

New Hire Checklist - Full-time

Name: _____

Email Address: _____

Date of "Active" Employment		Dates			
		Given to New Hire	Returned	Forwarded	Returned from Provider
	Employee Handbook				
	Employee Handbook Acknowledgement				
	Harassment Policy/Acknowledgement				
	Sexual Abuse Policy/Acknowledgement				
	BCBSIL Summary of Benefits and Coverages (SBC) Full-time Employee				
	PLANSOURCE Personal Data Sheet Full-time Employee*			Fax to CDOP-HR	
	The Standard Life and AD&D Beneficiary Full-time Employee	On-Line			
	The Standard Voluntary Products Full-time Employee	On-Line			
	403(b) Enrollment Form - EMPOWER Full-time Employee			Enroll in EMPOWER	
	403(b) Beneficiary Form - EMPOWER Full-time Employee			Copy to CDOP-HR	
	I-9 - Keep in separate folder with all employees at location				
	Personal Data Sheet - Emergency Contact Info				
	Direct Deposit				
	W4 State				
	W4 Federal				
	Paycor online access info for direct deposit ck view				
	CMG Connect: CANTS, Fingerprint, Safe Environment, etc.				
	Accurate Biometrics Fingerprinting if School Employee (not used in parishes)				

*New Hire will receive email from PlanSource to log-in to process enrollment once CDOP-HR has received Personal Data Sheet

Notes:

COMPLIANCE VERIFICATION ASSURANCE
Policy Governing Harassment

I have been given a copy of the Diocese of Peoria's Harassment Policy. I have read the Harassment Policy, understand its meaning and agree to conduct myself in accordance with its terms. I also agree to be governed by the provisions of the Harassment Policy and acknowledge the rights and obligations of the Bishop of the Diocese of Peoria.

I acknowledge that the Harassment Policy is not intended to create any contractual obligations, express or implied, on the part of the Diocese of Peoria.

DATE _____

Employee Name (Please Print)

Employee Signature

HARASSMENT POLICY

Harassment, including but not limited to, sexual harassment, of any employee or other person is unethical, is illegal and is prohibited. This policy is intended to clarify the roles and responsibilities of Diocesan or parish personnel who have administrative responsibility involving the diocese, a parish, a parish institution, school or organization in situations involving possible sexual harassment. It sets forth the Diocesan response to victims.

DEFINITION

The term "harassment" includes, but is not limited to, slurs, jokes, or any other form of verbal, written, graphic, or physical conduct or advances which reflect adversely on an individual's race, color, sex, religion, national origin, citizenship, age, marital status, veteran status, or physical or mental handicap. Harassment under this policy includes sexual harassment which means any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment; or (4) such other conduct or actions as are defined as "harassment" under the Illinois Human Rights Act as amended from time to time. Further, retaliation against a complainant or witness who initiates a case under this policy is included within the term "harassment" as used herein and shall be handled under this policy.

PROCEDURE

1. This policy encourages the reporting of harassment by the person harassed (the complainant) or any witness to harassment. It includes harassment by any cleric, religious, a lay person employed by or in the diocese or its parishes, or by any volunteer of the diocese or its parishes.
2. If a complainant believes that he/she has been harassed, he/she may wish first to deal with the harassment on an informal basis with the harasser. A witness to harassment may wish to do the same. However, if harassment continues, or if a single instance of harassment is of such magnitude that the complainant or witness feels that an informal resolution is inappropriate, the harassment should be reported by the complainant or witness to his/her supervisor, department head, principal, pastor, Chancellor, or Vicar General of the Diocese of Peoria. The preceding sentence does not establish "steps" of giving notice and the complainant or witness can give notice to any of those identified people. The notice of harassment should be given within ten (10) calendar days of the alleged harassment to promote a prompt and fair response.
3. Whoever receives the notice of alleged harassment from a complainant or witness should make a written account of what has been reported, the parties involved, the facts alleged, and the date of the report. This written report shall be given to the pastor, Chancellor and Vicar General in a case at the parish level, and to the Chancellor and Vicar General in a case at the Diocesan level. The Chancellor shall immediately inform the Diocesan insurance carrier/administrator and the Diocesan attorney.
4. At the direction of the Chancellor and Vicar General, an investigation will be conducted of the alleged harassment. The Chancellor and Vicar General shall be responsible for determining who will serve in the investigatory role. This investigation shall include interviewing the complainant, the accused, any witnesses, and any pertinent third parties. In all cases, concern shall be shown for the alleged victim and family. Alleged offenders shall be considered for professional evaluation.
5. The Chancellor and Vicar General (in consultation with the local pastor, if occurring in a parish setting) shall make an immediate determination of whether an alleged offender shall be limited in

activity during the investigation. They may take such actions as they deem appropriate. Where the alleged offender is a paid employee and is to be temporarily suspended, this may be with or without pay. The alleged offender's supervisor shall be notified of the complaint, if appropriate.

6. If the harassment is alleged to have occurred at the Diocesan level, it shall be the responsibility of the Chancellor and Vicar General to determine if harassment has occurred, if harassment has not occurred, or if sufficient evidence does not exist to support a finding of whether harassment has occurred. If the alleged harassment has taken place at the parish level, it shall be the responsibility of the Chancellor, Vicar General and pastor to determine if harassment has occurred, if harassment has not occurred, or if sufficient evidence does not exist to support a finding of whether harassment has occurred.
7. If it is determined that harassment has occurred, the Chancellor and Vicar General, in cases at a Diocesan level, shall determine what disciplinary action is warranted. If it is found that harassment has taken place at a parish level, the Chancellor and Vicar General, in consultation with the pastor, will determine what disciplinary action is warranted. The severity of the disciplinary action will relate to the nature, context and seriousness of the actions and can include disciplinary actions up to and including immediate termination and canonical sanction.
8. If it is determined that harassment has not occurred, the complaint and investigatory report shall not be made part of the alleged offender's general personnel file. If suspended, the alleged offender shall be fully reinstated with appropriate back pay and benefits.
9. The diocese shall notify an alleged offender's superior in the case of claims made against any non-Diocesan cleric or religious and shall keep that superior advised as to the status and outcome of the proceedings. If a claim of harassment is made in respect to a cleric of this diocese who is working in another diocese, the Bishop of that diocese shall be notified that a claim is pending against the cleric and be advised as to additional developments which occur in the case, including the final determination. In appropriate cases, future supervisors or superiors of Diocesan clerics working outside the diocese should be advised of past offenses against this policy.
10. If a cleric is advised in a confessional setting of harassment by laity, religious or nonreligious clergy employed by or in this diocese or in a Diocesan parish, by a cleric of this diocese, or by a volunteer in this diocese or in a Diocesan parish, the cleric shall not violate the seal of the confessional. A cleric faced with such a confession should encourage the penitent to make disclosure of the alleged harassment outside the confessional setting. The diocese recognizes that it is sometimes difficult to determine whether such information confided to a priest outside the confessional setting should be disclosed under this policy. In all such circumstances, clergy should consult privately with the Bishop or Vicar General to determine if information regarding harassment should be disclosed pursuant to this policy.
11. If a determination is made that sufficient evidence does not exist to determine whether or not harassment has occurred, the Chancellor and Vicar General (in consultation with the pastor, if occurring in a parish setting) may still take such actions against the alleged offender as they deem appropriate under the circumstances.
12. Alleged victims who report harassment have the right to know the general disposition of the harassment investigation.

13. Notwithstanding any of the foregoing, the diocese may suspend its investigation and determination if a criminal or civil claim is filed or is threatened in respect to the incident(s) at issue to allow for appropriate legal handling of such claim.
14. It is against the policy of this diocese, and it is a civil rights violation, for a person, or for two or more persons, to conspire and/or retaliate against a person because that person has opposed that which he or she reasonably and in good faith believes to be unlawful discrimination, sexual harassment, discrimination based on citizenship status and employment, or because that person has made a charge, filed a complaint, testified, assisted, or participated in an investigation, proceeding, or hearing under the Illinois Human Rights Act. Any such retaliation shall not be tolerated and the person(s) accused of such retaliation shall be subject to investigation and disciplinary action under this Diocesan policy and/or under the Illinois Human Rights Act.
15. Aggrieved parties shall have the right at any time during the investigative process or upon resolution of a complaint to contact the Illinois Department of Human Rights at 222 S. College, Floor 1, Springfield, IL 62704, or the Illinois Human Rights Commission at William G. Stratton Office Building, Room 404, Springfield, IL 62706. Aggrieved parties shall be entitled to those rights and procedures established in Article 7A of the Illinois Human Rights Act (775 ILCS 5/7A) and by the Department and Commission.
16. All personnel of the diocese and Diocesan parishes should also be aware that harassment can consist of harassment of employees or volunteers by third parties who are not employees of the diocese or parish. In such circumstances, the victim or a witness should advise his/her supervisor that such a problem exists, and the supervisor should take appropriate actions to terminate the harassment against the employee or volunteer. Notice of such harassment shall be given at the parish level by the supervisor to the pastor, who shall also advise the Chancellor and Vicar General, and at the Diocesan level, the supervisor shall advise the Chancellor and Vicar General. The Chancellor and Vicar General shall monitor the case to determine what further steps may be required. Any employee or volunteer so harassed whose concerns are not addressed may proceed under this policy.
17. It is the policy of the diocese that victims must be treated justly. The Diocese presently offers a program of counseling to alleged victims of harassment. Any person who feels he or she has been harassed may contact the Chancellor and/or Vicar General to discuss the availability of counseling. The Diocese in its sole discretion shall determine whether to provide ongoing assistance and the extent thereof.
18. All clergy, religious and lay staff at the Diocese, Diocesan parishes, and Diocesan institutions should be acquainted with the seriousness of the harassment policies of the Diocese (including the Policy and Procedures Relating to Allegations of Sexual Abuse of Minors by Priests or Deacons or by Lay Employees or Volunteers). Pastors should inform parish employees of this policy. The diocese shall so inform Diocesan employees.
19. The Chancellor and Vicar General shall determine on a case-by-case basis what public announcement is appropriate at any time regarding an investigation, determination, or sanction. Any requests for public comment shall be referred to the Chancellor and Vicar General.
20. If inquiries are made for a job reference for an offender, the diocese may advise the inquirer of the finding of the diocese. If a case is pending, the diocese may advise that a case is pending. In either case, the decision on whether to release such information shall be made by the Chancellor and Vicar General.

