of employment of employee, spouse or that affects eligibility
5. Dependent satisfies (or ceases to satisfy) eligibility requirements

Examples of Ineligible Expenses

The IRS decides what is and is not an eligible DFSA expense. For example, the following expenses are not eligible to be reimbursed from your DFSA:

1. Non-employment related care (i.e., evening baby-sitting);
2. 24-hour nursing home expenses;
3. Overnight camp expenses;
4. Education expenses for a child in kindergarten, first grade or higher;
5. Education programs and camps;
6. Childcare expenses that enable your spouse to perform volunteer work;
7. Expenses during non-work hours.

All dependent day care expenses must be properly substantiated, consistent with IRS guidelines, and submitted timely to be reimbursed from your DFSA.

Rules to Remember

After you elect to participate in the DFSA, your contributions are set for the plan year unless you experience a Change of Status Event. You must submit claims for reimbursement by March 31st after the plan year ends.

If you do not use the money you contribute to the DFSA for expenses you incur during the plan year, remaining amounts cannot be returned to you. If you do not use it, you lose it.

Submitting Claims

When submitting a claim for reimbursement from the DFSA, you must provide appropriate documentation. An acceptable DFSA claim submission contains a separate, signed and dated claim form for each qualified dependent. The claim form must include a description of services, the dollar amount of the claim, a taxpayer ID number for the provider, the provider's signature (or receipt), along with supporting documentation. Supporting documentation requires the following elements (cancelled checks are not sufficient): name of qualifying dependent; name and address of provider; date of service; description of service; provider's taxpayer identification number.

Which to Use: Dependent Day Care FSA or the Child and Dependent Care Tax Credit?

If you have paid dependent day care expenses in the past, you may be familiar with the federal tax credit allowed for these expenses when you file your federal income tax return. The DFSA is an alternative to the child and dependent care tax credit. You may not use the same expenses for both the tax credit and the DFSA.

Review your situation with your personal tax advisor to determine if you will benefit more from participating in the DFSA or from taking the child and dependent care tax credit on your income tax return.

Tax Savings Example

	Without DFSA Plan After Tax	With DFSA Plan Before Tax
Annual Gross Pay	\$40,000.00	\$40,000.00
Before Dependent Day Care Expense	\$0.00	-\$4,000.00
Taxable Gross Pay	\$40,000.00	\$36,000.00
Federal Income Tax (12%)*	-\$4,800.00	-\$4,320.00
FICA Tax (7.65%)*	-\$3,060.00	-\$2,754.00
After-tax Dependent Day Care Expense	-\$4,000.00	\$0.00
Net Take-home Pay	\$28,140.00	\$28,926.00

Total Annual Savings: \$786.00

*Note – Your FICA and/or Federal Income Tax rate may differ. Consult your tax advisor.



When you have a long list of stressors – and a longer list of to-dos



When you're dealing with the pressures of everyday life, it can be easy to simply smile and say, "I'm fine." But sometimes, emotions like stress, sadness or even anger can linger.

In those moments, Emotional Wellbeing Solutions is here for you. It's a modern and flexible employee assistance program (EAP) that, together with WorkLife Services, offers support for everyday life. Call Emotional Wellbeing Solutions 24/7 to talk about what's on your mind and connect with resources that can help. Skip the search when you need childcare, home repairs, eldercare or other resources in your community, and let WorkLife Services provide a vetted list. Or find helpful articles, videos and tools online. These services are available at no extra cost to all members of your household, including children living away from home.

Support for everyday life



To learn more, scan the QR code or visit liveandworkwell.com.

To find the right support for you, register with your HealthSafe ID or enter your company access code: 11040

More information about what's available to you

Emotional Wellbeing Solutions:

Face-to-face counseling

8 counseling visits either in person or virtually with a provider in our large network – at no cost.

Financial coaching from experts

Up to 60 minutes of free consultation (provided in 30-minute increments) with a credentialed financial coach for each financial issue. Access to extensive legal and financial tools and libraries to help you take control of your finances.

Legal counseling and mediation services

No-cost 30-minute telephonic or in-person consultation with a state-specific attorney or qualified mediator per separate legal issue. Ongoing services are provided at 25% below the firm's current rates after the initial consultation.

Digital self-care tools

Visit liveandworkwell.com to access our digital suite of tools and resources. Discover the solutions and clinical techniques that best fit your needs to help manage stress, anxiety and other concerns all in one convenient location.

Virtual Visits

HIPAA-compliant technology delivers video services in the privacy and comfort of your home or wherever you choose, providing convenience and accessibility. Licensed telemental health providers are available in every state.



WorkLife Services:

Adult care and eldercare support

- Grief/loss
- Retirement planning
- Adult daycare programs
- Financial and legal issues
- In-home/nurse care options

Child and family support

- Childcare options
- Adoption resources
- Day/summer camps
- Emergency/sick-child care
- Parent/family support groups

Chronic illness and condition support

- Respite services
- Caregiving services
- Assistive technology
- Affordable-housing resources
- Meal and transportation resources

Convenience services

- Pet services
- Traveling needs (business and leisure)
- Car and home repair and maintenance
- Shopping, dining and recreation recommendations

Educational resources

- Homeschooling
- Career consulting
- Adult education classes
- Individual educational plans
- School and college recommendations



Call

1-866-248-4104

Visit

liveandworkwell.com.

Enter your company access code: 11040

**24/7
availability**

Confidential

**No cost
to you**

Optum Emotional Wellbeing Solutions is known as Employee Assistance Program (EAP) in California.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply. Stock photos. Posed by models.



**132 Ivy Lane
King of Prussia, PA 19406
Phone: (877) 303-7382
Fax: (877) 332-7382**

ENROLLMENT / CHANGE FORM

This form can be used as an initial enrollment or to report a change in information. Please complete all information by printing clearly and firmly or by typing. If additional space is needed, please attach a statement with the appropriate information. Please check the applicable boxes below.

<input type="checkbox"/> New Enrollment <input type="checkbox"/> Waiver <input type="checkbox"/> Change <input type="checkbox"/> Transfer from Location # _____ to # _____ <input type="checkbox"/> Terminate							
Location Name			Location Number			Phone Number	
I. EMPLOYEE INFORMATION <input type="checkbox"/> Lay <input type="checkbox"/> Religious <input type="checkbox"/> Priest <input type="checkbox"/> Part-Time							
Date of Hire	Date Full Time	Effective Date	Date of Birth	Annual Salary \$ _____ Paid in 10 or 12 Months?	Hours Worked / Week	Marital Status	Date of Marriage
Last Name			First	MI	Sec. Sec. No.		Sex (M/F)
Street Address			City	State	Zip	Home Phone (including area code) ()	
E-Mail					Work Phone (including area code) ()		
II. COVERAGE ELECTION (complete dependent information section if coverage elected for spouse and/or children) DEPENDENTS ELECTING COVERAGE MUST ENROLL IN THE SAME MEDICAL/VISION OR DENTAL PLANS AS THE EMPLOYEE.							
Coverage	Effective Date	Employee	Spouse	Child(ren)	Add/Term	Comments	
Blue Cross PPO		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Blue Cross EPO		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Kaiser EPO		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dental		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Voluntary Short Term Disability		<input type="checkbox"/> Yes <input type="checkbox"/> No	You may elect Voluntary Short-Term Disability (STD) or Voluntary Long-Term Disability (LTD), but not both				
Voluntary Long Term Disability		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Voluntary Life AD&D		<input type="checkbox"/> Yes <input type="checkbox"/> No					
III. DEPENDENT INFORMATION (Required if dependent coverage is to be added or changed)							
Name	SSN	Relationship	Sex (M/F)	DOB	Dependent Certification Attached	Add/Term (A/T)	
IV. BENEFICIARY INFORMATION (Complete if Enrolling in Voluntary Life/AD&D Program. Please Note: If you are electing a beneficiary to your life insurance other than your spouse, your spouse must sign the spousal consent in the beneficiary form.)							
Name	Relationship		Date of Birth		Primary/Contingent	% Breakdown	
V. WAIVER (Signature is required if any benefit is waived) The current benefits have been explained to me thoroughly. I DO NOT wish to enroll in the following coverage(s). <input type="checkbox"/> Employee <input type="checkbox"/> Medical / Vision <input type="checkbox"/> Dental <input type="checkbox"/> Voluntary Life AD&D <input type="checkbox"/> Voluntary Short Term Disability <input type="checkbox"/> Voluntary Long Term Disability <input type="checkbox"/> Employee and/or Dependent <input type="checkbox"/> Medical / Vision <input type="checkbox"/> Dental							
Is the coverage being waived due to coverage by another plan? <input type="checkbox"/> Yes <input type="checkbox"/> No I understand that by waiving the coverage above, I will not be entitled to any benefits provided by the plan.							
SIGNATURE X _____				Date _____			
(To Waive Benefits)							



132 Ivy Lane
 King of Prussia, PA 19406
 Phone: (877) 303-7382
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ENROLLMENT / CHANGE FORM

This form can be used as an initial enrollment or to report a change in information. Please complete all information by printing clearly and firmly or by typing. If additional space is needed, please attach a statement with the appropriate information. Please check the applicable boxes below.

VI. RELEASE

I hereby certify that I am an eligible employee/beneficiary as defined in the Summary Plan Document that the above information is complete and accurate, and all claims submitted will be for individuals who are eligible members of the health plan. I hereby authorize the Plan Sponsor to deduct, from my pay, my contributions to the cost of the benefits, which I indicated above and for which I am or may become eligible. The current benefits have been explained to me thoroughly. I understand that I am responsible for a greater portion of my health costs in excess of the amounts payable under the plan.

I also authorize any physician or other health care professional, hospital or other health care facility, counselor, therapist, or any other medical or medically related facility or professional to give the health plan, respective agents or representatives any and all information or records relating to health history, health examinations, services rendered, or treatment given including treatment for alcohol, substance abuse or mental or emotional disorders, A.I.D.S., or A.R.C. of me or any of my dependents applying for coverage or any claim of benefits.

