



**CHURCH OF THE BRETHREN
INSURANCE PLANS**

a not-for-profit ministry of Church of the Brethren Benefit Trust, Inc.

1505 Dundee Avenue • Elgin, IL 60120-1619
800-746-1505 • 847-695-0200 • Fax 847-742-6336
www.brethrenbenefittrust.org

**Long Term Disability
Budget Worksheet
(Part II)**

IMPORTANT: Return this form with your Enrollment Form to Brethren Insurance Plans.

*Active employees over age 70 are not eligible for long term disability coverage
and do not need to complete this form.*

Employer or Congregation _____
Employee or Minister's Name _____
Address _____
City _____ State _____ Zip _____
Daytime Telephone Number _____

LTD Premium Calculation

Your base cash salary (A) \$ _____
Utilities (B) \$ _____
(If an allowance is given or if utilities are paid by employer)
Subtotal (A) + (B) (C) \$ _____
Housing allowance (D) \$ _____
(If you use a parsonage, use 20% of (C); or rental value of parsonage)
Total (C) + (D) (E) \$ _____
Divide (E) by \$100 (F) \$ _____
Multiply (F) by .51 (G) \$ _____

Write in your total LTD contribution from line (G) above (H) \$ _____

If your local church or employer pays 2/3 of your contribution, divide (H) by 3 (I) \$ _____

The amount in (I) is your annual LTD contribution.