CHURCH BENEFITS BOARD
A MINISTRY OF THE COOPERATIVE BAPTIST FELLOWSHIP
Your benefits are our ministry.

Initial Premium Contribution Worksheet

Please use this worksheet to calculate the first month's contribution for each of the plans in which you are enrolling. A church/employer check for this amount is to be sent with the enrollment forms.

Employer Participation in Insurance and Services *(requires a 403(b) Employer RP enrollment to be eligible)*

Total compensation (reported on line "**D**" of CBB Membership Application Form).	**a.**	
Multiply amount on line "**a**" by 3 %.	**b.**	
Divide amount on line "**b**" by 12 months.	**c.**	
Initial Month's Premium for Ins. & Services (line "c").		**d.**

403(b) Employer Retirement Plan

Total compensation (reported on line "**D**" of CBB Membership Application Form).	**e.**	
If contribution is a percentage of compensation. Multiply amount on line "**e**" by percentage entered in 403(b) Employer Retirement Plan box on CBB Membership Application.	**f.**	
Divide amount on line "**f**" by 12 months.	**g.**	
If contribution is a dollar amount, enter *monthly* amount to be paid.	**h.**	
Initial Month's Contribution to 403(b) Employer Retirement Plan (enter amount from *either* line "g" or line "h").		**i.**

403 (b) Employee Payroll Election

Total compensation (reported on line "**D**" of CBB Membership Application Form.	**j.**	
If contribution is a percentage of compensation: Multiply amount on line "**j**" by percentage entered in 403(b) Employee Payroll Election Plan box on CBB Membership Application.	**k.**	
Divide amount on line "**k**" by 12 months.	**l.**	
If contribution is a dollar amount, enter *monthly* amount to be paid	**m.**	
Initial Month's Contribution to 403(b) Employee Deferral Plan (enter amount from *either* line "l" or line "m").		**n.**

Amount to be sent with Enrollment Forms

Total of lines **"d" + "i" + "n"**	**$**

Please keep a copy of this form for your records and return the original to:

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2930 Flowers Road South, Suite 133A
Atlanta, GA 30341

Fax: (770) 220-1661
Phone: (800) 352-8741
Web: www.churchbenefits.org