I also authorize the health plan to disclose all such health or personal information related to myself or any covered dependent, to a health care provider, a health care service plan, a self-insurer, or any insurance company for the purpose of investigating or evaluating any claim for benefits. If my coverage is under a master policy held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure of them for the purpose of administering my coverage, utilization review or financial audit.

This authorization is effective immediately and shall remain in effect for use in connection with any claim for benefits for as long as any health coverage may be in effect. A photocopy of this authorization is as valid as the original.

THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTOOD, AND AGREE TO ALL SECTIONS AND THE TERMS OF THIS ENROLLMENT FORM.

SIGNATURE X _____ **Date** _____
 (Required)

TO BE COMPLETED BY LOCATION ADMINISTRATOR ONLY

VII. REASON FOR THE CANCELLATION / CHANGE

EMPLOYEE COVERAGE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Discharged | <input type="checkbox"/> Date of Disability _____ | <input type="checkbox"/> New Dependent |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Resignation: Date Submitted: _____ | <input type="checkbox"/> Increase in work hours: Date _____ |
| <input type="checkbox"/> Reduction in work hours: Date _____ | <input type="checkbox"/> Last day worked: _____ | <input type="checkbox"/> New name: _____ |
| <input type="checkbox"/> Deceased: Date _____ | <input type="checkbox"/> New Address _____ | <input type="checkbox"/> Other please specify: _____ |

DEPENDENT COVERAGE:

- | | | |
|--|---|--|
| <input type="checkbox"/> Death of covered employee | <input type="checkbox"/> Date of divorce / legal Separation _____ | <input type="checkbox"/> Eligible for Medicare |
| <input type="checkbox"/> No longer an eligible dependent | <input type="checkbox"/> Termination of dependent's health coverage | |

Name of person completing this section (Please Print)	Signature	Date
---	-----------	------

FILE A CLAIM WITH CONFIDENCE



THE HARTFORD MAKES IT EASY TO FILE A CLAIM

Step 1: Know when it's time to file a claim

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

Step 2: Have this information ready.

- Name, address and other key identification information
- Name of your department and last full day of active work
- The nature of your claim or leave request
- Your treating physician's name, address, phone and fax numbers
- Your manager's or HR representative's name and phone number

Step 3: Make the call or file online

With your information handy, call The Hartford at 1-888-301-5615 or file online at thehartford.com/mybenefits. You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim or process your leave request.

The Roman Catholic Archdiocese of Los Angeles
Policy Number: 033112

Your disability program is managed
by The Hartford.

TO FILE A CLAIM

1-888-301-5615
Mon - Fri 8:00am - 8:00pm EST
Policy #: 033112

WWW.THEHARTFORD.COM/MYBENEFITS

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.



continued





HOW TO FILE A CLAIM

GET SUPPORTIVE ASSISTANCE

Even after your claim has been filed, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to also call us with anything that's on your mind. We're here to help.

RELAX AND STAY POSITIVE

You have the assurance of our knowledge, experience and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

QUICK FACTS

The Hartford's goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

**FOR MORE INFORMATION, PLEASE CONTACT THE HARTFORD'S
TOLL-FREE NUMBER 1-888-301-5615**



WHEN YOU CALL, THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address and other key identification information
- Name of your department and last full day of active work
- Your treating physician's name, address, and phone and fax numbers
- The nature of your claim or leave request
- Your manager's or HR representative's name and phone number

This card is not proof of insurance.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). © 2021 The Hartford.
Disability Form Series includes GBD-1000, GBD-1200, or state equivalent. The policy number is 033112



Income Protection

The Roman Catholic Archdiocese of Los Angeles

Disability Insurance

Information About You

Name:	Last 4 Digits of Your Social Security Number:
Date of Birth:	Date of Hire:

If you wish to decline Short Term Disability (STD) and/or Long Term Disability (LTD) coverage (LTD includes STD), please sign, date and return the form to your Location Administrator.

I decline the STD coverage that has been offered to me through The Archdiocese of Los Angeles.

I decline the LTD coverage that has been offered to me through The Archdiocese of Los Angeles.

I acknowledge that I have been offered the opportunity to enroll in STD and LTD (LTD includes STD). I also understand that I am not eligible for Disability coverage through the State of CA. Therefore, should I become disabled, I will not be eligible to receive a disability benefit from The Hartford or from my employer.

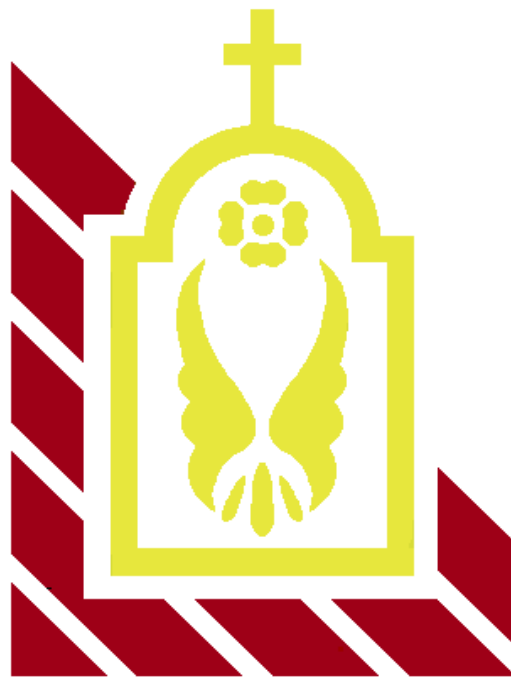
Signed _____ Date _____

FOR LOCATION ADMINISTRATORS: Please make a copy of this form for your records. The original should be sent to:

The Archdiocese of Los Angeles
Attn: Insurance Department
3424 Wilshire Blvd. 4th FL.
Los Angeles, CA 90010

Underwritten by Hartford Life And Accident Insurance Company. The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

**THE ARCHDIOCESE OF LOS ANGELES
LAY EMPLOYEES PENSION PLAN
(As Amended July 1, 2009)**



**A Plan Digest With Important Information
About Your Retirement Benefits**

This booklet is a digest of The Archdiocese of Los Angeles Lay Employees Pension Plan. The plan has been established and operates exclusively for the benefit of you and your fellow workers.

In this booklet, the word "Archdiocese" means The Roman Catholic Archdiocese of Los Angeles. The term "Archdiocese" also includes the affiliated employers which have adopted the plan. They are listed on the last page. Whenever the term "employee" is used, it means persons who are employed by The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, or an affiliated employer which is listed on the last page. "Plan Administrator" means The Roman Catholic Archbishop of Los Angeles, a Corporation Sole.

The official name of the plan is "The Archdiocese of Los Angeles Lay Employees Pension Plan". For purposes of brevity and variety, it is frequently referred to in this digest and elsewhere as "the pension plan", or simply "the plan".

If there is any conflict between this digest and the official plan document, the plan document will prevail. If you have any prior written material, dated earlier than July 1, 2009, describing all or part of the plan, it is obsolete. Please refer to this booklet for a summary of principal plan provisions or contact Pension Services (see the last page of this booklet for contact information).

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HIGHLIGHTS

When you retire, your sources of retirement income will include this plan, social security and your personal retirement savings.

- The plan is technically called a *cash balance pension plan*. This kind of plan determines the amount of your pension benefit by reference to a hypothetical *pension account* for you. Your account is credited with a certain percentage of your annual earnings* each year --- called *employer credits* --- and it is assumed to earn interest at a fixed rate, called *interest credits*. Your benefit at retirement corresponds to your pension account balance at that time.
- You can retire early at any time after age 55, with 5 or more years of service.
- You are vested in your pension account balance after 5 years of service.
- Your benefits under this plan are completely separate from and in addition to any benefits to which you may become entitled under the Social Security Act.
- At retirement your pension account will be paid to you in a lump sum or as a monthly annuity; it is your choice.

***Annual earnings includes all wages paid to you during a calendar year for personal services rendered before any payroll deduction for taxes, health and welfare benefits, tax sheltered annuities, flexible benefit plans, or any other purpose.**

The plan can be very important to you in the future. So regardless of how far away retirement may seem to be now, we suggest that you and your spouse read this booklet carefully. If you have any questions — now or in the future — contact Pension Services.

Advantageous Tax Treatment

Because the plan is intended to be a *qualified* "church plan" under the Internal Revenue Code, your benefits are not taxable until you actually receive them.

When you apply for benefits you should inform yourself of the tax laws that apply to qualified plan distributions; neither the Archdiocese nor Pension Services can help you with your individual tax questions.

* * * * *

WHO IS ELIGIBLE AND NOT ELIGIBLE FOR PARTICIPATION

Eligible

The following classifications of lay employees are eligible for coverage under the plan (unless ineligible or excluded as described below);

- Lay employees located in the Chancery Office and in each parish, and lay employees of the cemetery department and other departments of the Archdiocese.
- Lay employees of the affiliated employers listed on the last page.

Permanent deacons are considered lay employees, if employed by the Archdiocese or any of the affiliated employers.

Ineligible Classifications

The following classifications of employees are *ineligible* for coverage under the plan — but all their service will count for eligibility and vesting if their status changes:

- Part-Time Employees (persons who *regularly and customarily* work less than 20 hours per week).
- Temporary employees (persons who *regularly and customarily* work less than five months in a calendar year).
- Employees who are covered under another plan of retirement benefits sponsored by the Archdiocese, or any of the affiliates listed on the last page.

Excluded Classifications

The following classifications are *excluded* from being considered for eligibility under the plan — their excluded service will not count if their status changes.

- Priests, nuns, and members of religious communities or orders.
- Leased employees — persons on assignment from personnel agencies.
- Persons whose Archdiocesan wages are not reported to them on Internal Revenue Service Form W-2.
- Independent contractors or persons compensated solely by receipt of commissions who are not considered Employees by the Employer, such as persons working at The Tidings under a commission agreement.

