

**Simplified Instructions for Completing the Notice  
for an Employer that PROVIDES a health plan to some employees**  
*Prepared by the Conference Benefits Office*

In your packet reference the **U.S. Department of Labor - Notice for an employer that provides health plan to some employees** (two pages; Page 1 is front only, Page 2 is front & back)

**You will need to make sure the information is correct for your church.**

**Part A** contains general information for your staff.

**Part B – Page 1 Instructions**

Boxes 3, 4, 5, 6, 7, 8, & 9 are to be completed the same way you would complete a W-2.

**Box 10 - Who can we contact about health coverage at this job?**

Complete with the name of the appropriate person at your church. This person should be someone who is knowledgeable of the benefits offered by your church. (Treasurer, SPRC Chair, Finance Chair, Office Manager, Pastor)

Box 11 - Phone number of the contact person.

Box 12 - Email of the contact person.

The next section begins with:

***Here is some basic information about health coverage offered by your employer:***

Most of our churches offer health insurance for some employees (at least the clergy person). Remember the church is the salary-paying unit for your clergy person.

***Eligible employees are:***

Type in the category that is appropriate for your church. This might be: Full-Time Clergy or Full-Time Employees.

***With respect to dependents:***

Consider the particular employee for whom you are completing the form. ***FYI:*** The Conference Health Benefit Plan offers coverage for spouse and children less than age 26.

The next section states:

***If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.***

***FYI:*** Coverage provided through the Conference Health Benefit Plan **meets** the minimum value standard.

**Part B - Page 2 Instructions**

Box 13            Response appropriate per your church. ***FYI:*** The Conference Health Benefit Plan eligibility rule requires employees/clergy to work a minimum of 20 hours per week.

Box 14            Answer Yes or No to the question. ***FYI:*** Coverage provided through the Conference Health Benefit Plan **meets** the minimum value standard.

Box 15a            If your employee pays for part of the insurance premium state the amount.  
If your employee does not pay any of the premiums, enter \$0.00.

Box 15b            If your employee pays for part of the insurance premium state how often is the premium required.

Box 16            Answer each question for your church.

**Instructions on the reverse side for**

**Completing the Notice for an Employer who does NOT provide a health plan**

**Simplified Instructions for Completing the  
Notice for an Employer who does NOT provide a health plan**  
*Prepared by the Conference Benefits Office*

In your packet reference the **U.S. Department of Labor - Notice form for an employer that does not provide any health coverage to employees** (single page – front & back)

**You will need to make sure the information is correct for your church.**

**Part A** contains general information for your staff.

**Part B – Instructions**

Boxes 3, 4, 5, 6, 7, 8, & 9 are to be completed the same way you would complete a W-2.

Box 10 - ***Who can we contact about health coverage at this job?***

Complete with the name of the appropriate person at your church. This person should be someone who is knowledgeable of the benefits offered by your church. (Treasurer, SPRC Chair, Finance Chair , Office Manager, Pastor)

Box 11 - Phone number of the contact person.

Box 12 - Email of the contact person.

**Instructions on the reverse side for**

**Completing the Notice for an Employer that PROVIDES a health plan to some employees**