21. If the diocese is made aware the alleged offender is in a position which poses a public risk, after the diocese has made a determination that harassment has occurred or that sufficient evidence does not exist to warrant a finding, the Chancellor and Vicar General may advise the alleged offender's supervisors of the claim made to the diocese and the Diocese's determination.
22. This policy shall be made known to alleged victims who report harassment.
23. This policy shall be reviewed on an annual basis.
24. This policy shall prevail over other Diocesan or parish harassment policies

COMPLIANCE VERIFICATION ASSURANCE
Policies and Procedures Relating to Allegations of Sexual Abuse of
Minors by Priests or Deacons or by Lay Employees or Volunteers

I have been given a copy of the Diocese of Peoria's Policies and Procedures Relating to Allegations of Sexual Abuse of Minors by Priests or Deacons or by Lay Employees or Volunteers. I have read the Policies and Procedures, understand its meaning and agree to conduct myself in accordance with its terms. I also agree to be governed by the provisions of the Policies and Procedures and acknowledge the rights and obligations of the Bishop of the Diocese of Peoria.

I acknowledge that the Policies and Procedures Relating to Allegations of Sexual Abuse of Minors by Priests or Deacons or by Lay Employees or Volunteers is not intended to create any contractual obligations, express or implied, on the part of the Diocese of Peoria.

DATE _____

Employee Name (Please Print)

Employee Signature

**DIOCESE OF PEORIA
POLICIES AND PROCEDURES
RELATING TO ALLEGATIONS OF
SEXUAL ABUSE OF MINORS
BY PRIESTS OR DEACONS
OR BY LAY EMPLOYEES OR VOLUNTEERS**

I. PREAMBLE

In accord with the “Charter for the Protection of Children and Young People”, the United States Conference of Catholic Bishops promulgated “Essential Norms for Diocesan/Eparchial Policies Dealing with the Allegations of Sexual Abuse of Minors by Priests or Deacons” as approved by the Apostolic See. The Charter addresses the Church's commitment to deal appropriately and effectively with cases of sexual abuse of minors by priests, deacons, and other Church personnel (i.e., employees and volunteers). The Bishops of the United States have promised to reach out to those who have been sexually abused as minors by anyone serving the Church in ministry, employment, or a volunteer position, whether the sexual abuse was recent or occurred many years ago. They stated that they would be as open as possible with the people in parishes and communities about instances of sexual abuse of minors, with respect always for the privacy and the reputation of the individuals involved. They have committed themselves to the pastoral and spiritual care and the emotional well-being of those who have been sexually abused and of their families.

In addition, the Bishops work with civil authorities, parents, educators, and various organizations in the community to make and maintain a safe environment for minors. In the same way, the Bishops have pledged to evaluate the background of seminary applicants as well as all Church personnel who have responsibility for the care and supervision of children and young people.

The Diocese of Peoria will implement these Norms diligently, compassionately, and fairly. This Policy and the procedures set forth herein will be reviewed on a regular basis, at least annually, by competent Diocesan authorities and Diocesan legal counsel. The following policies and procedures are intended to implement these goals.

II. PROHIBITION OF SEXUAL ABUSE OF MINORS

Under the Universal Law of the Church, the sexual abuse of minors by a cleric is a grave delict (offense) reserved to the Holy See, and the offender is subject to severe penalties, including dismissal from the clerical state, if the case so warrants. Even a single verified act of sexual abuse of a minor — past, present, or in the future — by a priest or deacon will lead to the permanent removal from the ministry. An act of sexual abuse of a minor by a lay employee or volunteer — past, present, or in the future — will lead to a

permanent dismissal from any role within the Diocese or any Diocesan organization or institution.

Additionally, under both Federal and Illinois civil and criminal law, the sexual abuse of minors is a grave crime and an offender may be subject to severe penalties, including but not limited to incarceration, fines, and/or monetary damages.

III. CAVEAT AND OTHER OBJECTIONABLE CONDUCT

Even conduct that does not constitute sexual abuse may be offensive or may create misunderstanding or embarrassment. Experience has shown that actions by a priest or deacon with minors such as hugging, patting, tickling, or similar “horseplay,” even if intended innocently, may be misconstrued. Priests and deacons must be especially careful, therefore, to avoid such conduct, especially when other adults are not present. The Diocese of Peoria will provide separately a Code of Conduct applicable to all personnel (use of such term includes volunteers working regularly with children) and all personnel will receive training regarding the Code of Conduct.

Similarly, lay employees and volunteers should refrain from engaging in any non-sexual physical contact with minors under their care, if there is any realistic possibility that the contact may be misunderstood by the minor or found objectionable by the minor’s parents.

IV. DEFINITION OF SEXUAL ABUSE OF MINORS

- Sexual abuse of a minor includes sexual molestation or sexual exploitation of a minor and other behavior by which an adult uses a minor as an object of sexual gratification. This includes, but is not limited to, sexual contact with the intimate parts (genital area, groin, anus, inner thighs, buttocks, or breasts) of a minor for the purpose of sexual gratification or arousal or for the purpose of degrading or humiliating the minor. Deliberate touching of the intimate parts of a minor, a request to touch the intimate parts of the adult, the exposure of the intimate parts of the adult to a minor, or requesting the minor to expose his or her intimate parts also constitute sexual abuse. Sexual abuse of a minor also includes the acquisition, possession or distribution of pornographic images of minors for the purposes of sexual gratification. A minor is a person who has not yet reached his or her eighteenth birthday.
- The transgressions in question relate to obligations arising from Divine commands regarding human sexual interaction as conveyed to us by the Sixth Commandment of the Decalogue. Thus, the norm to be considered in assessing an allegation of sexual abuse of a minor is whether conduct or interaction with a minor qualifies as an external, objectively grave violation of the Sixth Commandment (Canonical Delicts Involving Sexual Misconduct and Dismissal from the Clerical State, USCCB, 1995, p. 6).
- A canonical offense against the Sixth Commandment (c. 1395, §2) need not be a

complete act of intercourse. Nor, to be objectively grave, does an act need to involve force, physical contact, or a discernible harmful outcome. Moreover, imputability (moral responsibility) for a canonical offense “is presumed upon external violation.” (c. 1321, §3. Cf. cc 1322-27)

- If there is any doubt whether a specific act qualifies as an external, objectively grave violation, the writings of recognized moral theologians may be consulted and the opinions of recognized experts may be obtained (Canonical Delicts, p. 6). Ultimately, it is the responsibility of the Bishop of Peoria, with the advice of the Diocese’s Sexual Misconduct Review Board, to determine if the allegation warrants further action.

V. DEFINITIONS

- “Credible” allegation, accusation, or information means that, under all the circumstances known at the time of the determination, a prudent person would conclude that there is a significant probability that an incident occurred or has been perceived as having occurred. As described in these Policies, the determination that an allegation, accusation, or information is “credible” is the result of a consultative process, and is the opinion of the Diocese, it is not a legal determination.
- “Diocese” encompasses the Roman Catholic Diocese of Peoria in accord with canon 369 of the Code of Canon Law; all parishes and other inferior canonical juridical persons whose competent ecclesiastical superior is the Bishop of Peoria or Administrator of the Diocese of Peoria; The Catholic Diocese of Peoria Corporation as chartered by the State of Illinois; all other corporations (including parish corporations) having the Bishop of Peoria or Administrator of the Diocese of Peoria as their presiding officer; and all institutions, agencies, and organizations sponsored by these canonical or civil entities.
- “Personnel” includes all persons (clergy, religious, and laity) who are employed by, or volunteer in any of the entities encompassed by the Diocese. Of special concern are those in supervisory capacities or in particularly sensitive areas, such as: those who work with or around children, the very elderly and the physically or mentally infirm, those who counsel others, and generally those who work with people who are less capable of protecting themselves.
- “Reasonable cause” means a prudent estimation based on trustworthy information that an incident occurred or has been perceived as having occurred.
- “Allegation” means any information or report received by or in possession of the Diocese suggesting possible sexual misconduct against a minor. An allegation does not have to be in the form of a direct report from an individual victim, but can be from any source, including third-party reports, anonymous reports or documents.

VI. DISTRIBUTION OF POLICY

- A copy of this Policy will be posted on the Website of the Diocese.
- This Policy will be incorporated into all Diocesan personnel guidelines and printed in the Employee Handbooks.
- This Policy will be communicated to the competent ecclesiastical superiors of all members of religious institutes and societies of apostolic life who serve as personnel of the Diocese.
- All clergy, religious and lay staff of the Diocese, Diocesan parishes, and Diocesan institutions should be acquainted with the seriousness of the sexual abuse policy of the Diocese. Pastors/Administrators should inform parish employees/volunteers of this policy. Principals should inform all school employees of this policy. The Diocese shall so inform Diocesan employees.
- This policy shall be made known to alleged victims who report sexual abuse.
- This policy shall prevail over any contradictory policy or procedure in the Diocese.
- A signed acknowledgment of receipt and understanding as well as an agreement to be governed by this policy will be required of all personnel of the Diocese. The signed acknowledgments of receipt and understanding of these guidelines will be returned by the above personnel to the superior or supervisor and filed in the appropriate personnel file. All priests incardinated in the Diocese of Peoria will be required to have a signed acknowledgment of receipt and understanding in their file. A copy of the required acknowledgment is attached to this policy as Appendix A.