Age and Service Requirements

Assuming you are not ineligible or excluded, in order to be covered under the plan, you must complete one year of service and you must be age 25 or older. There is no maximum age limitation.

Administration of Eligibility and Changes in Eligibility

For practical administrative reasons, the plan generally uses your status on December 31 of each year to determine whether or not you are eligible for coverage for that calendar year. However, for the calendar year in which your employment terminates, your status on the previous December 31 will be used. If better verifiable data is available to Pension Services, it will be used. Pension Services' decisions in this regard are final.

Questions

If you are in doubt about your eligibility status, contact Pension Services. You will find their address and phone number on the last page of this booklet.

SERVICE

Because many aspects of your plan coverage are based on the length and continuity of your *service*, it is important for you to know how it is computed.

In general, *service* means **all** your Archdiocesan employment. However, if your Archdiocesan employment has been interrupted for any reason, then your aggregate service is determined with reference to the plan's break-in-service and reemployment rules.

To simplify recordkeeping, service is credited in calendar months and years, beginning on the first day of the month in which you are employed. Service ends on the last day of the month in which your employment ends.

Service includes all time that you work, plus time you are absent from work during vacations, holidays, temporary illness, authorized leaves of absence, and up to 12 months of layoff due to lack of work. Service also includes maternity and paternity leaves of absence as defined on page 29.

Periods Excluded from Service

- Any period while you are in an Excluded Classification as described on page 4.
- Any period of layoff lasting more than 12 consecutive months, during which you receive no compensation from the Archdiocese.
- Any absence in excess of 24 months from the beginning of a maternity or paternity leave.
- Any period of *unauthorized* absence.
- Any period following your termination of employment as defined on page 7.

Service While Ineligible

Any period of service while you are classified as *ineligible* for coverage under the plan — such as part-time employment — is counted for eligibility and vesting, but no employer credits will be added to your pension account.

Service While Excluded

Any period while you are classified as *excluded* is not counted for eligibility or vesting, and employer credits will *not* be added to your pension account balance, if any.

Transfers Within the Archdiocese

If you transfer employment from one Archdiocesan location to another, such as from one parish school to another parish school, your service is not terminated but continues and is carried forward --- provided of course that you are still in an eligible class of employees. However, if, after the transfer you are in an ineligible class of employees no employer credits will be added to your pension account, but service will continue to be credited to you in your new location for purposes of vesting and the service eligibility requirement on page 4. Your pension account will continue to receive interest credits.

Change of Eligibility

If your status changes from eligible to ineligible, such as from full-time to part-time, your service is not terminated but continues and is carried forward, unless you change to one of the excluded classifications of employees defined on page 4.

Employer credits to your pension account will be discontinued while you are ineligible. During this time you will be classified as inactive. However, while you are inactive, your pension account will continue to receive interest credits.

You are not eligible for a distribution of your vested pension account balance upon a change in eligibility status, since your employment within the Archdiocese has not been terminated.

Military Service

Up to 5 years of U.S. military service is counted under the plan, provided that you return to work for the Archdiocese after your service ends, within the time your reemployment rights are protected by the federal law.

Termination of Employment

Your coverage under the plan will terminate on the earliest of the following events:

- quit, discharge, or layoff,
- death,
- retirement from Archdiocesan employment,
- disability as defined on page 15,
- failure to return to work after an illness or accident,
- failure to return to work after an authorized leave of absence,
- failure to return to work from a maternity or paternity leave within two years from the beginning of the leave,
- failure to return to work after military service within the time your employment rights are protected by law.

Break-In-Service

If your Archdiocesan employment terminates, you will incur a break-in-service if you are not reemployed within 12 months of your termination of employment date. Your break-in-service will generally be counted from the last day of the month in which your employment terminated.

(Exception: for a maternity or paternity leave, a break-in-service is counted from the second anniversary of the beginning of the leave.)

Reemployment

If you are later reemployed, you are credited with service as follows:

- ***Reemployment within twelve months.*** No break-in-service; the interval between your termination date and reemployment date counts as service.
- ***Reemployment after twelve months.*** You have incurred a break-in-service; the interval between your termination date and reemployment date does not count as service.

WHEN PLAN COVERAGE STARTS

Your coverage under the plan is automatic. It begins on the *later* of the applicable coverage dates from the following table, provided you are not otherwise ineligible for coverage at that time:

COVERAGE DATE TABLE
The first day of the month following completion of one year of service
OR, IF LATER
The first day of the month in which you attain age 25, provided there has been completion of one year of service.

Coverage Ends

Your coverage under the plan ends when you retire, die, become disabled, or terminate employment. If you continue to work past your normal retirement date, your plan coverage will continue until your actual retirement.

Inactive Participation

If your status is changed from eligible to either *ineligible or excluded*, but you are still employed by the Archdiocese, you will be classified as inactive on the plan's records. You will not receive employer credits to your pension account while you are inactive. However, while you are inactive, interest credits will be added to your pension account. If you return to an eligible status, you will begin to earn more employer credits.

Remember, service for other purposes, such as vesting, will continue to be counted while you are classified as *ineligible*, but not when you are classified as *excluded*.

Administrative Provision Regarding Status Changes

Your eligibility status under the plan is reviewed once each year, as of December 31, after each Archdiocesan location has reported census data changes for the year to Pension Services. For example, if you change from full-time to part-time employment during 2009, Pension Services will probably not learn of your change until 2010, when it reviews your location's census data reported as of December 31, 2009. Unless your location reports the exact date of your status change, your earnings for the part of the year in which you were in an ineligible classification, and any other information needed to calculate your Employer Credit, Pension Services will assume that your December 31, 2009 status was in effect for all of 2009.

PENSION ACCOUNT

Pension Account Balance

A pension account will be created on the plan's records for you when you become covered under the plan, although the plan's assets are actually pooled in a trust fund and not segregated individually. Your pension account balance on any date consists of two types of credits: Employer Credits and Interest Credits.

If you were employed by the Archdiocese before 1994, your pension account may also include a prior plan credit.

Your pension account balance is also called your *accrued benefit* under the plan.

Employer Credits

An amount equal to 3% of your *annual earnings* will be credited to your pension account for each year or partial year of service while you are in an eligible status. This amount is called an *employer credit*.

Note: For periods prior to July 1, 2009, 6.25% of your *annual earnings* is credited to your pension account for each year or partial year of service while you are in an eligible status.

Annual earnings includes all wages paid to you during a calendar year for personal services rendered before any payroll deduction for taxes, health and welfare benefits, tax sheltered annuities, flexible benefit plans, or any other purpose.

Remember, employer credits *will not* be added to your pension account for any time you are in an ineligible or excluded classification, or for any time you do not receive wages from the Archdiocese.

Interest Credits

Interest at the rate of 3% compounded annually will be credited to your pension account balance. This is called an *interest credit*. Interest credits continue as long as you have an account balance --- even if you become ineligible for plan coverage or your employment terminates. However, interest credits stop at the end of the month preceding the month in which payment of your pension account is scheduled to begin.

Although the Archdiocese intends to continue interest credits at the current rate indefinitely, as Plan Sponsor it has the right to change the rate of interest credits or to discontinue them.

Note: For periods prior to July 1, 2009, interest is credited at the rate of 6% compounded annually.

Hypothetical Accounts

Although specific assets are not allocated to each participant's particular pension account, and no participant has any claim with regard to specific trust fund assets, the plan maintains a record of each participant's total benefit. There is, of course, no guarantee that the trust fund will always be sufficient to provide plan benefits. In the event that assets of the trust fund are not sufficient to pay all plan benefits, benefits will be distributed in accordance with the priorities set forth in the official plan documents. The Archdiocese has no liability for benefits if the trust fund assets are insufficient.

Annual Statement of Account

If you are accruing benefits under the plan, you will receive a personalized statement after the end of each calendar year showing your status under the plan including the following items:

- (a) the beginning balance in your pension account as of the previous January 1,

- (b) the amount of interest credits added to your beginning balance,
- (c) the amount of employer credits, if any, allocated to your pension account for the calendar year, and
- (d) the new balance in your pension account as of December 31.

Individual statements will be provided once a year — after the plan's census data is collected and processed. This project takes several months, owing to the need to manually collect census data from each Archdiocesan location separately. Your patience is appreciated.

Changes in Status

If your status changes from eligible to either *ineligible or excluded*, and your employment has not terminated, no further employer credits will be added to your pension account, although interest credits will continue to be added.

If the exact date of your status change is known to Pension Services, that date will be used for purposes of stopping or starting employer credits. But if the exact date is not known, Pension Services will use your status on each December 31 as the benchmark for the prior 12 months for purposes of allocation of employer credits.

For the calendar year in which your employment terminates, Pension Services will use your status on the preceding December 31st as the benchmark.

If actual verifiable dates can be obtained, then those dates will be used instead of December 31. Pension Services' determination as to status will be final.

RETIREMENT

Normal Retirement

A *normal* pension is one which is paid to you upon retirement at age 65, or upon completion of five years of service if you were hired after your 60th birthday. This date is called your *normal retirement date*.

Postponed Retirement

A *postponed* pension is one which is paid to you beginning after your normal retirement date. If you work past your normal retirement date, employer credits and interest credits will continue to be added to your pension account, provided that you remain in an eligible classification. If you do not remain in an eligible class, your pension account will continue to receive interest credits only.

Early Retirement

An *early* pension is one which is paid to you immediately upon retiring from Archdiocesan employment between age 55 and age 65. You must have at least 5 years of service to be eligible to elect early retirement.

IMPORTANT NOTE: You may not begin to collect a pension under the plan while you are still employed by the Archdiocese — even if you are employed in an ineligible class, such as a part-time employee.

DISABILITY

If you become disabled while employed by the Archdiocese, the full amount of your pension account balance, if any, is payable to you, even if you have not met the 5-year vesting requirement.

