



DIOCESE OF CHARLOTTE PASTORAL CENTER  
HUMAN RESOURCES

TO OUR NEW EMPLOYEE: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

The following is some information about your eligibility for Voluntary Employee Benefits.

Long Term Care coverage is available to employees who are regularly scheduled to work **at least 20 hours per week**. Individual policies provide a benefit—after the 90-day Benefit Wait Period is satisfied—if an employee becomes unable to perform two Activities of Daily Living (ADL’s).

The monthly premium for Long Term Care coverage is based upon age and desired benefit levels and is withheld from your paycheck on a post-tax basis.

As you now qualify to apply for the Long Term Care benefit, you should be aware that if you elect this coverage now you will take advantage of Simplified Underwriting when you apply for coverage.

If you decide not to purchase Long Term Care coverage now, a later application for Long Term Care coverage will require that you complete a full health questionnaire.

The diocesan Long Term Care coverage is provided by LifeSecure Insurance Company. To obtain more information you may directly contact our Call Center service:

Carolina Insurance Market  
704-987-7979  
[CarolinaInsuranceMarket.com/charlotte-diocese.html](http://CarolinaInsuranceMarket.com/charlotte-diocese.html)

You are eligible for this coverage on \_\_\_\_\_. To ensure adequate time to process your enrollment, please contact the Carolina Insurance Market and speak with a representative no later than \_\_\_\_\_. ***If you decide not to purchase Long Term Care coverage at this time, please sign the waiver below and return to Karen Verney, Human Resources.***

**Waiver**

This is to certify that I have been given the opportunity to apply for Long Term Care coverage available to me and my dependents pursuant to state law through my Employer. I proclaim that I was not pressured or forced by my Employer into waiving (declining) the above noted coverage. I understand that in the event that I should decide to apply for such coverage, hereafter, that such subsequent applications shall be subject to the applicable terms and conditions of the any future policy provisions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date