VII. MAINTENANCE OF SAFE ENVIRONMENT AND PASTORAL CARE FOR VICTIMS

A. SAFE ENVIRONMENT PROGRAM

1. In order to guard against incidents of sexual abuse of minors by personnel of the Diocese, the Diocese maintains a Safe Environment Program designed to prevent, identify, and respond to abuse, to provide appropriate education and training to Diocesan personnel about inappropriate behavior and warning signs of possibly abusive behavior.
2. The Bishop of Peoria appoints a Safe Environment Director, charged with operation of the Safe Environment Program and education training and monitoring of programs.
3. Prior to beginning service, all Church personnel are required to undergo a

background check.

- All clergy, religious, and employees, as well as volunteers who work with children will complete a DCFS CANTS background check.
- Digital fingerprints with both FBI and Illinois State Police results are required for all clergy, religious, and school employees.
- Parish employees and all volunteers who work with children will complete an electronic criminal history check through Selection.com.

B. ASSISTANCE TO VICTIMS

1. The Diocese of Peoria recognizes that sexual abuse of minors often causes serious and continuing emotional and psychological problems for the victim. The Diocese is committed to providing victims of such misconduct with appropriate pastoral care and professional assistance to address these consequences of abuse by any personnel of the Diocese. The Victim Assistance Coordinator, appointed by the Bishop, coordinates assistance for persons who report to have been sexually abused as minors. It is the policy of the Diocese that victims must be treated justly.
2. The Victim Assistance Coordinator shall promptly contact any individual who reports having been sexually abused as a minor by any personnel of the Diocese. Contact should be made for the purpose of offering whatever concern or solace may be needed, with no comment as to the truth of any accusation. Medical, mental health, and spiritual assistance may be offered according to the specific situation presented.
3. Under the direction of the Victim Assistance Coordinator, competent counselors and social workers are available to provide appropriate assistance to persons making an allegation that any personnel of the Diocese sexually abused them when they were minors. This outreach will be made regardless of whether the alleged abuse was recent or occurred many years in the past. The outreach will include the offer of counseling, spiritual assistance, support groups, or other social services, as agreed upon between the victim and the Diocese.

C. SEXUAL MISCONDUCT REVIEW BOARD

1. The Diocese maintains a Review Board which functions as a confidential consultative body to the Bishop of Peoria in discharging his responsibilities. The functions of this Board may include:
 - i. Advising the Bishop in his assessment of allegations of sexual abuse of minors and in his determination of suitability for ministry or dismissal from employment or service to the Diocese as a lay person;

- ii. Reviewing Diocesan policies for dealing with sexual abuse of minors; and
 - iii. Offering advice on all aspects of these cases, including the offering of assistance to victims whether retrospectively or prospectively.
2. The Review Board is appointed by the Bishop and composed of at least five persons of outstanding integrity and good judgment. The members of the Review Board will be selected based on a variety of relevant skills and experience. The skills and experience may include psychology, social work, children's rights, law enforcement, Canon law, civil law, personnel administration, and pastoral care. The majority of the Review Board members are laypersons who are not in the employ of the Diocese. At least one member is a priest who is an experienced and respected pastor of the Diocese of Peoria. At least one member should have expertise in treating individuals who have been sexually abused as minors. The Bishop appoints the members. The Promoter of Justice participates in the meetings of the Review Board. The Bishop may designate a member to chair the Review Board in his absence.

VIII. PROCEDURES FOR REPORTING TO THE DIOCESE SUSPECTED SEXUAL ABUSE OF A MINOR OR FOR MAKING A COMPLAINT OF SEXUAL ABUSE

- A. All persons, whether parishioners or Church personnel, who have actual knowledge of, or have reasonable cause to suspect an incident of sexual abuse by any Church personnel, have a serious moral obligation to report the incident or allegations to civil authorities. First and foremost, any individual should contact the Illinois Department of Child and Family Services at 1-800-252-2873. A report should also be made to the Victim Assistance Office at 309-677-7082.
- B. The reporting statement may be made by telephone, by mail, or by e-mail. The reporting statement should include the name and contact information of the complainant, the name and position of the person alleged to have engaged in the misconduct, and the details of the incident or practice.
- C. Under Illinois law, certain personnel are considered mandated reporters and must report to the Illinois Department of Children and Family Services (DCFS) any situation in which they have reasonable cause to suspect physical or sexual abuse of a minor. (See Section XI, below) Failure to report may result in disciplinary action.
- D. Reports of sexual misconduct involving bishops of the United States and reports of their intentional interference in a sexual misconduct investigation should be made to the Catholic Bishop Abuse Reporting Service (CBAR) by calling 1-800-276-1562 or reporting online at www.ReportBishopAbuse.org.

- E. If a cleric is advised in a confessional setting of sexual abuse, he shall not violate the seal of the confessional. A cleric faced with such a confession should encourage the penitent to make disclosure of the alleged sexual abuse outside the confessional setting.

IX. PROCEDURES FOR INVESTIGATION OF ALLEGATIONS

A. REQUIREMENTS OF INVESTIGATION

When an allegation of sexual abuse of a minor is received, an investigation will be initiated and conducted promptly and objectively. In the case of a priest or deacon, the investigation will be conducted in harmony with Canon law including appointment of an Investigator for this purpose. The Diocese will obtain legal advice, both civil and canonical, as soon as possible. (c. 1717).

An allegation of sexual abuse of a minor received against a cleric whose name is already on the list of credibly accused clerics is investigated no differently than if the accused cleric had no previous accusation. The same intake procedures are followed, all allegations are reported to the appropriate civil authorities, the same investigative steps will be taken and the same pastoral care will be offered to the victim. The allegation will not go before the Sexual Misconduct Review Board, however, since the cleric has already been removed from ministry.

An allegation of sexual abuse of a minor received against a deceased, resigned or laicized cleric is investigated no differently than if the accused cleric was still alive. The same intake procedures are followed, appropriate civil authorities are notified, the same internal investigative steps will be taken, and the same pastoral care will be offered to the victim.

All allegations against deceased, resigned or laicized clerics are submitted to the Sexual Misconduct Review Board except where the accused cleric already appears on the Diocese's list of credibly accused clerics. If, after appropriate investigation, allegations of abuse against a deceased cleric are presented to and substantiated by the Sexual Misconduct Review Board, the Diocese will add the cleric's name to the list of clerics with credible allegations of sexual abuse of a minor.

B. NOTIFICATIONS OF REPORT

Once the Office of the Vicar General is in receipt of any report of sexual misconduct against a minor by any current personnel of the Diocese of Peoria, the Bishop will be informed immediately. The Vicar General shall notify the alleged offender of the allegation made against him or her. The Vicar General shall further notify the Diocesan attorney and insurance carrier/administrator as appropriate. They shall also notify, if applicable, the superior or supervisor in the case of a lay employee that charges have been made against the alleged offender and should keep the superior advised of the status and outcome of the proceedings.

C. CONFIDENTIALITY

All personnel of the Diocese who are involved in the investigation and disposition of the report of sexual abuse, including the members of the Review Board, will refrain from publicly commenting on the report. Any public statements about the report or about any action taken in response to the report may be made only with the explicit approval of the Bishop. Any media contact or inquiries regarding an incident of sexual misconduct by personnel of the Diocese must be directed to the Office of the Vicar General

If a victim requests information concerning other possible abuse allegations against the alleged offender, the Diocese will confirm, if applicable, the existence of other substantiated allegations against that cleric. The Diocese will not provide details regarding those prior allegations.

D. INTERIM MEASURES

The Bishop of Peoria may immediately place on administrative leave the priest or deacon from ministry temporarily and may immediately suspend any lay employee or volunteer, if the circumstances appear to the Bishop to warrant immediate action pending completion of the investigation. The alleged offender may be requested to seek, and may be urged voluntarily to comply with, an appropriate medical and psychological evaluation at a facility mutually acceptable to the Diocese and to the alleged offender. This policy favors immediate restriction to protect any possibility of abuse. Clergy should understand that this policy is necessitated by their status.

E. INVESTIGATION OF ALLEGATIONS

1. Each reported allegation will be promptly investigated under the direction of the Office of the Vicar General, with care taken not to interfere with any confidential or civil/criminal investigation, and with a high level of Christian care, concern, and confidentiality for the alleged victim, the family of the alleged victim, the person reporting the incident, and the alleged perpetrator. Ongoing information about the investigation of the incident will be provided to the Bishop of Peoria.
2. The alleged offender shall be given the opportunity to rebut before the Bishop or his designee any evidence against him.
3. Unless circumstances warrant in a particular instance, the investigation ordinarily will be conducted in accordance with the following guidelines.

F. PROCESS FOR INVESTIGATION

1. When there is a report made or cause to believe that sexual abuse by a priest, deacon, lay employee or volunteer of this Diocese has occurred, notice should be given immediately to the Vicar General at (309) 671-1550; or the Victim Assistance Office at (309) 677-7082. Any employee, cleric, non-Diocesan cleric, or religious of the Diocese or parish to whom such a report is made or who has reasonable cause to believe that sexual abuse by a lay person, religious, or non-Diocesan cleric employed by or in this Diocese or in a Diocesan parish has occurred has the responsibility to give such notice. Once the Vicar General has been notified, he shall immediately notify the Bishop.
2. Any person to whom alleged abuse by a priest, deacon, lay employee or volunteer of this Diocese is first reported should attempt fully to document the report. This should include a description of the alleged abuse, the date(s) of the alleged offense(s), the alleged offender(s), the alleged victim(s), and the manner and circumstances in which the report was first made. This report should be provided immediately to the Vicar General, who will inform the Bishop immediately.
3. All appropriate steps will be taken to protect the reputation of the alleged offender during the investigation. The alleged offender will be encouraged to retain the assistance of civil counsel (and in the case of a priest or deacon, canonical counsel).
4. If the alleged victim is not the source of the report, the Victim Assistance Coordinator will endeavor to contact the alleged victim to obtain information directly from her or him. The alleged victim and any other witnesses will be encouraged to submit a written description of the incident or incidents, but it will be made clear that the report will be investigated even without a written complaint.
5. The Victim Assistance Coordinator will attempt to identify and contact any other persons, in addition to the alleged victim, who may have relevant knowledge about the allegation.
6. The Vicar General will promptly notify the alleged offender about the substance of the report. The Vicar General will interview the alleged person to obtain the offender's response to the allegations contained in the report. The offender will be informed of the right to obtain counsel in connection with the investigation and any ensuing proceedings.
7. The Vicar General will immediately notify the Bishop of any information developed in the course of the investigation that, in their judgment, warrants immediate attention. In all events, within approximately thirty days following the initial receipt of the report, the results of the investigation, even if not yet completed, will be conveyed to the Bishop and

to the Sexual Misconduct Review Board.