Disability Defined

To be eligible for a disability benefit, you must provide evidence that you are receiving social security disability benefits.

Payment of Disability Benefit

Your pension account balance will be paid to you in a single sum as soon as possible after your disability has been verified (by confirmation that you are receiving social security disability benefits), provided proper application has been made. Disability benefits are always paid as a lump sum; your pension account balance may not be converted to an annuity.

PRE-RETIREMENT SURVIVOR BENEFITS

The plan provides a pre-retirement survivor benefit if your death occurs while you have a pension account balance on the plan's books, either as an active employee, or as a terminated employee with a vested pension benefit.

Eligibility

To be eligible for a pre-retirement survivor benefit, you must have (1) an undistributed pension account balance if your death occurs while you are employed by the Archdiocese, or (2) a vested deferred benefit if your Archdiocesan employment has terminated, and (3) payment of benefits to you in any form (lump sum or annuity) must not have started.

Amount of Survivor Benefits

- ***Death While Employed by the Archdiocese:*** If your death occurs while you are employed by the Archdiocese (even if you have not met the 5-year vesting requirement), your spouse, or if you have no spouse, your beneficiary will be paid an amount equal to your pension account balance *in a single sum*.
- ***Death of a Former Employee:*** If your death occurs after your Archdiocesan employment terminates but before payment of benefits to you has started, your spouse, or if you have no spouse, your beneficiary will be paid an amount equal to your vested pension account balance *in a single sum*.

Payment of Survivor Benefits is made only in a single lump sum, provided the proper application has been filed with Pension Services. Annuity benefits are not available.

VESTED BENEFIT

If your Archdiocesan employment terminates for a reason other than retirement, disability, or death, then whether or not you will receive your pension account balance depends upon how many years of service you had completed on your termination of employment date. A year of service is twelve months of service, calculated under the rules on pages 5 through 8.

The percentage of your pension account balance to which you have a nonforfeitable right if you leave Archdiocesan employment is your *vested pension benefit*.

If you terminate employment before you can officially retire under the plan, you will be vested in your pension account balance according to the following vesting schedule:

VESTING SCHEDULE	
Complete Years of Service	Vested Percent
Less than 5 years	0%
5 or more years	100%

Vested Deferred Pension

Since your vested pension benefit cannot be paid until you reach your early retirement date or normal retirement date under the plan, it is referred to in the plan as a *vested deferred benefit*. When you are eligible to retire under the plan, you may choose either an annuity or a lump sum, unless the small payment provision on page 20 applies.

DISTRIBUTIONS FROM THE PLAN

Normal Forms of Payment Upon Retirement

Two types of annuity benefits are available at retirement — one for single employees, the other for married employees. The annuity benefit appropriate for your marital status will automatically take effect unless you elect the lump sum cash option. The amount of your monthly annuity benefit will depend on the size of your vested pension account balance and on the plan's annuity conversion factors, which take into account your age and marital status at retirement.

Annuities are not available for employees with vested pension account balances of \$5,000 or less.

Single Employee Normal Form Annuity. If you are not married at retirement, your normal form of payment will be a *Life Annuity With Full Cash Refund*. Under this form of annuity, the plan will pay you a monthly retirement income for life. If you die before you have been paid an amount equal to your vested pension account balance --- calculated at the time your annuity benefits start --- the remainder will be paid (*refunded*) to your beneficiary.

Married Employee Normal Form Annuity. If you are married, the normal form of payment is a *Life Annuity With a Fifty Percent Surviving Spouse Benefit With Full Cash Refund*.

This means that you receive regular monthly payments during your lifetime. If you predecease your spouse, 50% of the pension you were being paid will be paid to your spouse for life.

If both you and your spouse die before an amount equal to your vested pension account balance --- calculated at the time your annuity benefits start --- has been paid, the remainder will be paid (*refunded*) to your beneficiary.

If your spouse predeceases you, *after* payments to you have started, your benefit will continue to be paid to you; it will not be increased or decreased on account of your spouse's death. Also, if you remarry, your new spouse cannot be added in place of your deceased spouse, nor can your remaining annuity payments be converted to a lump sum.

If your spouse dies *before* your benefit payments begin, then this form of payment will not take effect and you will be entitled to the single employee normal form annuity benefit described above.

Eligible Spouse

To be eligible for a surviving spouse's pension, your spouse must be continuously married to you from the date payment of your pension benefit starts until the date of your death. If you marry, or remarry, after payment of your pension benefit has started, your new spouse will not qualify for the surviving spouse's pension.

Optional Form of Payment

Lump Sum Payment. Instead of the normal form of annuity payment described above for your marital status, you may elect — within 90 days before payment is to be made — to receive your pension account balance in a lump sum.

Under this form of benefit payment, you elect to receive your pension account balance in a single lump sum, payable upon retirement from Archdiocesan employment. (Your lump sum may be paid to you or paid in a "direct rollover" to your IRA or another employer-sponsored plan. See page 22 for further information on direct rollovers.) Upon payment of your pension account balance, no further benefits are payable to you, your spouse, or any other beneficiary.

Possible Future Changes in Benefit Form

The Archdiocese has the right at any time to change the forms of benefit payable under the plan, including the right to eliminate forms of benefit payment, but not after payment of benefits have commenced. When you apply for benefits, Pension Services will inform you of the benefit forms available at that time.

Small Payments

If your *vested* pension account balance equals \$5,000 or less when it becomes payable, it will be paid in a lump sum. Annuities are not available for employees with vested pension account balances of \$5,000 or less.

Electing a Method of Payment

You must choose a method of payment — annuity or lump sum — within the 90 day period preceding the date benefits are scheduled to begin.

It is very important to note that, if you are married, your spouse must consent to your election in writing in the presence of a Notary Public.

Deferred Payment

If you terminate your Archdiocesan employment after you are vested in your accrued pension benefit but before you can officially retire under the plan, distribution of your vested accrued pension benefit will be deferred until you can officially retire and you make application for benefits. Because payment is postponed, your benefit is called a *vested deferred benefit*, in which case your vested pension account will remain on the plan's books. Payment cannot be deferred beyond age 65 --- unless you have been reemployed by the Archdiocese.

If you are entitled to a vested deferred benefit, you should apply to Pension Services for a certification of your vested deferred benefit based on a final review of your work history. You will be asked to complete a data verification and application form.

The Archdiocese also has the right to change the form of benefit payable under the plan --- for example, the lump sum benefit could be discontinued.

At retirement age, you must submit an application form and elect a method of payment in writing, before payment can begin.

Date of Payment

When you reach your early or normal retirement date, payment of your benefit will begin as soon as possible after you have filed an accurate and complete application form.

Application forms may be obtained from Pension Services.

When you apply for retirement benefits, you will be provided with a description of all forms of payment applicable to your marital status, and the relevant financial effect of each form of payment, so that you and your spouse can then make an informed election.

In-Service Withdrawals

In-service withdrawals are not permitted, and if made, could cause the plan to lose its tax-favored status. For example, if you stop working full-time for the Archdiocese but continue as a part-time employee, your vested benefit cannot be paid, because your Archdiocesan employment has not ended.

APPLYING FOR BENEFITS

You must apply for your benefits on forms supplied by Pension Services. You will be asked to verify all the data upon which your pension will be calculated, including your age, your marital status, and your pay history. If you are eligible to receive benefits immediately, you will also be asked to elect a form of payment and make income tax withholding decisions.

Tax Withholding on Annuities

If you elect annuity payments, you are required by federal law (and the laws of some states, including California) to also make an election as to whether or not you want income taxes withheld from your monthly annuity. If you fail to make an election, income taxes will automatically be withheld.

Direct Rollover of Lump Sum to IRA

If you elect a lump sum benefit instead of an annuity, you will be provided forms, as required by federal law, to elect a *direct rollover* of all or part of your lump sum distribution to an Individual Retirement Arrangement (IRA) or another employer's pension plan. Amounts paid by *direct rollover* will not be subject to income tax withholding. However, any amount paid directly to you will be subject to mandatory federal tax withholding.

Spouse Consent Requirements

If you are married, you may not apply for benefits, elect the lump sum option, or elect a direct rollover of any part of your pension account balance, unless your spouse consents to it. Your spouse must:

- (a) consent in writing on forms provided by Pension Services, and
- (b) your spouse's signature must be witnessed by a Notary Public.

You must establish your marital status to the satisfaction of Pension Services before any payment will be made to you.

Submitting Your Application

Data verification forms, application forms, income tax withholding forms, and any other forms needed to collect your benefits or name a beneficiary are available from Pension Services.

Return the completed forms to Pension Services at least 90 days before you want your pension payments to begin. It is also your responsibility to furnish any additional information that may be required and to make sure Pension Services and the plan trustee have your correct address so your pension check(s) will reach you.

Ordinarily, your benefit application will be processed within 45 days, but special situations may take longer. Therefore, if you fail to send in your application at least 90 days before you want your pension to begin, it may be delayed.

If your application is incomplete or improperly completed it will be returned to you, and you will be given an explanation or assistance necessary to perfect your application.

If you are not eligible for a benefit, Pension Services will tell you why in writing. You will also be told how you can appeal the decision.

Exceptions to Application Requirement And Spouse Consent

If your vested pension account balance equals \$5,000 or less, your benefit is payable only in a lump sum and it may be processed without a full application or spouse consent. However, you must still comply with the direct rollover procedure required by federal law, which will be explained to you in writing at the relevant time.

OTHER THINGS YOU SHOULD KNOW

Participant Records

Participant records are maintained by Pension Services on a calendar year basis. The accuracy of your data in the pension plan master file is largely based on your Archdiocesan employer's response to Pension Services' annual data questionnaire. Each Archdiocesan parish, school or other location is asked to update its plan records annually as of December 31st, and submit current data to Pension Services for incorporation in the plan's permanent data base.

Plan Administrator

The official Plan Administrator is the Archbishop. Day-to-day operations of the plan are conducted by Pension Services.

