



Checklists for clergy and lay employees are at the end of this document Please review the eligibility information as you prepare for hiring new clergy or lay employees or updating your personnel files.

Contact Barb Hagen, Canon for Finance & Administration, 800-247-1391 ext. 101 or email [finance@diomontana.com](mailto:finance@diomontana.com) if you have questions or need assistance.

#### Insurance Eligibility:

- Exempt employees are eligible for health benefits (both clergy and lay) and are required to participate in the Medical Trust plan and the church is required to pay for the health insurance coverage (single or family) (per Diocesan Policy 4-4-2020). See policy on our insurance page.
- Clergy and lay employees should be enrolled within 30 days of hire. If someone is hired mid-month, the insurance and pension both begin on the 1<sup>st</sup> of the next month.
- Non-exempt employees are eligible if they are scheduled to work 1000 hours per year.
- Non-exempt employees scheduled to work 1500 hours or more per year are required to participate in the Medical Trust plan and the church is required to pay for the health insurance coverage (single or family) (per Diocesan Policy 4-4-2020).
- Individuals may opt out if they have other coverage as noted in the diocesan policy referenced above. If they opt out, it must be noted in their letter of agreement, or they must sign an opt out form.
- Health-, dental-, long- and short-term disability and group life insurance enrollment is provided through the Canon for Finance and Administration. Contact her for the form and she will enter the information for enrollment.

#### Pension Eligibility and Information:

- Clergy must be enrolled in the defined benefit plan unless working while pensioned.
- If cleric is working while pensioned, be in touch with diocesan office to make sure the earnings are within the limit for the year.
- Lay employees are eligible for pension if scheduled to work 1000 hours or more per year. They may choose the defined benefit or defined contribution plan. Their choice should be noted in the letter of agreement.

## Checklist for New Hires

- Pension updates are made via the CPG (Church Pension Group) roster. This may be done through the church or the Canon for Finance. If you don't know who has access to the roster in your church, contact the Canon for Finance.
- Pension updates need to be made within 30 days of hire.

For the files:

- Signed letter of agreement. (in personnel file)
- Signed I-9 form (this form verifies citizenship)
- Signed W4 form (name, address, Social Security number, and withholdings)
- Signed MW4 Form – Montana state withholding form (new in 2020)
- Note about new hire reporting or any documentation provided regarding the reporting.
- Opt out notice if the employee has declined coverage.
- Safeguarding training certificate
- Background check information

Various forms and publications may be found at [Payroll Tax and Report Filing Resources - The Episcopal Diocese of Montana \(diomontana.com\)](#)

Detailed descriptions of the benefits are available at [cpg.org](#) or [Insurance and Pension Information - The Episcopal Diocese of Montana \(diomontana.com\)](#)

To learn about benefits, visit the CPG learning library for webinars online.

[-Church Pension Group | eLearning Library \(cpg.org\)](#)

Each position should have a written **Job Description** with time expectations in hours /week or FTE (Full Time Equivalency); classification (exempt or non-exempt); position summary (broad overview); essential duties and responsibilities (specific tasks); supervisor (who they answer to); qualifications, education and experience; terms and conditions (rate or pay, benefits, reimbursable expenses).

A template is available for a letter of agreement for lay employees. Contact Canon for Finance to receive a copy of it.

**Clergy: List name of Cleric here. If your church has multiple clergy, please fill out one checklist for each cleric:**



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- Letter of Agreement-----Date signed\_\_\_\_\_
  - Pension information updated either via CPG roster or through Canon for Finance on  
.....Date submitted\_\_\_\_\_
  - Health Insurance – contact Canon for Finance within 30 days of hire regarding coverage.  
.....Date submitted\_\_\_\_\_
  - If cleric already has health coverage through a spouse or Tricare, note the decline of  
coverage in the letter of agreement or ask the cleric to sign the diocesan form declining  
coverage.
  - Background check.....Date submitted\_\_\_\_\_
  - Safeguarding God’s children/people training on....Date completed\_\_\_\_\_
  - Anti-racism training completed on.....Date completed\_\_\_\_\_
  - I9- Form completed on..... Date completed\_\_\_\_\_
  - W4- Form completed..... Date completed\_\_\_\_\_
  - MW4- Form completed on..... Date completed\_\_\_\_\_
  - New Hire Reporting completed on..... Date completed\_\_\_\_\_

**Lay Employees: Fill out checklist for each employee and list name below:**



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- Letter of Agreement.....Date signed\_\_\_\_\_
  - Is non-exempt employee scheduled to work 1000 hours or more? If so:
  - Date info submitted to Canon for Finance & Administration for pension enrollment.  
.....Date submitted\_\_\_\_\_
  - Health Insurance – contact Canon for Finance within 30 days of hire regarding coverage.  
.....Date submitted\_\_\_\_\_
  - If employee does not wish to select health coverage, note in the letter of agreement that employee is declining coverage. Note here if so\_\_\_\_\_
  - If employee wishes to enroll in life insurance or disability plans, note in the letter of agreement and contact Canon for Finance to enroll. Date submitted \_\_\_\_\_.
  - If employee is scheduled to work fewer than 1000 hours per year, and is not exempt, they are not eligible for pension or health benefits. Please note here:  
\_\_\_\_\_
  - Job Description.....Date signed\_\_\_\_\_
  - Background check..... Date submitted\_\_\_\_\_
  - Safeguarding God’s children/people training..... Date completed\_\_\_\_\_
  - Anti-racism training completed ..... Date completed\_\_\_\_\_
  - I9- Form completed ..... Date completed\_\_\_\_\_
  - W4- Form completed ..... Date completed\_\_\_\_\_
  - MW4- Form..... Date completed\_\_\_\_\_