G. REPORT TO SEXUAL MISCONDUCT REVIEW BOARD

The information conveyed to the Sexual Misconduct Review Board by the Vicar General and Victim Assistance Coordinator must include the following information:

1. Unless the allegations are already well-known or unless personally identifying information is otherwise necessary, an anonymous reference to the alleged offender together with a description of the alleged offender's age, current clerical assignment and date of ordination, if applicable, and a general history of prior assignments;
2. An anonymous reference to the alleged victim (as well as to the person who initially submitted the report, if not the alleged victim), describing the alleged victim's gender, current age, and age at the time of the alleged incident(s), marital status, and current employment;
3. A complete and thorough recapitulation of the facts as alleged by the victim or of any other person who reported the alleged incident, including:
 - i. The circumstances that led to the person's decision to make the report, especially if the alleged incident occurred a long time in the past; and
 - ii. Any professional psychological counseling or treatment the alleged victim has received that may be related to the alleged incident.
4. A copy of any written statement submitted by the victim or any other person (with personally identifying information redacted to preserve the anonymity of the person);
5. A description of all efforts to locate and contact any other persons with relevant knowledge of the alleged incident, including any persons who may have been suggested as witnesses by the priest, deacon, lay employee or volunteer who is the subject of the report;
6. A complete and thorough recapitulation of the facts as reported by such other persons, including the witness's views about the probable credibility of the allegations;
7. A description of further investigative steps the Vicar General and Victim Assistance Coordinator recommend be taken before the Review Board makes any final recommendations to the Bishop;
8. Any conclusions the Vicar General, and Victim Assistance Coordinator wish to offer about the weight of the allegations and the reliability and credibility of any persons who submitted information, including the alleged

victim and the accused priest, deacon, lay employee or volunteer.

H. RECOMMENDATIONS BY REVIEW BOARD

After receiving the information obtained in the investigation, the Review Board:

May request that further information be pursued by Diocesan Officials, or immediately proceed to make a recommendation to the Bishop.

The recommendations the Review Board may make to the Bishop include (but are not limited to) the following:

1. The allegations are not supported by sufficient evidence or otherwise are not credible and the matter should be closed without adverse action regarding the alleged offender;
2. The allegations appear credible, but no final conclusions should be reached pending receipt of:
 - i. A report of psychiatric or psychological evaluation of the alleged offender, if the alleged offender is willing to allow the release of such report to the Review Board;
 - ii. A similar report from the alleged victim's professional psychiatric or psychological counselor, if the alleged victim is willing to authorize their release to the Review Board; or
 - iii. Additional specific information that still may be available.
3. The allegations appear to be supported by sufficient, credible evidence and steps should be taken:
 - i. To remove the priest or deacon from the ministry, either by consent (including retirement) or in accordance with the procedures provided by Canon law, if the priest or deacon contests the findings; or
 - ii. To terminate the employment of a lay employee or to terminate the service of a lay volunteer
4. The Review Board is unable to determine that there is sufficient credible evidence to support the allegation (in cases involving allegations against deceased, resigned or laicized clerics).

I. DETERMINATION BY THE BISHOP

1. The report and investigation will be referred to the Bishop of Peoria in accordance with Canon Law and subject to the provisions of canon 1722.

The Bishop of Peoria and his advisors will review the report reflecting the results of the investigation as well as the recommendations of the Review Board. If the alleged claim appears substantiated, then after consultation with competent Diocesan officials the Bishop of Peoria will instruct the Vicar General to notify the alleged offender of the Bishop's determination and the alleged offender may be permitted freely to resign from his/her ministry, or may be relieved from the exercise of any function or responsibility or ministry and/or employment in the Diocese and placed on administrative leave pending the outcome of any further investigation, including an outside investigation, such leave to be with or without pay and/or benefits as the Bishop may decide. The alleged offender's name will be added to the public list of clerics with credible allegations of sexual abuse of a minor.

2. If sexual abuse has been found not to have occurred, the alleged offender shall be reinstated or placed as the Bishop deems appropriate. The information obtained during the investigation shall be retained confidentially and apart from the alleged offender's regular employment file.
3. If a determination is made that sufficient evidence does not exist to warrant a finding, the Bishop after appropriate consultation may still take such actions against the alleged offender as he deems appropriate under the circumstances.
4. Alleged victims who report alleged sexual abuse have the right to know the general disposition of the sexual abuse investigation. Furthermore, the victim will be notified if any action has been taken as a result of the investigation.

J. APENDING LEGAL ACTION

1. Notwithstanding the foregoing, the Diocese may defer or suspend its investigation and determination if a criminal or civil claim is filed or is threatened in respect to the incident(s) at issue to allow for appropriate legal handling of such claim.
2. In the event the Diocese learns the alleged offender is the subject of a criminal investigation for child sexual abuse, the Diocese will cooperate with local authorities to determine whether a risk to children exist. If such a risk exists, for the safety of minors, the alleged offender will be withdrawn from public ministry pending completion of the criminal investigation and the alleged offender's withdrawal from ministry will be publicly announced by the Diocese. If the complainant is known, he or she will be offered pastoral services through the Victim Assistance Coordinator.

If the alleged offender pleads or is found guilty of criminal child sexual abuse, the alleged offender will be permanently removed from ministry for

the safety of minors. If the alleged offender is acquitted of criminal child sexual abuse or the civil authorities advise they have ended their investigation and will not pursue criminal charges, the Diocese will initiate or resume its own investigation, following the guidelines provided above.

3. In the event an alleged perpetrator is named in a civil lawsuit, the Diocese will immediately assess the risk to children and, if such a risk is found to exist, immediately remove the individual for the safety of minors and publicly announce the alleged offender's withdrawal from ministry or employment. The complainant will be offered pastoral services through the Victim Assistance Coordinator.

Once the civil litigation has concluded, the allegations will be investigated in the same manner as other such allegations and submitted for review by the Sexual Misconduct Review Board as appropriate.

K. ALLEGATIONS INVOLVING RELIGIOUS ORDER AND EXTERN CLERICS

Members of religious orders, as well as clergy who have been incardinated in a different diocese (extern clergy), have been and continue to be assigned to ministry within the Diocese of Peoria. While such clergy remain at all time subject to the authority and supervision of the religious order or the originating diocese where they were incardinated, the Diocese handles allegations against religious order and extern clergy as follows:

1. If the Diocese receives an allegation of child sexual abuse involving a religious order or extern cleric who is ministering or has ministered within the Diocese, the allegation is promptly forwarded to that cleric's religious order or originating diocese and is reported to the appropriate civil authorities.
2. If, at the time an allegation of abuse is received, the accused religious order or extern cleric is assigned within the Diocese, the Bishop will immediately withdraw the cleric from public ministry and remove his faculties. If the accused religious order or extern cleric is ministering within the Diocese but not pursuant to a diocesan assignment, the Bishop will immediately remove his faculties for ministry in this Diocese.
3. The Diocese will follow up periodically with the religious order or originating diocese to be informed of the outcome of its investigation, namely, whether or not the allegation has been determined to be credible, as well as the status of the cleric at the conclusion of the inquiry. If the Diocese is informed that the accused cleric has been determined by the religious order or originating diocese to have been credibly accused of sexual abuse of a minor, the religious order or extern cleric's name will be placed on the diocesan website.

L. RECORDS

The Diocese will keep appropriate written records of each reported incident, the investigation, and the results thereof. The records will be marked confidential and be kept in the custody of the Diocesan attorney.

M. JURISDICTION

In every case involving canonical penalties, the processes provided for in Canon Law must be observed, and the various provisions of Canon Law must be considered (cf. Canonical Delicts Involving Sexual Misconduct and Dismissal from the Clerical State, 1995; Letter from the Congregation for the Doctrine of the Faith, May 18, 2001). Unless the Dicastery for the Doctrine of the Faith, having been notified, assumes direct responsibility for the case because of special circumstances, the Bishop of Peoria will proceed according to the directives of the Congregation for the Doctrine of the Faith (Article 13, "Procedural Norms" for Motu Proprio Sacramentorum sanctitatis tutela, AAS, 93, 2001, p. 787).

N. WAIVER OF PERIOD OF LIMITATIONS

Since sexual abuse of a minor is a grave offense, if the case would otherwise be barred by the statute of limitations prescribed by Canon Law, the Bishop of Peoria will petition the Dicastery for the Doctrine of the Faith for a dispensation from this prescription, while indicating appropriate pastoral or canonical reasons rendering so.

O. ASSISTANCE OF COUNSEL

For the sake of due process, the alleged offender is to be encouraged to retain the assistance of civil and canonical counsel. When necessary, the Diocese will supply canonical counsel to a priest or deacon. The provisions of canon 1722 will be implemented during the pending penal process.