All questions and requests for information about the plan's administration and/or operations should be addressed to Pension Services. The address is on the last page of this booklet.

Covered Employees

Not everyone is eligible under the plan. Whenever the term "participant" is used in this digest, it means only those employees who meet the plan's age and service requirement for coverage, and who are not classified as ineligible or excluded. Where the context is appropriate, "participant" also includes other persons who have an undistributed pension account balance on the books of the plan.

Whenever the term "employee" is used, it means lay persons who are employed by The Roman Catholic Archdiocese of Los Angeles, a Corporation Sole, or an affiliated employer who is listed on the last page.

The plan described in this booklet applies only to employees who retire or terminate Archdiocesan employment on or after July 1, 2009.

Employee Contributions

Employees are not permitted to make contributions to this plan. You may be eligible to establish and make contributions to an Individual Retirement Account (IRA) and/or to a tax sheltered plan described in Internal Revenue Code Section 403(b). You should seek advice elsewhere (from the Internal Revenue Service, your accountant or your tax advisor) concerning your eligibility for either an IRA or an Internal Revenue Code Section 403(b) tax sheltered plan.

Reemployment After Receiving Payment(s)

If you return to work for the Archdiocese in an eligible classification after you have received your plan benefits in a lump sum, a new pension account will be created on the plan's books for you, and new employer credits and interest credits will be added.

If you return to work for the Archdiocese in an eligible classification while you are collecting monthly annuity benefits, payment of those benefits will stop. Your new pension account will receive new employer credits and interest credits while you work in an eligible class. When you later retire or cease to be in an eligible class, your pension will start again. It will be based on the vested pension account balance you would have had if you had not received any benefits, adjusted by subtracting the benefits you received and the interest credits they would have earned if they had remained in your pension account. You will have another opportunity to elect either a lump sum or an annuity when your pension recommences. There is no guarantee that your pension benefit will be larger as a consequence of your reemployment.

Benefits While on Leave of Absence or in Suspense

You cannot withdraw your vested pension account or begin receiving benefits while you are employed by the Archdiocese, even if your participation in the plan is suspended because you are in an ineligible or excluded classification. The same rule applies during an authorized leave of absence, even if it is without pay.

Loans or Withdrawals/Distributions Before Retirement

The plan is intended to help build financial security for your retirement and long term needs. Therefore, no loans or withdrawals from your pension account are permitted. And, your vested pension account will not be distributed to you until after your Archdiocesan employment has terminated and you are eligible to retire under the plan.

Designation of Beneficiary

At any time you are married, **your spouse is automatically your primary beneficiary.** Neither you nor your spouse may elect otherwise.

If you are single, you may designate anyone, or your estate, as your primary beneficiary and you may change your designation any time, using the forms provided by Pension Services.

Whether you are married or single it is advisable for you to designate a secondary beneficiary to receive any benefit due upon your death, just in case your spouse or other primary beneficiary does not survive you.

If you fail to designate a beneficiary, or if your spouse or beneficiary is not living at the time survivor benefits are to be paid, then the benefit due, if any, will be paid as follows:

- (1) In equal shares to the surviving children (natural or adopted) for whom you had a legal and parental responsibility;

- (2) If there are no such children, to your parents in equal shares or, if only one parent survives, to that parent;
- (3) If there are no such children or parents, in equal shares to your surviving siblings;
- (4) If none of the above survive, in equal shares to your surviving grandparents;
- (5) If none of the above survive, in equal shares to your surviving aunts and/or uncles who are children of your grandparents; or
- (6) If none of the above survive, to your estate.

Should your spouse or other primary beneficiary fail to survive you by at least 30 days — or if you and your spouse or other beneficiary die in a common accident or disaster — you will be deemed to have died last, and any benefit due will be paid in accordance with that assumption.

Beneficiary forms, with instructions, are available from Pension Services.

Abandoned or Unclaimed Benefits

It is your responsibility to see that Pension Services has your correct address. If the plan is unable to pay a benefit to you because your identity or whereabouts is unknown, the Plan Administrator will delay payment of your benefit until you are identified or located, or until your death is legally established.

Pension Services will mail notification of the intended delay of your benefit payment to your last known address at least 30 days before payment is suspended. If no response is received within 30 days, the suspension will become effective.

Legal Incapacitation

If you, your spouse, or any of your beneficiaries are entitled to receive benefits under the plan and become legally incapacitated — or if your designated beneficiary is a minor — benefits will be paid to the person or institution that, in the opinion of the Plan Administrator, is providing for the care and maintenance of the individual in question. Any such payment constitutes a full and complete discharge of the plan's obligation to pay a benefit.

Misstatement and Data Errors

If your age, marital status, date of hire, date of termination, or any other relevant fact related to your coverage under the plan, or an application for payment of benefits, is misstated or erroneous due to incorrect data, the Plan Administrator has the right to make an adjustment in your benefits based on the correct information.

Any error in pension account balances due to a misstatement or data error will be corrected. Any overpayment of benefits due to misstatement will be deducted from future payments when possible. The Plan Administrator may also institute legal action to recover any overpaid amount or wrongfully paid amount. Interest may be charged on any amount that is overpaid or wrongly paid due to misstatement.

While you are covered by the plan, you will be provided annually with a personalized Statement of Account which will set forth all your relevant data on file plus your status under the plan. It is your responsibility to read it carefully and advise Pension Services of any misstatements or errors.

Assignment or Attachment Prohibited

To the extent permitted by law, benefits payable under the plan are not subject to assignment, transfer, other legal encumbrance, or process. This prohibition includes a domestic relations order, unless the Plan Administrator determines that the order is consistent with the terms of the Plan and applicable law.

Employment Rights Not Implied

Coverage under the plan does not give you the right to be retained in the employ of The Roman Catholic Archdiocese of Los Angeles, or in the employ of any of the affiliated employers listed on the last page, nor does it interfere in any way with the right of the Archdiocese, or any affiliated employer, to discharge or terminate you at any time, without regard to the effect such discharge or termination may have on your rights under the plan.

Employer Policy and Procedures

Where this digest discusses aspects of your employment, such as part-time status or leaves of absence, the discussion relates only to coverage and benefits under the plan. Nothing in this digest affects the terms of your employment or any other Archdiocesan administrative or personnel policy or procedure governing any aspect of your employment.

Maternity or Paternity Leave

Solely for purposes of the plan, maternity or paternity leave means an absence due to pregnancy, or the birth of your child, or the placement of a child with you in connection with the adoption of the child by you, or for the purpose of caring for your newborn or adopted child during the period immediately following the child's birth or placement for adoption. The granting of leaves of absence and the terms and conditions that apply to them are not the responsibility of the plan or Pension Services.

A maternity or paternity leave as defined above, will not interrupt service credits, provided you return to Archdiocesan employment before your leave expires. If you do not return to the Archdiocese before your leave expires, your employment will be considered terminated 24 months from the date your leave started.

Plan Amendment, Merger and Termination

Although the Archdiocese expects and intends to continue the plan indefinitely, it may be modified, amended, suspended, or terminated at any time. For instance, the rate of future employer credits may be changed, and the rate of interest credits may be increased or decreased, or such credits may be discontinued. The Archdiocese also has the right to change the forms of benefit payable under the plan. However, no amendment to the plan can adversely affect your right to the benefits you have earned up to the time such a modification or amendment is made, to the extent those benefits are funded.

If the plan should ever be merged or consolidated with another plan, your benefit immediately after the merger or consolidation will be at least as great as the benefit you would have received if the plan had then terminated.

In the event the plan is terminated, your right to your plan benefit, to the extent then funded, will become 100% vested regardless of your age or service. At that time, the assets of the plan will be prioritized and subdivided, with pensioners having the highest priority. After all plan obligations have been satisfied, any remaining plan assets will be returned to the Archdiocese.

Financing the Plan

The plan is funded solely through employer contributions to a trust fund. You, as an employee, are not required to pay anything and cannot contribute anything.

The Archdiocese makes contributions to the plan's trust fund which are calculated by an independent actuary and are expected to be enough to provide present and future benefits.

These contributions and their investment earnings are held in a trust fund, but specific assets are not allocated to particular participants' pension accounts, and no participant has any claim to priority with regard to specific trust fund assets. There is, of course, no guarantee that the trust fund will always be sufficient to provide plan benefits. In the event that assets of the trust fund are not sufficient to pay all plan

benefits, benefits will be distributed in accordance with the priorities set forth in the plan document, with pensioners having the highest priority. The Archdiocese has no liability for benefits if the trust fund assets are insufficient.

Plan Assets Exclusively for Employees and Beneficiaries

Plan assets cannot be used for any other purpose than to provide benefits for you, your spouse, or other beneficiary, and to pay plan expenses, unless the plan terminates and all benefits are paid in full.

Statutory Limitations

The plan contains certain benefit limitations required by federal law. You will be notified if you are affected by these limits.

Federal law also contains special rules if the plan becomes top heavy in favor of key employees. It is very unlikely that the plan will ever become top heavy. If this should occur, however, you will receive complete information on application of legal requirements.

Social Security and Other Plans

Plan benefits are completely separate from and in addition to your social security benefits, the cost of which both you and the Archdiocese share equally. Besides benefits from this plan and social security, you also may have retirement income from other sources, such as personal savings, individual tax sheltered plans described in Internal Revenue Code Section 403(b), an IRA, or another employer's pension plan. Benefits from these sources are not affected by this plan.

Official Plan Documents

This digest is only a summary of The Archdiocese of Los Angeles Lay Employees Pension Plan. All of your rights and benefits are described in the official plan documents, which are controlling.

