



Lutheran Benefits Premium Worksheet



1-800-516-HAHN

lutheranbenefits@hahnfinancialgroup.com

Registered Representative of and securities offered through OneAmerica Securities, Inc., Member FINRA, SIPC, a Registered Investment Advisor, Hahn Financial Group, Inc, 3101 S. Phillips Avenue, Sioux Falls, SD 57105; (605) 275-3600. Insurance Representative of American United Life Insurance Company® (AUL) and other insurance companies. Hahn Financial Group, Inc. is not an affiliate of OneAmerica Securities or AUL and is not a broker dealer or Registered Investment Advisor.

Lutheran Benefits Worksheet

The Lutheran Benefits Premium Worksheet has been sent to help you estimate your monthly premium. Pages four and five are an example of what a completed worksheet will look like when you have completed it. Pages six and seven are a blank worksheet for you to fill out. And the last page is a Flexible Spending Account Worksheet to help you determine how much money you will want to set aside if you choose to participate in the Flexible Spending Account.

To begin you will need to gather a few pieces of information, they are:

1. **Your Annual Salary.**

For Short Term Disability you may add together the following for the definition of salary:

- W-2 or 1099 salary
- Section 107 contributions made to you by your congregation
- Health Insurance premiums paid for you by your congregation
- Retirement Account contribution made for you by your congregation
- Housing Equity Account contribution made for you by your congregation

For Long Term Disability you may add together the following for the definition of salary:

- W-2 or 1099 salary:
- Section 107 made to you by your congregation
- Housing Equity Account contribution made for you by your congregation

2. **The level of coverage you need.**

This plan will have four tiers to choose from, they are:

- Employee only
- Employee/spouse
- Employee/child(ren)
- Employee/family

As you fill out the worksheet and the enrollment forms please note that the level of coverage for the voluntary dental and vision must be the same as your selection for health insurance coverage.

3. **Your age.**

Your age will be the age attained at the time the coverage becomes effective.

4. **Tobacco use.**

The Critical Illness component of your benefit package will have two rates, one for tobacco users and one for non-tobacco users. To be considered a non-tobacco user you must not have used any tobacco products during the previous twelve months.

5. **A calculator.**

As you look through the example worksheet the following criteria was used:

- 52 year-old
- Non-tobacco user
- Short Term Disability income of \$52,000.00 annually
- Long Term Disability income of \$36,000.00 annually
- Electing Family coverage
- And is setting aside \$200.00 a month into a Flexible Spending Account
- 2012 Premium Rates were used

As you go through the worksheet you will notice the worksheet already has some blanks filled in and has formulas in place. All you have to do is fill in the blanks.

If you have any questions please feel free to call us and we'll be happy to help you with your calculations.

Thanks and have a great day!

Lutheran Benefits

EXAMPLE

2011-2012 LUTHERAN BENEFITS RATE WORKSHEET

THE FIRST PAGE SHOWS COVERAGES THAT ALL HEALTH PARTICIPANTS WILL RECEIVE

HEALTH	ENTER THE APPROPRIATE COVERAGE AMOUNT INTO BOX A.	\$1,072.00 A															
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"></td> <td style="width: 30%; text-align: center;">2011 MONTHLY PREMIUMS</td> <td style="width: 35%; text-align: center;">2012 MONTHLY PREMIUMS</td> </tr> <tr> <td>Employee Only</td> <td style="text-align: center;">\$512.00</td> <td style="text-align: center;">\$532.00</td> </tr> <tr> <td>Employee/Spouse</td> <td style="text-align: center;">\$942.00</td> <td style="text-align: center;">\$1,007.00</td> </tr> <tr> <td>Employee/Child</td> <td style="text-align: center;">\$761.00</td> <td style="text-align: center;">\$813.00</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$1,003.00</td> <td style="text-align: center;">\$1,072.00</td> </tr> </table>		2011 MONTHLY PREMIUMS	2012 MONTHLY PREMIUMS	Employee Only	\$512.00	\$532.00	Employee/Spouse	\$942.00	\$1,007.00	Employee/Child	\$761.00	\$813.00	Family	\$1,003.00	\$1,072.00	
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LIFE and AD&D	\$50,000.00 BASE POLICY IS SAME FOR ALL PARTICIPANTS	\$12.15 B
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Short Term Disability	ENTER THE MONTHLY COST INTO BOX C.	\$52.00 C																																				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">$\frac{\\$52,000.00}{\text{ANNUAL SALARY}}$</td> <td style="width: 10%; text-align: center;">\div</td> <td style="width: 10%; text-align: center;">520</td> <td style="width: 10%; text-align: center;">=</td> <td style="width: 10%; text-align: center;">$\frac{\\$100.00}{\text{PER}/\\$10 \text{ WK.SALARY}}$</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">0.52</td> <td style="width: 10%; text-align: center;">=</td> <td style="width: 10%; text-align: center;">$\frac{\\$52.00}{\text{MONTHLY COST}}$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">RATE</td> <td></td> <td></td> </tr> </table>		$\frac{\$52,000.00}{\text{ANNUAL SALARY}}$	\div	520	=	$\frac{\$100.00}{\text{PER}/\$10 \text{ WK.SALARY}}$	X	0.52	=	$\frac{\$52.00}{\text{MONTHLY COST}}$								RATE																			
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CRITICAL ILLNESS	ENTER THE APPROPRIATE COVERAGE AMOUNT INTO BOX E.	\$44.52 E																
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EMPLOYEE ASSISTANCE PROGRAM		\$2.00 F
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ADD BOXES A, B, C, D, E AND F	TOTAL OF PAGE ONE	\$1,178.96 G
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EXAMPLE