P. FINDING OF CULPABILITY

When there is sufficient evidence that sexual abuse of a minor has occurred, the Dicastery of the Doctrine of the Faith will be notified. The Bishop will then apply the precautionary measures mentioned in canon 1722; that is, the Bishop will remove the offender from the sacred ministry or from any ecclesiastical office or function, impose or prohibit residence in a given place or territory, and prohibit public participation in the Most Holy Eucharist pending the outcome of the process.

Q. SANCTION IN LIEU OF DISMISSAL FROM CLERICAL STATE

If the priest or deacon has either admitted culpability or been found culpable after a trial in accordance with Canon Law and if the penalty of dismissal from the clerical state has

not been applied for (e.g., for reasons of advanced age or infirmity) or prescribed by the tribunal after a trial, the offender ought to lead a life of prayer and penance. He will not be permitted to celebrate Mass publicly or to administer the sacraments. He is to be instructed not to wear clerical garb, or to present himself publicly as a priest.

R. ADDITIONAL AUTHORITY OF THE BISHOP TO TAKE ADMINISTRATIVE ACTION

In addition to the sanctions that the Bishop of Peoria or the Dicastery for the Doctrine of Faith may impose under Sections II and IX of this Policy, the Bishop of Peoria has the executive power of governance, through an administrative act:

1. To remove an offending cleric from office, to remove or restrict his faculties, and to limit his exercise of priestly ministry. (Cf. canons 35-58, 149, 157, 187-189, 192-195, 277 §3, 381, 383, 391, 1348, 1740-1747); and
2. To limit, suspend, or terminate the employment of any “at will” lay employee and to terminate the service of any lay volunteer.

S. “SINGLE INCIDENT” POLICY

Because sexual abuse of a minor is a crime in all jurisdictions in the United States, for the sake of the common good and observing the provisions of Canon law, the Bishop of Peoria will exercise this power of governance to ensure that any priest or deacon who has committed even one act of sexual abuse of a minor as described above will not continue in active ministry.

When even a single act of sexual abuse by a priest or deacon is admitted or is established after an appropriate process in accord with Canon Law, the offending priest or deacon will be removed permanently from ecclesiastical ministry. In addition, in appropriate cases, other canonical penalties may be imposed, which may include dismissal from the clerical state. Removal from ministry is required whether or not the cleric is diagnosed by qualified experts as a pedophile or ephrophile or as suffering from any other sexual disorder that may require professional treatment.

T. POSSIBLE ADMINISTRATIVE MEASURES

The Bishop may exercise his executive power of governance to take one or more of the following administrative actions relating to a priest or deacon (cc. 381, 129ff):

1. He may request that the offender freely resign from any currently held ecclesiastical office (cc. 187-189).
2. If the offender declines to resign and if the Bishop judges the offender to be truly not suitable (c. 149, §1) at this time for holding an office

previously freely conferred (c. 157), then he may remove that person from office observing the required canonical procedures (cc. 192-195, 1740-1747).

3. For a cleric who holds no office in the Diocese, any previously delegated faculties may be administratively removed (c. 391, §1 and 142, §1), while any *de lege* faculties may be removed or restricted by the competent authority as provided in law (e.g., c. 764).
4. The Bishop may also judge that circumstances surrounding a particular case constitute the just and reasonable cause for a priest to be allowed to celebrate the Eucharist with no member of the faithful present (c. 906); for the good of the Church and for the priest's own good, the Bishop may urge the priest to celebrate the Eucharist only under such circumstances and not to administer the sacraments.
5. Depending on the gravity of the case, the Bishop may dispense the cleric from the obligation of wearing clerical attire and may prohibit him from doing so (cc. 85-88, 284).

Any of these administrative actions will be taken in writing and by means of decrees (cc. 47-58) so that the cleric affected is afforded the opportunity of recourse against them in accord with Canon Law (cc. 1734 ff).

U. LOSS OF THE CLERICAL STATE

A priest or deacon may at any time request a dispensation from the obligations of the clerical state. In exceptional cases, the Bishop may request of the Holy Father the dismissal of the priest or deacon from the clerical state *ex officio*, even without the consent of the priest or deacon.

V. RESTRICTION ON TRANSFERS BETWEEN DIOCESES

1. No priest or deacon who has committed an act of sexual abuse of a minor may be temporarily or permanently transferred (released or incardinated) for ministerial assignment to another Diocese/Eparchy or religious province. Before a priest or deacon of the Diocese of Peoria may be transferred for residence to another Diocese/Eparchy or religious province, the Bishop will forward in a confidential manner to the local bishop/eparch and religious ordinary (if applicable) of the proposed place of residence any and all information concerning any act of sexual abuse of a minor and any other information indicating that he has been or may be a danger to children or young people. This requirement applies even if the priest or deacon will reside in the local community of an institute of consecrated life or society of apostolic life (or, in the Eastern Churches, as a monk or other religious, in a society of common life according to the

manner of religious, in a secular institute, or in another form of consecrated life or society of apostolic life).

2. Before the Bishop of Peoria receives a priest or deacon from outside his jurisdiction, the Bishop will obtain the necessary information regarding any past act of sexual abuse of a minor by the priest or deacon in question.

X. TRANSPARENCY AND OPENNESS; PROTECTION OF PERSONAL PRIVACY AND REPUTATION

A. DANGER OF FALSE ALLEGATIONS

Care will always be taken to protect the rights of all parties involved, particularly those of the person claiming to have been sexually abused and the person against whom the charge has been made. When an accusation has proved to be unfounded, every step possible will be taken to restore the good name of the person falsely accused.

B. PUBLICATION OF DIOCESAN ACTION

When an allegation of sexual abuse of a minor has been deemed “credible” via the Diocese’s process, the Vicar General will publish an appropriate announcement of the action taken in response to the abuse. Particular announcements and information may be published to assist and support parish communities directly affected by ministerial misconduct involving minors. The Diocese will maintain a record, including information on the Diocesan Website, that lists the names of priests and deacons who have been removed from ministry under this Policy.

C. CONFIDENTIALITY AGREEMENTS

The Diocese will not enter into confidentiality agreements regarding allegations of sexual abuse of minors except for grave and substantial reasons advanced by the victim and noted in the text of the agreement.

D. OUTREACH TO AFFECTED PARISHES

The Vicar General and Victim Assistance Coordinator will be responsible for taking immediate steps to assist and support parish communities directly affected by ministerial misconduct involving minors. The outreach may consist of a parish and/or school meeting at the affected parish, an offer of counseling to members of the affected community, explanation of the response process and informing the affected community of the action taken in response to the allegation.

E. COMPLIANCE WITH CIVIL LAWS; REPORTING TO CIVIL AUTHORITIES ALLEGATIONS OR SUSPICIONS OF ABUSE OR MALTREATMENT OF MINORS

The Diocese of Peoria will comply with all applicable civil laws with respect to the reporting to civil authorities all allegations of sexual abuse of minors and will cooperate in their investigation. The Diocese of Peoria requires all personnel of the Diocese to comply with these requirements.

XI. OCCUPATIONS REQUIRED TO REPORT INCIDENTS OF CHILD SEXUAL ABUSE OR MALTREATMENT OR ENDANGERMENT

All Diocesan personnel are required to report suspected child abuse, including sexual abuse, to the Diocese as set forth in this Policy. In Illinois, the Department of Children and Family Services requires that persons engaged in certain occupations report incidents of suspected child abuse, including sexual abuse, to state or local authorities. Occupations subject to these requirements include **medical personnel** such as physician, dentist, LPN, RN, medical social worker, emergency medical technician, nurse practitioner, chiropractor, hospital administrator; **school personnel** such as teacher, principal, school counselor, school nurse, school social worker, assistant principal, truant officer, school psychologist; **social service/mental health personnel** such as mental health personnel, social workers, psychologists, domestic violence personnel, substance abuse treatment personnel, staff of state agencies dealing with children such as Department of Human Services, Department of Public Aid, Department of Public Health, Department of Corrections, and Department of Children and Family Services; **law enforcement personnel** such as employees of the court, parole/probation officer, emergency services staff, police, State's attorney and staff, juvenile officer; **coroner/medical examiner personnel**; **child care personnel** including all staff at overnight, day care, pre-school or nursery school facilities, recreational program personnel, foster parents; and **members of the clergy** which includes any member of the clergy that has reasonable cause to believe that a child known to him in a professional capacity may be an abused child.

In accordance with Illinois law (325 ILCS 5/4), all personnel of the Diocese of Peoria who are mandated reporters, including school personnel and members of the clergy, shall sign a statement acknowledging their status as mandated reporters prior to commencement of employment. The official DCFS form (**Cants 22 – Acknowledgment of Mandated Reporter Status for Employees** or **Cants 22a – Acknowledgment of Mandated Reporter Status for Clergy**) shall be used for this purpose. The signed acknowledgment form shall be retained by the employer (i.e. parish, school, institution or agency of the Diocese of Peoria) in each individual's personnel file.

Catholic Diocese of Peoria

PlanSource - Personal Information Data Sheet

Today's Date: / /

Fax or Email completed document to CDOP HR Office to begin Benefit Enrollment process.

FAX to CDOP-HR: 309-671-1583 or Email: humanresources@cdop.org

Parish/School Name: _____ Parish/School CDOP Loc. No.: _____ Paycor Client No.: _____

Payroll Cycle (circle): Biweekly Semi-Monthly Monthly

Employee Email Address: _____ Annual Salary: _____

Name: (As stated on your Social Security card) _____ Social Security No.: - -

(Do not insert SSN if you are emailing the document to HR.)
(CDOP-HR will contact location for the number.)