Questions

All questions and requests for information about the plan's administration and/or operations should be addressed to:

Pension Services
575 Market Street, Suite 2450
San Francisco, CA 94105
Toll-free Number: (866) 907-5472

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PLAN DIRECTORY

Official Plan Name: The Archdiocese of Los Angeles
Lay Employees Pension Plan

Plan Sponsor: The Roman Catholic Archbishop of Los Angeles,
a Corporation Sole

Affiliated Employers:

- Archdiocese of Los Angeles Education & Welfare Corporation
- St. John's Seminary College
- St. John's Seminary in California
- Our Lady Queen of the Angels Seminary
- The Tidings

Type of Plan: Defined Benefit, Cash Balance Type

Effective Date: Provisions described in this digest are effective
July 1, 2009.

Plan Year: The plan year is a calendar year.

Pension Services' Mailing Address:

Pension Services
575 Market Street, Suite 2450
San Francisco, CA 94105
Toll-free Number: (866) 907-5472

NO ERASURES
TYPE OR USE INK

THE ARCHDIOCESE OF LOS ANGELES LAY EMPLOYEES PENSION PLAN BENEFICIARY DESIGNATION

This designation
supersedes and replaces
all previous designations
under this Plan.

EMPLOYEE INFORMATION	
Employee Name _____	Social Security No. _____
Address _____	
_____	Phone No. _____

IMPORTANT NOTICE

If **you are legally married**, your primary beneficiary is automatically your spouse. Neither you nor your spouse may elect otherwise. Sample designations can be found on the opposite side of this page. Sample designations in **bold type** mean your spouse is your primary beneficiary.

If **you are not married**, your primary beneficiary is any person that you designate to receive death benefits under the plan, if any are payable. See sample designations on the opposite side of this page.

Regardless of your marital status, it is important to designate a beneficiary, and to keep your designation up-to-date. If you fail to designate a beneficiary, or your beneficiary is not living at the time of your death, then the benefits due will be paid in accordance with the plan and the plan's administrative procedures.

Should your spouse or other beneficiary fail to survive you by at least 30 days, or if you and your beneficiary die in a common accident or disaster, you will have been deemed to have died last.

BENEFICIARY DESIGNATION
<p>Please read the Important Notice section above before making your designation. Attach a separate page if more space is necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Beneficiary Address _____</p> <p>_____</p> <p style="text-align: center;">Use separate page if more than one address and indicate name of each addressee.</p>

EMPLOYEE SIGNATURE
<p>I hereby make the above designation, revoking and replacing all previous designations under this plan. I understand if I am legally married at my death, my spouse has priority over any other claim presented.</p> <p>Signature of Employee _____ Date _____</p>

FOR PLAN USE ONLY

THIS DESIGNATION IS NOT VALID UNTIL RECEIVED BY PENSION SERVICES ON BEHALF OF THE PLAN.

Mail this form to the address on the reverse side.

INSTRUCTIONS

1. Use this form to designate or change your primary and/or secondary beneficiary.
2. Where more than one primary and/or secondary beneficiary is designated, the amount to be paid to each beneficiary must be clearly set forth by designating fractions or portions to be received.
3. Your secondary beneficiary will receive a benefit only if (a) your primary beneficiary dies before you, or (b) your primary beneficiary dies before receiving the total survivor benefit.
4. If you wish to designate a minor as beneficiary, appointment of a custodian is recommended (see sample designation #12 below). If a minor (or other person incapable of giving valid receipt) is designated beneficiary and has no surviving parent, custodian or conservator, the Plan Administrator may direct that payment be made to the person or institution responsible for the care and maintenance of such individual.
5. The proper wording for typical nominations of beneficiary is shown below. In the event none of the following nominations provide the disposition desired, you should consult your attorney.

Type of Beneficiary	Language To Be Used
1. Estate	Estate
2. One Primary Beneficiary	Peter Jones, father.
3. Two Primary Beneficiaries	Peter Jones, father and Anna Jones, mother, equally, or the survivor.
4. Three or More Primary Beneficiaries	Peter Jones, father, Anna Jones, mother, and Mary Jones, daughter, or the survivors, equally or the survivor.
5. One Primary Beneficiary and One Secondary Beneficiary	Dorothy Q. Jones, spouse, if living, otherwise Mary Jones, daughter.
6. One Primary Beneficiary and Two Secondary Beneficiaries	Dorothy Q. Jones, spouse, if living, otherwise Mary Jones, daughter, Quincy Jones, son, equally, or the survivor.
7. One Primary Beneficiary and Three or more Secondary Beneficiaries	Dorothy Q. Jones, spouse, if living, otherwise Mary Jones, Quincy Jones, and Edna Jones, children, or the survivor, or survivors, equally.
8. One Primary Beneficiary and Unnamed Children as Secondary Beneficiaries	Dorothy Q. Jones, spouse, if living, otherwise the children born of the marriage of the designator and said wife, or the survivor, or the survivors, equally.
9. Two Primary Beneficiaries and One Secondary Beneficiary	Peter Jones, father, and Anna Jones, mother, equally, or the survivor, if either survives; otherwise Mary Jones, daughter.
10. Two Primary Beneficiaries in Unequal Shares	Peter Jones, father, as to three-fourths (3/4) and Anna Jones, mother, as to one-fourth (1/4), or the survivor.
11. Revocable Inter Vivos Trust	Surviving Trustee(s) under the Trust Agreement Establishing the [Name of trust, such as "Peter and Dorothy Jones Revocable Trust"] dated [date trust agreement signed].
12. Minor Child	[Name of child], if at least age _____ [not less than 18 or more than 24] at my death; if younger, to [Name of adult to serve as custodian] as custodian for [Name of child] under the Uniform Transfers to Minors Act.

Designations in bold type mean your spouse is your primary beneficiary

Designations in bold type mean your spouse is your primary beneficiary

QUESTIONS AND RETURN ADDRESS

Pension Services
 530 Bush Street, Suite 500
 San Francisco, CA 94108-3633
 Toll-free: 866/907-5472

INTEREST ACCUMULATION ACCOUNT AND SEPARATE ACCOUNT INVESTMENT FUNDS

Offering a Diverse Choice of Retirement Plan
Investments from a Variety of Investment Managers



MUTUAL OF AMERICA
Your Retirement Company®

Interest Accumulation Account

Mutual of America's Interest Accumulation Account is part of the Company's General Account and provides a guarantee of principal and previously credited interest to protect against market risk. This guarantee is based on Mutual of America's financial strength and claims-paying ability.¹

The investment risk of the underlying investments in the General Account is borne by Mutual of America and not by the participant. The Company agrees to return to the participant the principal in the Interest Accumulation Account, together with any interest that has been credited, without any market value adjustment or surrender charge. Similar to the Separate Account investment funds, there are no transfer restrictions on the Interest Accumulation Account; however, the Company's Frequent Transfer Policy applies.

Mutual of America, which is assuming the investment risk of the underlying investments of the Interest Accumulation Account, is recognized for its financial strength, as confirmed by the ratings it has received from the major independent rating agencies: A+ by A.M. Best, AA- by Standard & Poor's[®] and AA- by Fitch.² For more risk-averse participants, who prefer a known rate of return on their investments, while not risking principal, the Interest Accumulation Account is an attractive alternative.

¹ We guarantee that we will credit interest for the life of the contract to amounts in the Interest Accumulation Account of our General Account at a rate at least equal to the greater of (1) any contractual minimum guarantee provided by the contract or (2) the minimum rate required by applicable state law or, if no state law minimum rate is applicable to a contract, the guaranteed minimum credited interest rate will be set pursuant to National Association of Insurance Commissioners (NAIC) standard nonforfeiture law. The NAIC minimum rate is determined in accordance with a formula, and cannot be less than 1.00% or more than 3.00% in any event. We determine whether the application of the formula will change the minimum guaranteed rate each November, and any change is effective the following January 1 for that calendar year. The current minimum rate has been set at 1.00% in accordance with this formula. In addition, Mutual of America may credit interest to your contract amounts in the General Account at a higher rate that we declare from time to time and which may increase or decrease at our sole discretion, although we are not obligated to credit interest in excess of the minimum guaranteed rate. If you have an existing contract, you should refer to it before making a decision because it may have a guaranteed minimum rate in excess of the formula described above and the advertised declared rate. We compound interest daily on your contract amounts in the General Account to produce an effective annual yield that is equal to the stated interest rate. This guarantee is subject to Mutual of America's financial strength and claims-paying ability.

² A.M. Best, Standard & Poor's[®] and Fitch Ratings are independent rating agencies. Standard & Poor's[®] and S&P[®] are trademarks of Standard & Poor's Financial Services LLC, a subsidiary of The McGraw-Hill Companies, Inc.

Mutual of America offers a diverse choice of Separate Account investment funds from the following investment companies:

MUTUAL OF AMERICA INVESTMENT CORPORATION

Equity Index Fund

The Equity Index Fund seeks to provide investment results that correspond to the performance of the Standard & Poor's 500 Composite Stock Price Index (the S&P 500® Index).³ The Fund invests primarily in common stocks that are included in the S&P 500® Index to replicate, to the extent practicable, investment results that correspond to the performance of the S&P 500® Index. Under normal circumstances, at least 80% of the Fund's total assets are invested in securities included in the S&P 500® Index. The Fund attempts to be fully invested at all times.

All America Fund

The All America Fund seeks to outperform the S&P 500® Index by investing in a diversified portfolio of primarily common stocks. The Fund invests approximately 60% of its assets in common stocks that are included in the S&P 500® Index (the Indexed Assets) to provide investment results that correspond to the performance of the S&P 500® Index. The Fund invests the remaining approximately 40% of its assets (the Active Assets) to seek to achieve a high level of total return, through both appreciation of capital and, to a lesser extent, current income, by means of a diversified portfolio of primarily common stocks with a broad exposure to the market. Under normal circumstances, at least 80% of the Fund's total assets are invested in securities of companies that are listed or principally traded on a United States stock exchange.

Small Cap Value Fund

The Small Cap Value Fund seeks capital appreciation. The Fund seeks to achieve its objective by investing in value stocks issued by companies with small-sized market capitalizations that the Adviser believes to be undervalued in the marketplace in relation to factors such as the company's assets, earnings or growth potential. At least 80% of the Fund's total assets are invested in small cap value stocks under normal market conditions and at least 85% of the Fund's total assets are invested in equity securities.