DENTAL VISION AND THE FLEXIBLE SPENDING ACCOUNT ARE OPTIONAL

DENTAL	ENTER THE APPROPRIATE COVERAGE AMOUNT INTO BOX F.	\$115.00	H
Employee Only	\$35.00		
Employee/Spouse	\$70.00		
Employee/Child	\$75.00		
Family	\$115.00		
VISION	ENTER THE APPROPRIATE COVERAGE AMOUNT INTO BOX G.	\$32.00	I
Employee Only	\$12.00		
Employee/Spouse	\$22.00		
Employee/Child	\$27.00		
Family	\$32.00		
Flexible Spending Account	ENTER THE MONTHLY AMOUNT THAT YOU WILL DEDUCT FOR YOUR F.S.A. INTO BOX H.	\$200.00	J
	ADD THE ADMIN FEE (THE ADMIN. FEE FOR F.S.A. PARTICIPANTS IS \$4.25 PER MONTH)	\$4.25	K
	ADD BOXES H AND I TOGETHER AND ENTER INTO BOX J	\$204.25	L
	TOTAL MONTHLY FSA COST		
MONTHLY ADMIN FEE	THIS IS THE MONTHLY ADMIN FEE FOR THE HEALTH PLAN	\$20.50	M
	ADD BOXES H, I, L AND M TOGETHER	256.75	N
	THIS IS THE AMOUNT IN BOX G FROM THE FIRST PAGE	\$1,178.96	O
	ADD BOXES N AND O TOGETHER	\$1,435.71	P
	SECOND PAGE SUB-TOTAL		
	SUB-TOTAL FROM FIRST PAGE		
	ESTIMATED PLAN MONTHLY COST		



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Flexible Spending Account Worksheet

How Much Should I Contribute To My FSA Plans? What Are My Estimated Tax Savings?

Use this worksheet to help you estimate your tax savings if you use an FSA Plan to pay for medical and/or dependent daycare expenses. Give some thought to calculating how much money to contribute for the year. If you have questions please call Hahn Financial Group, Inc. at 1-800-516-HAHN (4246) or send an email to lutheranbenefits@hahnfinancialgroup.com.

1. Your Estimated Out-Of-Pocket Medical Costs:

Deductibles	\$
Coinsurance	\$
Co-pays	\$
Prescription Drugs	\$
Dental/Orthodontics	\$
Vision	\$
TOTAL (A)	\$

2. Your Estimated Dependent Care Expenses:

Child Daycare	\$
Adult Daycare	\$
TOTAL (B)	\$

3. Anticipated Flex Plan Contributions

A+B= (C) \$

4. Your Tax Rates:

Federal Tax Rate	%
State Tax Rate (Where Applicable)	%
Social Security Tax Rate	5.65 %
TOTAL (D)	%

Your Estimated Flex Plan Tax Savings: (TOTAL C x TOTAL D) \$



The information in this Member Guide is subject to change as new regulations/information is released by the U.S. Government. TRISTAR Benefit Administrators is not held responsible for misinterpreted information.