Last _____ First _____ MI _____

Address: (Where payroll, 1095C and year-end W-2 will be mailed)

Street _____ Apt# _____ City _____ ST _____ Zip _____

Telephone No.: _____ Date of Birth: / / Date of "Active" Employment: / /

Employment Status: (circle) *Full-Time* Part-time Regular Sub/Temp/Seasonal Marital Status: Single Married

Employment Position: _____

Questions, contact CDOP-HR at 309-671-1550 or humanresources@cdop.org

10/26/2023



Catholic Diocese of Peoria

Spalding Pastoral Center

419 N.E. Madison Avenue

Peoria, Illinois 61603

309.671.1550

BENEFIT SUMMARY

Health Insurance: Schlarman Health Fund, NFP/Blue Cross Blue Shield of Illinois*

Employee Only:	\$154.00 Monthly Premium**
Employee and Spouse/Family:	\$632.00 Monthly Premium**

Dental: Delta Dental of Illinois*

Employee Only:	\$10.00 Monthly Premium**
Employee and Spouse/Family:	\$28.00 Monthly Premium**

Vision: EyeMed Vision Care*

Employee Only:	\$ 4.50 Monthly Premium**
Employee and Spouse/Family:	\$ 10.00 Monthly Premium**

Life Insurance, AD&D, Long Term Disability:

The Standard (Life & AD&D) & **UnumProvident Life** (LTD) (Employee Only)

Premiums for the Life, AD&D and LTD benefits are paid by Schlarman Health Fund

Life Insurance: 2x annual salary (see booklet for additional details)

Accidental Death & Dismemberment: 2x annual salary (see booklet for additional details)

Long Term Disability: 60% of annual salary (see booklet for additional details)

Additional VOLUNTARY Benefits Available from The Standard:

Life Insurance – Employee, Spouse & Child

Critical Illness – Employee, Spouse & Child

Accident – Employee, Employee & Spouse, Employee & Child(ren)

Employer Sponsored Retirement Plan: EMPOWER/MassMutual 403(b) Plan

“Full-time” and “Part-time” Lay employees of the Diocese of Peoria are eligible on the first day of “active” employment to enroll/contribute in the Diocese of Peoria 403(b) Plan as long as they meet the plan document eligibility requirements. The Diocesan employer will provide a discretionary matching contribution to “Full-time” Lay employees. (2024 – up to 4% of earnings)

*Effective Date is the 1st day of the next calendar month following 1st day of “active” employment.

**Payroll deducted as a pre-tax item.


Effective 05/2024

Premiums subject to change.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-458-6024 or at www.bcbsil.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	For PPO: \$750 Individual/\$2,250 Family For Non-PPO: \$1,500 Individual/\$4,500 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. Certain <u>preventive care</u> and <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	For PPO: \$1,500 Individual/\$4,500 Family For Non-PPO: \$3,000 Individual/\$9,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, <u>balance-billing</u> charges and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.bcbsil.com or call 1-800-458-6024 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>Referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	15% <u>coinsurance</u>	30% <u>coinsurance</u>	Virtual visits: \$20/visit; <u>deductible</u> does not apply. See your benefit booklet* for detail.
	<u>Specialist</u> visit	15% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	15% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	15% <u>coinsurance</u>	30% <u>coinsurance</u>	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsil.com	Generic drugs	\$10 <u>copay</u> /prescription (retail); \$20 <u>copay</u> /prescription (mail order); <u>deductible</u> does not apply	Not Covered	30-day supply at Retail 90-day supply at Mail Order
	Preferred brand drugs	\$20 <u>copay</u> /prescription (retail); \$40 <u>copay</u> /prescription (mail order); <u>deductible</u> does not apply	Not Covered	
	Non-preferred brand drugs	\$40 <u>copay</u> /prescription (retail); \$80 <u>copay</u> /prescription (mail order); <u>deductible</u> does not apply	Not Covered	
	<u>Specialty drugs</u>	\$40 <u>copay</u> /prescription (retail); \$80 <u>copay</u> /prescription (mail order); <u>deductible</u> does not apply	Not Covered	<u>Specialty drug</u> coverage based on group policy. Prior authorization may be required. Specialty retail limited to a 30-90-day supply.

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	15% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Physician/surgeon fees	15% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent care</u>	15% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	15% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> required. \$200 penalty if services are not preauthorized.
	Physician/surgeon fees	15% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	15% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details.
	Inpatient services	15% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> required. \$200 penalty if services are not preauthorized.
If you are pregnant	Office visits	15% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	15% <u>coinsurance</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services	15% <u>coinsurance</u>	30% <u>coinsurance</u>	None

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	15% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 40 visits per benefit period. <u>Preauthorization</u> may be required.
	<u>Rehabilitation services</u>	15% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	<u>Habilitation services</u>	15% <u>coinsurance</u>	30% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	15% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 120 days per benefit period. <u>Preauthorization</u> may be required. \$200 penalty if services are not preauthorized.
	<u>Durable medical equipment</u>	15% <u>coinsurance</u>	30% <u>coinsurance</u>	Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price). <u>Preauthorization</u> may be required.
	<u>Hospice services</u>	15% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required. \$200 penalty if services are not preauthorized.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Bariatric surgery Dental care (Adult and Children) Hearing aids 	<ul style="list-style-type: none"> Infertility treatment Long-term care Private-duty nursing 	<ul style="list-style-type: none"> Routine eye care (Adult and Children) Routine foot care (with the exception of person with diagnosis of diabetes) Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> Acupuncture Chiropractic care (Chiropractic and Osteopathic manipulation limited to 20 visits per calendar year) 	<ul style="list-style-type: none"> Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases) Most coverage provided outside the United States. See www.bcbsil.com 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the U.S.

* For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-458-6024, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-458-6024 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-458-6024.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-458-6024.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-458-6024.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-458-6024.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$750
■ <u>Specialist</u> <u>coinsurance</u>	15%
■ <u>Hospital (facility)</u> <u>coinsurance</u>	15%
■ <u>Other</u> <u>coinsurance</u>	15%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$750
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$700
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,510

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$750
■ <u>Specialist</u> <u>coinsurance</u>	15%
■ <u>Hospital (facility)</u> <u>coinsurance</u>	15%
■ <u>Other</u> <u>coinsurance</u>	15%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$750
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,370

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$750
■ <u>Specialist</u> <u>coinsurance</u>	15%
■ <u>Hospital (facility)</u> <u>coinsurance</u>	15%
■ <u>Other</u> <u>coinsurance</u>	15%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$750
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$400
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,060



Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે તમારી ભાષામાં મદદ અને માહિતી મેળવવાની હક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यादि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ní, éí doodago la'da biká anánilwo'ígíí, na'ídiłkido, ts'idá bee ná ahóóti'i' t'áá níik'e níká a'doolwoł dóó bina'ídiłkidi'ígíí bee ní h odoonih. Ata'dahalne'ígíí bich'i'í hodiłnih kwe'e 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.

Delta Dental of Illinois is pleased to be your dental benefits carrier. Your group plan offers you the dental benefits program: Delta Dental PPO *Plus* Delta Dental Premier.

Delta Dental PPO Plus Premier

On the reverse side of this sheet is a summary of your plan coverage.*

With Delta Dental PPO Plus Premier:

- You can go to any licensed general or specialty dentist.
- **You will maximize your benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.**
- Delta Dental's network dentists have agreed to reduced fees as payment in full, which means you will likely save money by going to a Delta Dental PPO or Delta Dental Premier network dentist. Non-network dentists have not agreed to accept our reduced fees as payment in full, which means they may bill you for any charges over our allowed fees.
- You are charged only the patient's share** at the time of treatment. Delta Dental pays its portion directly to network dentists.

Finding a Dentist

Visit our web site at www.deltadentalil.com and click on Provider Search.

Example of Your Copayment with Delta Dental Network Dentists and Non-Network Dentists

- Delta Dental PPO: Lowest out-of-pocket costs and network protection.
- Delta Dental Premier: Higher out-of-pocket costs than PPO, but may be lower than non-network and network protection.
- Non-network: You may have the highest out-of-pocket costs.

Delta Dental PPO Plus Premier Plan Features

Your Delta Dental PPO Plus Premier plan includes the following features:

- **Enhanced Benefit Program** offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, and suppressed immune systems) that can be positively affected by additional oral health care.

Member Connection

You may register on Delta Dental of Illinois' website, www.deltadentalil.com. Once registered, you can **get real time benefit information, check claim status, sign up for electronic Explanation of Benefits and print a temporary ID card.**

Customer Service

Call 1-800-323-1743 to access our automated phone system or speak to a customer service representative from 7 am to 7 pm Monday through Thursday and 7 am to 6 pm Friday, Central Time. Our automated phone system is available 24 hours a day, seven days a week, and offers dentist listings and claim information.

You can also connect with us through our mobile app, Facebook, Twitter, our blog and more.

Learn More

You can learn more about your Delta Dental of Illinois dental plan by reading the information included in your enrollment kit.

*The information on the reverse side of this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois.

**Patient's share is the coinsurance/copayment, any remaining deductible any amount over the annual maximum and any services your plan does not cover.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.

Eligible Dependents	Spouse/and dependent children to age 26
Annual Deductible (applies to Basic and Major Services Only)	\$50/person; \$100/family
Annual Maximum	\$1,000/person
Enhanced Benefit Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.

	Delta Dental PPO Network Dentist	Delta Dental Premier® Network Dentist	Non-Network Dentist
<u>PREVENTIVE/DIAGNOSTIC SERVICES</u> <ul style="list-style-type: none"> Routine exams (two per benefit year) Cleanings (two per benefit year) X-rays (bitewings – two per benefit year; full mouth - every three years) Fluoride treatments (once per benefit year to age 19) Space maintainers Sealants (to age 16) 	100%*	90%**	90%***
<u>BASIC SERVICES</u> <ul style="list-style-type: none"> Posterior composites (tooth colored fillings on back teeth) Periodontics Endodontics Oral surgery General anesthesia (in conjunction with surgical extractions) 	80%*	70%**	70%***
<u>MAJOR RESTORATIVE SERVICES</u> <ul style="list-style-type: none"> Implants Crowns, jackets, and other cast restorations to permanent teeth Partial/full dentures Fixed/removable bridges 	50%*	40%**	40%***

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's allowed PPO fee. PPO network dentists cannot charge you for costs exceeding the PPO fee.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.