Small Cap Growth Fund

The Small Cap Growth Fund seeks capital appreciation. The Fund seeks to meet its objective by investing in growth stocks issued by companies with small-sized market capitalizations that the Adviser believes to possess above-average growth potential. At least 80% of the Fund's total assets are invested in small cap growth stocks under normal market conditions and at least 85% of the Fund's total assets are invested in equity securities.

Mid Cap Value Fund

The Mid Cap Value Fund seeks capital appreciation and, to a lesser extent, current income. The Fund seeks to achieve its objective by investing in value stocks issued by companies with mid-sized market capitalizations that the Adviser believes to be undervalued in the marketplace in relation to factors such as the company's assets, earnings or growth potential. At least 80% of the Fund's total assets are invested in mid cap value stocks under normal market conditions and at least 85% of the Fund's total assets are invested in equity securities.

Mid-Cap Equity Index Fund

The Mid-Cap Equity Index Fund seeks to provide investment results that correspond to the performance of the S&P MidCap 400® Index.³ The Fund invests primarily in the 400 common stocks that are included in the S&P MidCap 400® Index to replicate, to the extent practicable, investment results that correspond to the performance of the S&P MidCap 400® Index. Under normal market conditions at least 80% of the Fund's total assets are invested in securities included in the S&P MidCap 400® Index. The Fund attempts to be fully invested at all times.

³ "Standard & Poor's," "S&P," "S&P 500®" and "S&P MidCap 400®" are trademarks of Standard & Poor's Financial Services LLC, a subsidiary of The McGraw-Hill Companies, Inc., and have been licensed for use by Mutual of America Investment Corporation. Standard & Poor's does not sponsor, endorse, sell or promote the Equity Index Fund, All America Fund or Mid-Cap Equity Index Fund. It has no obligation or liability for the sale or operation of the Funds and makes no representations as to the advisability of investing in the Funds.

Composite Fund

The Composite Fund seeks capital appreciation and current income by investing in a diversified portfolio of common stocks, debt securities and money market instruments. The Fund invests a portion of its assets in equity and in fixed income (including money market) securities, where the portion in each category of securities will vary based on the Adviser's view of current economic and market conditions.

International Fund

The International Fund seeks capital appreciation by investing, directly and/or indirectly, mainly in exchange traded funds that invest in stocks of large- and mid-cap companies in developed markets countries located outside of the United States and Canada. At present, the Fund expects to invest a substantial portion of its assets in exchange traded funds that reflect, replicate or follow the country weightings of the Morgan Stanley Capital International, Inc. Europe, Australasia, and Far East Index (the "MSCI EAFE Index"⁴), including iShares, Vanguard exchange traded funds⁴, or equivalent securities.

Money Market Fund

The Money Market Fund seeks current income to the extent consistent with the maintenance of liquidity, investment quality and stability of capital. The Fund invests only in money market instruments and other short-term securities. Although the Fund seeks current income and preservation of capital, within its guidelines, low market interest rates can result in risk to both of these objectives, particularly after fees and expenses of the Separate Account, the Investment Company, its Adviser and distributor are taken into account.

You could lose money by investing in the Fund. Because the share price of the Fund will fluctuate, when you sell your shares they may be worth more or less than what you originally paid for them. The Fund may impose a fee upon sale of your shares or may temporarily suspend your ability to sell shares if the Fund's liquidity falls below required minimums because of market conditions or other factors. An investment in the Fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The Fund's sponsor has no legal obligation to provide financial support to the Fund, and you should not expect that the sponsor will provide financial support to the Fund at any time.

Mid-Term Bond Fund

The Mid-Term Bond seeks current income, with a secondary objective of preservation of shareholders' capital. The Fund invests primarily in publicly traded, investment-grade debt securities. At least 80% of the Fund's total assets are invested in investment-grade bonds issued by U.S. corporations or by the U.S. Government or its agencies, such as bonds, notes, debentures, zero coupon securities and mortgage-backed securities. The average maturity of the Fund's securities will be between three and seven years.

Bond Fund

The Bond Fund seeks current income, with a secondary objective of preservation of shareholders' capital. The Fund invests primarily in publicly traded, investment-grade debt securities. At least 80% of the Fund's total assets are invested in investment-grade bonds issued by U.S. corporations or by the U.S. Government or its agencies, such as bonds, notes, debentures, zero coupon securities and mortgage-backed securities. The Adviser anticipates that the average maturity of the Fund's securities holdings will be between five and ten years.

Retirement Income Fund

The Retirement Income Fund seeks current income consistent with the preservation of capital and, to a lesser extent, capital appreciation. The Fund invests in other funds of the Investment Company ("IC Funds") in proportions that are balanced to meet the goal of the Fund, which is to produce current income and preserve the value of the investments of retired individuals. The Fund generally invests 75% of its assets in fixed income IC Funds and 25% of its assets in equity IC Funds. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the target allocation.

2010 Retirement Fund

The 2010 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

⁴ MSCI EAFE Index is a service mark of MSCI. MSCI does not sponsor, issue, sell or promote iShares Funds which are based on the MSCI EAFE Index and MSCI makes no representations regarding the advisability of investing in shares of such Funds. Vanguard ETF Shares are an exchange traded class of shares issued by certain Vanguard mutual funds. The Vanguard Group, Inc. is the investment adviser and does not make any representation regarding the advisability of investing in the International Fund.

2015 Retirement Fund

The 2015 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

2020 Retirement Fund

The 2020 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

2025 Retirement Fund

The 2025 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

2030 Retirement Fund

The 2030 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

2035 Retirement Fund

The 2035 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

2040 Retirement Fund

The 2040 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

2045 Retirement Fund

The 2045 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

2050 Retirement Fund

The 2050 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

2055 Retirement Fund

The 2055 Retirement Fund seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Fund invests in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed income funds and equity funds will change to reflect the periodic modifications in the Fund's target. Please refer to the Investment Company prospectus, under the heading "Retirement Funds," for information about the current target allocation.

Conservative Allocation Fund

The Conservative Allocation Fund seeks current income and, to a lesser extent, capital appreciation. It invests the majority of its assets in fixed income Funds of the Investment Company and also invests in equity Funds of the Investment Company. The Fund's current target allocation is 65% of net assets in fixed income Funds, with 30% in the Bond Fund and 35% in the Mid-Term Bond Fund, and 35% of net assets in equity Funds, with 25% in the Equity Index Fund, 5% in the Mid-Cap Equity Index Fund and 5% in the International Fund.

Moderate Allocation Fund

The Moderate Allocation Fund seeks current income and capital appreciation. It invests in both equity Funds of the Investment Company and fixed income Funds of the Investment Company. The Fund's current target allocation is 60% of net assets in equity Funds, with 35% in the Equity Index Fund, 15% in the Mid-Cap Equity Index Fund and 10% in the International Fund, and 40% of net assets in fixed income Funds, with 25% in the Bond Fund and 15% in the Mid-Term Bond Fund.

Aggressive Allocation Fund

The Aggressive Allocation Fund seeks capital appreciation and, to a lesser extent, current income. It invests primarily in equity Funds of the Investment Company and also invests in fixed income Funds of the Investment Company. The Fund's current target allocation is 80% of net assets in equity Funds, with 35% in the Equity Index Fund, 20% in the Mid-Cap Equity Index Fund, 15% in the International Fund, 5% in the Small Cap Value Fund and 5% in the Small Cap Growth Fund, and 20% of net assets in fixed income Funds, all in the Bond Fund.



Fidelity® VIP Equity-Income Portfolio

The Fidelity® VIP Equity-Income Portfolio seeks reasonable income. The Portfolio will also consider the potential for capital appreciation. The Portfolio's goal is to achieve a yield which exceeds the composite yield on securities comprising the S&P 500® Index. The Portfolio normally invests at least 80% of its assets in equity securities and normally invests its assets primarily in income-producing equity securities which tends to lead to investments in large cap "value" stocks. The Portfolio may also invest in other types of equity securities and debt securities, including lower-quality debt securities. The Portfolio may invest in securities of domestic and foreign issuers.

Fidelity® VIP Asset Manager Portfolio

The Fidelity® VIP Asset Manager Portfolio seeks to obtain high total return with reduced risk over the long-term by allocating its assets among stocks, bonds and short-term instruments. The Portfolio's Adviser allocates the Fund's assets among the following asset classes, or types of investments within the following investment parameters: 30–70% in stocks (equities), 20–60% in bonds (intermediate- to long-term debt securities) and 0–50% in short-term/money market instruments. The expected neutral mix will consist of 50% in stocks, 40% in bonds and 10% in short-term and money market instruments. The Portfolio may invest in securities of domestic and foreign issuers.

Fidelity® VIP Contrafund® Portfolio

The Fidelity® VIP Contrafund® Portfolio seeks long-term capital appreciation. The Portfolio normally invests its assets primarily in common stocks. The Portfolio invests in securities of companies whose value its Adviser believes is not fully recognized by the public. The Portfolio may invest in securities of domestic and foreign issuers. The Portfolio may invest in either "growth" stocks or "value" stocks or both.

Fidelity® VIP Mid Cap Portfolio

The Fidelity® VIP Mid Cap Portfolio seeks long-term growth of capital. The principal investment strategies include: normally investing primarily in common stocks, normally investing at least 80% of assets in securities of companies with medium market capitalizations (which, for purposes of this Portfolio, are those companies with market capitalizations similar to companies in the Russell Midcap® Index or the Standard & Poor's MidCap 400® Index (S&P MidCap 400®)), potentially investing in companies with smaller or larger market capitalizations, investing in domestic and foreign issuers, investing in either "growth" stocks or "value" stocks or both, using fundamental analysis of each issuer's financial condition and industry position and market and economic conditions to select investments.



Vanguard VIF Diversified Value Portfolio

The Vanguard Variable Insurance Fund Diversified Value Portfolio seeks to provide long-term capital appreciation and income. The primary investment strategies include: investing mainly in common stocks of large- and mid-capitalization companies whose stocks are considered by the adviser to be undervalued. Undervalued stocks are generally those that are out of favor with investors and, in the opinion of the adviser, are trading at prices that are below-average in relation to such measures as earnings and book value. These stocks often have above-average dividend yields.

Vanguard VIF International Portfolio

The Vanguard Variable Insurance Fund International Portfolio seeks to provide long-term capital appreciation. The primary investment strategies of the Portfolio include: investing in the stocks of companies located outside the United States. In selecting stocks, the Portfolio's advisers evaluate foreign markets around the world and choose

companies with above-average growth potential. The portfolio uses multiple investment advisors.

Vanguard VIF REIT Index Portfolio

The Vanguard Variable Insurance Fund REIT Index Portfolio seeks to provide a high level of income and moderate long-term capital appreciation by tracking the performance of a benchmark index that measures the performance of publicly traded equity REITs. The Portfolio employs an indexing investment approach designed to track the performance of the MSCI US REIT Index. The Index is composed of stocks of publicly traded equity real estate investment trusts (known as REITs). The Portfolio attempts to replicate the Index by investing all, or substantially all, of its assets in the stocks that make up the Index, holding each stock in approximately the same proportion as its weighting in the Index.

Vanguard is a registered trademark of The Vanguard Group.





American Century VP Capital Appreciation Fund

The American Century VP Capital Appreciation Fund seeks capital growth over time by investing in companies whose earnings and revenues are growing at accelerating rates. The Fund invests mainly in the securities of medium-sized and smaller firms, although the Fund may purchase securities across all capitalization ranges. The Fund will usually purchase common stocks of U.S. and foreign companies, but it can purchase other types of securities as well, such as domestic and foreign preferred stocks, convertible securities, equity equivalent securities, options and investment-grade debt obligations.



American Funds Insurance Series New World Fund®

The American Funds Insurance Series New World Fund seeks long-term capital appreciation. The fund invests primarily in common stocks of companies with significant exposure to countries with developing economies and/or markets and that the investment adviser believes have potential of providing capital appreciation. The fund may invest in companies without regard to market capitalization, including companies with small market capitalizations. The fund may also invest in debt securities of issuers, including issuers of lower rated bonds, rated Ba1 or below and BB+ or below, with exposure to these countries. Bonds rated Ba1 or BB+ or below are sometimes referred to as "junk bonds." The fund primarily invests at least 35% of its assets in equity and debt securities of issuers primarily based in qualified countries that have developing economies and/or markets. The investment adviser uses a system of multiple portfolio counselors in managing the fund's assets.



Calvert VP SRI Balanced Portfolio

The Calvert VP SRI Balanced Portfolio seeks to achieve a competitive total return through an actively managed portfolio of stocks, bonds and money market instruments which offer income and capital growth opportunity and satisfy the investment and social criteria established for the Portfolio. The Portfolio typically invests about 60% of its net assets in stocks and 40% in bonds or other fixed-income investments. The Portfolio seeks to invest in companies and other enterprises that demonstrate positive environmental, social and governance performance as they address corporate responsibility and sustainability challenges.

Deutsche Asset
& Wealth Management



Deutsche Variable Series I Capital Growth VIP

The Deutsche Variable Series I Capital Growth VIP seeks to provide long-term growth of capital. The fund normally invests at least 65% of total assets in equities, mainly common stocks of U.S. companies. The fund generally focuses on established companies that are similar in size to the companies in the S&P 500® Index (generally 500 of the largest companies in the US) or the Russell 1000® Growth Index (generally those stocks among the 1,000 largest US companies that have above-average price-to-earnings ratios).



Oppenheimer Main Street Fund®/VA

The Oppenheimer Main Street Fund®/VA seeks capital appreciation (which includes growth in the value of its shares as well as current income) from equity and debt securities. The Fund currently mainly invests in common stocks of U.S. companies of different capitalization ranges, presently focusing on large-capitalization issuers. It also can buy debt securities, such as bonds and debentures, but does not currently emphasize these investments.

P I M C O

PIMCO VIT Real Return Portfolio

The PIMCO Variable Insurance Trust Real Return Portfolio seeks maximum real return, consistent with preservation of real capital and prudent investment management. The Fund invests primarily in inflation-indexed bonds of varying maturities issued by the U.S. and non-U.S. governments, their agencies or instrumentalities and corporations, which may be represented by forwards or derivatives such as options, futures contracts or swap agreements. Assets not invested in inflation-indexed bonds may be invested in other types of Fixed Income Instruments. "Fixed Income Instruments" include bonds, debt securities and other similar instruments issued by various U.S. and non-U.S. public- or private-sector entities. The Portfolio invests primarily in investment-grade securities, but may invest up to 10% of its total assets in high yield securities ("junk bonds") rated B or higher by Moody's Investors Service, Inc. or equivalently rated or of comparable quality. The Portfolio may invest up to 10% of its total assets in securities and instruments that are economically tied to emerging market countries. The Portfolio also may invest up to 30% of its total assets in securities denominated in foreign currencies, and may invest beyond this limit in U.S. dollar denominated securities of foreign issuers. The Portfolio will normally limit its foreign currency exposure (from non-U.S. dollar-denominated securities or currencies) to 20% of its total assets.

T. Rowe Price Blue Chip Growth Portfolio

The T. Rowe Price Blue Chip Growth Portfolio seeks to provide long-term capital growth. Income is a secondary objective. The Fund invests primarily in the common stocks of large and medium-sized blue chip growth companies. These are firms that the Fund views as well established in their industries and have the potential for above-average earnings growth. In pursuing its investment objective, the fund has the discretion to deviate from its normal investment criteria, as previously described, and purchase securities that the fund's management believes will provide an opportunity for substantial appreciation.

Before investing, you should carefully consider the investment objectives, risks, charges and expenses of the variable annuity contract and the underlying investment funds. This and other information is contained in the contract prospectus or brochure and underlying funds prospectuses and summary prospectuses. Please read the contract prospectus or brochure and underlying fund prospectuses and summary prospectuses carefully before investing. The contract prospectus or brochure and underlying fund prospectuses and summary prospectuses can be obtained by calling 1-800-468-3785 or visiting mutualofamerica.com.

Money Market Fund Investors: You could lose money by investing in the Fund. Because the share price of the Fund will fluctuate, when you sell your shares they may be worth more or less than what you originally paid for them. The Fund may impose a fee upon sale of your shares or may temporarily suspend your ability to sell shares if the Fund's liquidity falls below required minimums because of market conditions or other factors. An investment in the Fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The Fund's sponsor has no legal obligation to provide financial support to the Fund, and you should not expect that the sponsor will provide financial support to the fund at any time.

Mutual of America's group and individual retirement products are variable annuity contracts and are suitable for long-term investing, particularly for retirement savings. The value of a variable annuity contract will fluctuate depending on the performance of the Separate Account investment funds you choose. Upon redemption, you could receive more or less than the principal amount invested. A variable annuity contract provides no additional tax-deferred treatment of benefits beyond the treatment provided to any qualified retirement plan or IRA by applicable tax law. You should carefully consider a variable annuity contract's other features before making a decision.



The Spirit of America™

MUTUAL OF AMERICA
Your Retirement Company®

MUTUAL OF AMERICA®

Mutual of America Life Insurance Company

320 Park Avenue, New York, NY 10022-6839

mutualofamerica.com

1-800-468-3785

Mutual of America Life Insurance Company is a registered Broker-Dealer. Mutual of America® and Mutual of America Your Retirement Company® are registered service marks of Mutual of America Life Insurance Company.

1/17 I-Sept Acct

Make the most of your retirement benefits.

Get to know your Mutual of America Participant Account Representative.

Miguel Carranza

Participant Account Representative

Miguel.Carranza@mutualofamerica.com

562.473.7177

Calls only, please. This is a non-texting number.



Your Participant Account Representative can help you:



Update your account

Make certain your account information, beneficiary designations and any name and address changes are up to date. Keeping your information updated makes it easier to manage and safeguard your account.



Review your asset allocations

See if your current savings and investment allocations reflect your time horizon and risk tolerance, and get additional information about the savings and investment options available to you.



Understand your retirement income options

Review the payout options available to you, and discuss strategies for managing your accumulation throughout retirement.



**ARCHDIOCESE OF LOS ANGELES
SALARY REDUCTION AGREEMENT**

Location Name

And Address: _____

The fundamental principle underlying TDA's is that it is a voluntary salary reduction which is deferred from federal and state taxes. You agree to have your employer reduce your salary by a stipulated dollar amount each pay period; your employer agrees to do so and to remit that amount to the TDA Company you have selected. The amount of money you may contribute to your TDA cannot exceed a maximum established by statutory and regulatory requirements. The annual contribution allowed per year is \$26,000.00 (Effective 1/1/2021).

Once you have executed such an agreement, the dollar amount of the reduction may be changed by executing a new agreement, and upon your written request, you can stop at any time.

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**Voluntary Salary Reduction Agreement
Tax-Deferred Annuity Plan**

Employee _____ SS# _____ Location /Department _____

I hereby agree to reduce the salary of the above named employee by \$_____ effective NEXT PAYROLL PERIOD or (payroll ending:_____). It is further agreed that the amount of such reduction will be paid to the TDA Company selected to be applied toward the purchase of a non-forfeitable annuity benefit for such employee. (A non-forfeitable annuity benefit is one that you own and which you cannot be deprived.)

Date Employee Signature

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OFFICE USE ONLY/PAYROLL CONFIRMATION:

Payroll effective: _____ Pay Date: _____ Intls: _____ Notes: _____
TDA

Return to the Payroll Department 3424 Wilshire Blvd Los Angeles CA 90010-2241