***Non-network dentists (non-Delta Dental PPO/non-Delta Dental Premier) do not agree to accept Delta Dental's allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.



Schlarman Health Fund, NFP

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$35
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$55; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$115 allowance	Up to \$52
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$25
Bifocal	\$0 copay	Up to \$40
Trifocal	\$0 copay	Up to \$55
Progressive - Standard	\$65 copay	Up to \$40
Progressive - Premium	\$65 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Photochromic - Non-Glass	20% off retail price	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$115 allowance	Up to \$92
Contacts - Disposable	\$0 copay; 100% of balance over \$115 allowance	Up to \$92
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every calendar year	Once every calendar year
Frame	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year	Once every calendar year

(Plan allows member to receive either contacts and frame, or frames and lens services)



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor

(Access Network)

- 866.723.0596
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

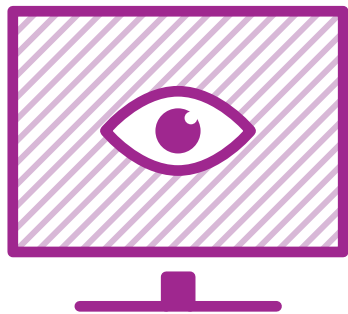
Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



eye
Med



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
EST. 1961
VISION

OPTICAL

**Participant Enrollment
403(b) Plan**

Catholic Diocese of Peoria 403(b) Plan

744770-01

Participant Information Talcott Resolution Life Insurance Company is the Issuing Company

Last Name First Name MI
(The name provided MUST match the name on file with Service Provider.)

Social Security Number

Mailing Address

E-Mail Address

City State Zip Code

Married Unmarried

 Female Male Nonbinary Unspecified

() ()
Home Phone Work Phone

Mo Day Year Mo Day Year

Date of Birth Date of Hire

()
Mobile Phone

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with Empower?* Yes, I would like a representative to call me at phone # _____-_____-_____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). *Rollovers are subject to your Plan's provisions.

Payroll Information

- I elect to contribute \$ _____ or _____% (do not complete both) (up to \$23,000.00 or 1% - 100%) per pay period of my compensation as Before Tax contributions to the 403(b) Plan until such time as I revoke or amend my election.
- I elect to contribute \$ _____ or _____% (do not complete both) (up to \$23,000.00 or 1% - 100%) per pay period of my compensation as Roth contributions to the 403(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Location Name

Location Number

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option and Asset Allocation Models.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either an Asset Allocation Model (A) or your own investment options (B).

(A) Asset Allocation Model Selection - only one model can be selected

<u>Asset Allocation Model Name</u>	<u>Model Selection</u>	<u>Asset Allocation Model Name</u>	<u>Model Selection</u>
Aggressive Model AGGR2	<input type="checkbox"/>	Conservative Moderate MOD CONS	<input type="checkbox"/>
Moderate MODERATE	<input type="checkbox"/>		

Last Name

First Name

M.I.

Social Security Number

Number

(B) Select Your Own Investment Options

INVESTMENT OPTION

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
American Funds EuroPacific Gr R6.....	REGRX	REGRX _____
American Funds New Perspective R6.....	RNPGX	RNPGX _____
Vanguard FTSE All-Wld ex-US Inx Admiral...	VFWAX	VFWAX _____
Knights of Columbus International Eq I.....	KCIIX	KCIIX _____
Nuveen Small Cap Select I.....	ARSTX	ARSTX _____
Vanguard Small Cap Index Adm.....	VSMAX	VSMAX _____
Knights of Columbus Small Cap I.....	KCSIX	KCSIX _____
Ave Maria Rising Dividend.....	AVEDX	AVEDX _____
Vanguard Mid Cap Index Fund - Admiral.....	VIMAX	VIMAX _____
Victory Sycamore Established Value R6.....	VEVRX	VEVRX _____

INVESTMENT OPTION

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
Fidelity Contrafund K.....	FCNKX	FCNKX _____
Vanguard 500 Index Admiral.....	VFIAX	VFIAX _____
Vanguard Equity-Income Adm.....	VEIRX	VEIRX _____
Franklin Income Adv.....	FRIAX	FRIAX _____
Ave Maria Bond.....	AVEFX	AVEFX _____
PIMCO Income Instl.....	PIMIX	PIMIX _____
Vanguard Interm-Term Investment-Grade Ad...	VFIDX	VFIDX _____
Vanguard Total Bond Market Index Admiral...	VBTLX	VBTLX _____
General Account.....	N/A	TGBJA3 _____
MUST INDICATE WHOLE PERCENTAGES		= 100%

Trusted Contact Person Information (Optional)

Providing information about a trusted contact person(s) authorizes us to disclose account information to your designated trusted contact person(s) under the following circumstances: to address possible financial exploitation; to confirm the specifics of your current contact information, health status or the identity of any legal guardian, executor, trustee or holder of a power of attorney; or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Mr. Mrs. Ms. Dr. Suffix Sr. Jr.

First Name Middle Name Last Name

Address Apt/Suite No.

City State Zip Country

Work Phone Home Phone Mobile Phone Email Address

Relationship to Primary Applicant/Co-Applicant: _____

Mr. Mrs. Ms. Dr. Suffix Sr. Jr.

First Name Middle Name Last Name

Address Apt/Suite No.

City State Zip Country

Work Phone Home Phone Mobile Phone Email Address

Relationship to Primary Applicant/Co-Applicant: _____

I decline to provide trusted contact person information at this time

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.

Primary Beneficiary

#1 _____ .

(_____) Phone Number (Optional)	_____ . Social Security Number	_____ . Primary Beneficiary Name	_____ . Date of Birth
	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

#2 _____ .

(_____) Phone Number (Optional)	_____ . Social Security Number	_____ . Primary Beneficiary Name	_____ . Date of Birth
	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Contingent Beneficiary

#1 _____ .

(_____) Phone Number (Optional)	_____ . Social Security Number	_____ . Contingent Beneficiary Name	_____ . Date of Birth
	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

#2 _____ .

(_____) Phone Number (Optional)	_____ . Social Security Number	_____ . Contingent Beneficiary Name	_____ . Date of Birth
	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Spousal Consent for Beneficiary Designation

I, (name of spouse) _____, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

Spouse's Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

The spouse's signature must be notarized by a Notary Public. The date of the spouse's signature on this form must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.

ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

We require that the following information must be included on the separate jurat or notarial certificate: (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of Notary

NOTE: Notary seal must be visible.

The consent to this request was subscribed and sworn (or affirmed) to
State of _____) before me on this _____ day of _____, year _____,
)ss. by (name of spouse) _____
proved to me on the basis of satisfactory evidence to be the person
County/Parish/Borough of _____) who appeared before me, who affirmed that such consent represents
his or her free and voluntary act.

SEAL

Notary Public's signature _____ My commission expires ____/____/____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Notary Public's full name _____ Telephone number _____

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the group annuity contract issued and/or the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that I have received investment option information, including prospectuses and other disclosure documents, and I understand the risks of investing.

Asset Allocation Models - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

Aggressive Model AGGR2 - RERGX 10% VIMAX 15% FRIAX 10% FCNKX 10% VFIAX 10% RNPGX 20% VEIRX 10% VSMAX 15%

Moderate MODERATE - RERGX 10% TGBJA3 20% VIMAX 10% FRIAX 10% FCNKX 5% VFIAX 10% RNPGX 15% VEIRX 10% VSMAX 10%

Last Name

First Name

M.I.

Social Security Number

Number

Conservative Moderate MOD CONS - RERGX 5% TGBJA3 50% VIMAX 10% FRIAX 5% FCNKX 5% VFIAX 5%
RNPGX 10% VEIRX 5% VSMAX 5%

Your account will be rebalanced annually so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

Compliance With Plan Document and/or the Code - I agree that my Employer may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

Important Notice: If you are married and the Plan is subject to spousal consent requirements under ERISA and/or the Plan Document, you must have your spouse's signature notarized to designate a primary beneficiary other than your spouse or in addition to your spouse.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Employer Certification

I certify that the information provided by the participant on this form is correct.

Employer Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at
empowermyretirement.com
Click on *Upload Documents* to submit

OR

Sent regular mail to:

Empower
PO Box 56025
Boston, MA 02205-6025

OR

Sent express mail to:

Empower
8515 E. Orchard Road
Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.

PRIVACY NOTICE

REV 2/2023

FACTS	What does Empower Retirement, LLC (Empower) do with your personal information?
WHY?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
WHAT?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none">• Social Security number and account balances.• Retirement assets and transaction history.• Employment information and income. <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
HOW?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information, the reasons Empower chooses to share, and whether you can limit this sharing.

REASONS WE CAN SHARE YOUR PERSONAL INFORMATION	DOES EMPOWER SHARE?	CAN YOU LIMIT THIS SHARING?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

QUESTIONS?	Call toll-free at 855-756-4738 or go to empower.com/privacy
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WHO WE ARE	
Who is providing this notice?	Empower and its affiliates. A list of companies is provided at the end of this notice.
WHAT WE DO	
How does Empower protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include physical, technical, and procedural safeguards, such as building and system security, and personnel training.
How does Empower collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • Provide account information or apply for a loan. • Enter into an investment advisory contract or seek advice about your investments. • Tell us about your investment or retirement portfolio. <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes — information about your creditworthiness. • Affiliates from using your information to market to you. • Sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
DEFINITIONS	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with the Empower names, as listed below, and other financial companies such as Empower Advisory Group, LLC.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Empower does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>Empower doesn't jointly market.</i>
WHO IS PROVIDING THIS NOTICE?	
<p>Empower Retirement, LLC; Empower Annuity Insurance Company of America; Empower Life & Annuity Insurance Company of New York; Empower Plan Services, LLC; Empower Advisory Group, LLC; Empower Financial Services, Inc.; The Canada Life Assurance Company (U.S. operations); Great-West Life & Annuity Insurance Company of South Carolina; Empower Capital Management, LLC; Empower Funds, Inc.; Empower Trust Company, LLC; Empower Holdings, Inc.; Empower Annuity Insurance Company; Prudential Bank & Trust, FSB (to be merged into Empower Trust Company, LLC in or around March 2023); TBG Insurance Services Corporation; MC Insurance Agency Services, LLC; Mullin TBG Insurance Agency Services, LLC; COMOSA REIT Corp. Empower Personal Wealth, LLC; Empower Services Holdings, LLC; Personal Capital Advisors Corporation (to be merged into Empower Advisory Group, LLC in or around April 2023); and Personal Capital Services Corporation. Empower and/or certain Affiliates also administer certain insurance policies on behalf of other insurance companies as a "Third Party Administrator" in connection with certain acquisitions it has made of businesses previously owned by other companies.</p>	

GEN-FLY-WF-1831220-0223(2332382)



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

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)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

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 07/31/2026

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 07/31/2026

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>)
----------------	--------------------------	--

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>)
---	--	------------------------------------

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>)
----------------	--------------------------	--

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>)
---	--	------------------------------------

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>)
----------------	--------------------------	--

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>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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CATHOLIC DIOCESE OF PEORIA
Emergency Contact Information

Date: _____

Name:

<i>Last</i>	<i>First</i>	<i>MI</i>
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Address:

<i>Street</i>	<i>Apt#</i>	<i>City</i>	<i>ST</i>	<i>Zip</i>
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Telephone No.: _____

In Case of Emergency

Notify:

<i>Name</i>	<i>Relationship</i>
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Contact Numbers:

<i>Work No.</i>	<i>Cell No.</i>	<i>Home No.</i>
-----------------	-----------------	-----------------

In Case of Emergency

Notify:

<i>Name</i>	<i>Relationship</i>
-------------	---------------------

Contact Numbers:

<i>Work No.</i>	<i>Cell No.</i>	<i>Home No.</i>
-----------------	-----------------	-----------------

CATHOLIC DIOCESE OF PEORIA

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

_____ New Account _____ Change Account _____ Cancel Account

I hereby authorize the Catholic Diocese of Peoria to initiate credit entries to my Checking or Savings account in the entity named below:

Financial Institution: _____

Address of Financial Institution: _____

Type of Account: Checking Savings (One account per form!)

Type of Deposit: Full Deposit = (100%) Partial Deposit Amt.: _____

Transit Routing Number: _____

Account Number _____

This authority shall remain in full force and effect until Catholic Diocese of Peoria has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it. In the event of an error in the deposit, the correction of which requires that a reversing (debit) entry be made, I hereby authorize the depository institution to initiate such a debit entry in the amount of the error to my account.

Print Name on the Account: _____	
Address, City, ST, Zip: _____	
Date of Birth: _____	
Date:	Signature:

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.

2024

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.)		

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 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)

General Instructions

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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 15, 2025.

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. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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.

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 2024 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 2024 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: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Note: These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

If you are an Illinois resident who works for an employer in a non-reciprocal state but you work from home or in locations in Illinois for more than 30 working days, you may need to adjust your withholding or begin making estimated payments. For additional information, go to tax.illinois.gov.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will

receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

Note: For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may **not** be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds \$500,000 for returns with a federal filing status of married filing jointly, or \$250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than \$1,000 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at tax.illinois.gov to obtain a copy.

Where do I get help?

- Visit our website at tax.illinois.gov
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to
**ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19044
SPRINGFIELD IL 62794-9044**

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
 I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. **1** _____
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. **2** _____
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. **3** _____
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **4** _____

Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older. I am legally blind.
 My spouse is 65 or older. My spouse is legally blind.

- 5 Enter the total number of boxes you checked. **5** _____
- 6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. **6** _____
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. **7** _____
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. **8** _____
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **9** _____

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

_____-_____-_____-
Social Security number

Name

Street address

_____-_____-_____-
City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). **1** _____
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). **2** _____
- 3 Enter the additional amount you want withheld (deducted) from each pay. **3** _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature Date

To print the registration letter for Online Check Stub:

1. Go to www.paycor.com and click on *Sign In* found in the upper right hand side of the screen.
2. Enter your user name and password.
3. Click on the Payroll menu option and choose *Check Stubs Setup*.
4. On the right, Click *Download* next to the *Registration Instructions* box.
5. Print this letter and provide it to the employee(s) to register.

Notes:

- Employees will need to wait until their check date or after to register for online check stubs.
- Once the employees enter their information online to register, they will immediately receive an e-mail code to enter to finalize the registration. If they don't complete this step, they'll need to start the registration process over again.


CMGConnect

DIOCESE OF PEORIA




End-User Instructions

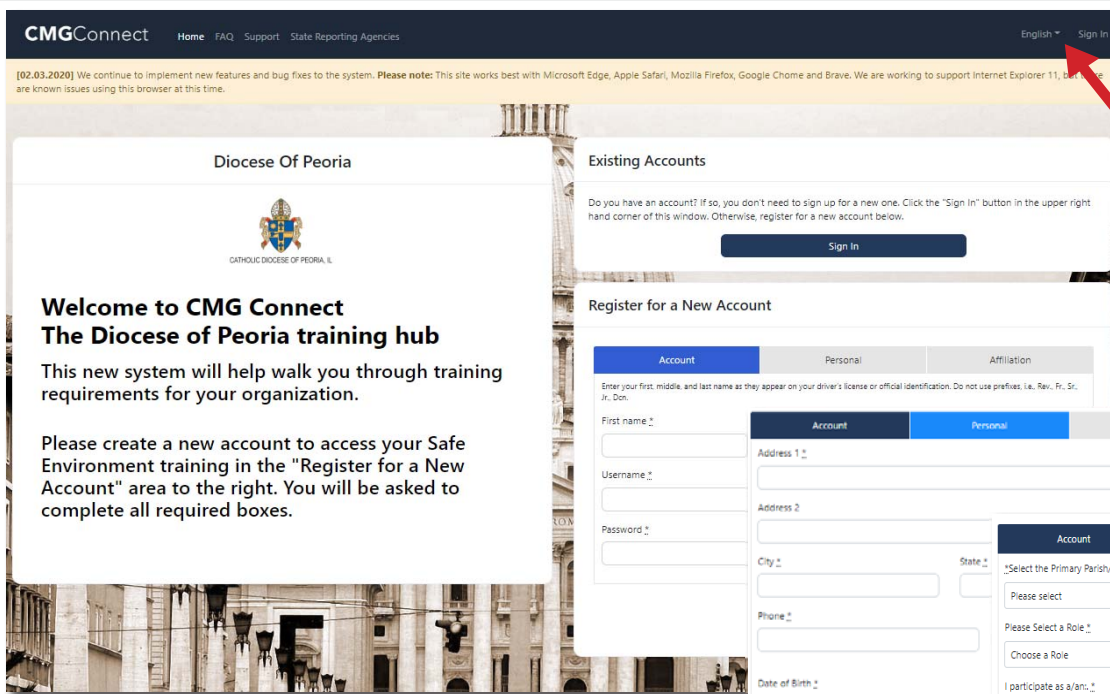
Getting Started:

1. Go to <https://Peoria.cmgconnect.org/>
2. Create a new account by completing all the boxes under the **Register for a New Account** area. This includes your address, primary parish, and how you participate at your parish or school. If you have questions please contact your parish/school coordinator.
3. Your dashboard will show you the required and optional training curriculums that have been customized for your particular role within the Diocese.
4. Click  under the Safe Environment Training-Peoria to begin.
5. On the last page of the curriculum, submit your background check information. *The curriculum will be marked "Resume" until your background check is processed and reviewed by the diocese. Processing can take up to 7-10 business days.*
6. If needed, you can access your completion certificate after you are certified by returning to the training dashboard and clicking **Print Certificate**.



For technical assistance, contact us via the  button found in the bottom right corner of the web page.

Last Updated: 02/13/20



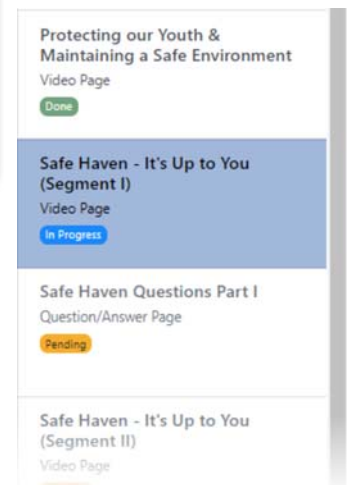
Click Here and select "Spanish" to change language settings before creating a new account.

- You will progress through ALL three account creation screens then click "Register" to complete your profile set-up. *If you are unsure of which participation category to select, please contact your site coordinator or the Diocese.*

- On your dashboard, click **Start** to open up the **Safe Environment** training option.

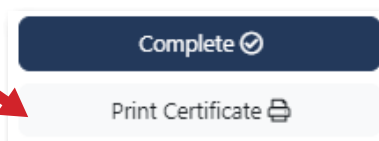


- Progress through the training sections—as you complete each page, it will be marked as **Done** to show that the segment is finished.



- The curriculum will show **Resume** on your training dashboard until AFTER your background check details are processed and your certification is approved by the Diocese. **Note: Background check processing can take up to 7-10 business days.**

- Once you have been certified, a completion certificate will be available under the finished module on your dashboard. Click the gray **Print Certificate** button to access.



<https://Peoria.CMGconnect.org/>