

## NOTICE TO EMPLOYEE

### Labor Code section 2810.5

Effective January 1, 2012, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement are indicated on the next page.

This notice is available in other languages at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE).

#### EMPLOYEE

Employee Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

#### EMPLOYER

Name of Employer: Central California Conference of Seventh-day Adventists

(Check all that apply): ☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Company ☐ General Partnership

☐ Other type of entity: Religious Corporation

☐ Staffing agency (e.g., temp agency or PEO)

Other Name Employer is doing business as (if applicable): \_\_\_\_\_

Physical Address of Main Office: 2820 Willow Ave., Clovis, CA 93612

Employer's Mailing Address: PO Box 770, Clovis, CA 93613

Employer's Telephone Number: 559-347-3000

If the worksite employer uses any other business or entity to hire employees or administer wages or benefits, complete the information above for the worksite employer, complete the information below for the other business, and complete the remaining sections. If there is no other business or co-employer, or if the only other business is a recruiting service or a payroll processing service, skip the rest of this section, and complete the remaining sections.

Name of Other Business: \_\_\_\_\_

This other business is a:

☐ Professional Employer Organization (PEO) or Employee Leasing Company or a Temporary Services Agency

☐ Other: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### WAGE INFORMATION

Rate(s) of Pay: \_\_\_\_\_ Overtime Rate(s) of Pay: \_\_\_\_\_

Rate by (check box): ☐ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission

☐ Other (provide specifics): \_\_\_\_\_

Employment agreement is (check box): ☐ Oral ☐ Written

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances): \_\_\_\_\_

Regular Pay Day: \_\_\_\_\_

## WORKERS' COMPENSATION

Insurance Carrier's Name: Sedgwick CMS, Inc.

Address: PO Box 4142 Concord, CA 94524

Telephone Number: 925-603-5557

Policy No.: \_\_\_\_\_

☐ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: 2042

## ACKNOWLEDGMENT OF RECEIPT

\_\_\_\_\_  
(PRINT NAME of Employer representative)

\_\_\_\_\_  
(PRINT NAME of Employee)

\_\_\_\_\_  
(SIGNATURE of Employer representative)

\_\_\_\_\_  
(SIGNATURE of Employee)

\_\_\_\_\_  
(Date provided to employee & signed by representative)

\_\_\_\_\_  
(Date received by employee & signed by employee)

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

This Notice is NOT required if (a) you are directly employed by the state or any political subdivision thereof, (b) you are an employee who is exempt from the payment of overtime wages by statute or wage order, or (c) you are covered by a collective bargaining agreement that expressly provides for wages, hours of work and working conditions, and provides for premium wage rates for all overtime worked.

The full text of Labor Code section 2810.5 may be found at [www.leginfo.ca.gov/calaw.html](http://www.leginfo.ca.gov/calaw.html). Check "Labor Code" and search for "2810.5" in quotes.

The employee's signature on this notice merely constitutes acknowledgement of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature acknowledging receipt of this notice does not constitute a voluntary written agreement as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.

# Memo

**To:** Employees, Volunteers, Churches, and Schools  
**From:** Linda Barron, Human Resources  
**Date:** April 12, 2012  
**Subject:** Background Check

---

The Conference has a new company for our background checks. It also provides a training on recognizing and reporting child abuse. If your church's policy is to have all your volunteers that work with children do background checks, please have them do so themselves online as follows:

The website is: [shieldthevulnerable.org](http://shieldthevulnerable.org)

Click on Adult to register, choose Seventh-day Adventist from the drop down menu, choose Central California Conference from the next drop down menu. Proceed to registration and then you may begin the course. The course will take about 90 minutes to complete. After completing the course print out the certificate of completion and give it to your supervisor or director as proof that you have completed the course.

The cost is \$30.00 and will be billed to your local church. The back ground check is good for three years.

If you have any question or need assistance please call Sandra Pasillas at 559-347-3049

Thank You



# Adventist Risk Management, Inc.

EMPLOYEE HEALTH CARE  
ENROLLMENT APPLICATION

Employee Instructions: Complete the entire application **except the employer section of this page**. Return your completed application within five days to your employer. Benefits will be withheld until application is received.

## EMPLOYEE INFORMATION:

Group # :	Subgroup # :	Employer:	Employee's E-Mail Address:	
Social Security Number:		First Name:	M. I.	Last Name:
Address 1			Department:	
Address 2			Work Phone:	
City	State	Zip	Home Phone:	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate MO DA YR	Hire Date MO DA YR	Effective Date:	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single

## SPOUSE INFORMATION:

Spouse First Name:		M.I.	Spouse Last Name:	
Spouse Birthdate: MO DA YR	Spouse Social Security Number:	Is Spouse Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's Employer: Name Phone #	
Other Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependents Covered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance:		
Policy Number	Effective Date			

## DEPENDENT INFORMATION:

Relationship	First Name	Last Name	Birthdate	Full-Time Student	Child's SS #
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					

## EMPLOYER INSTRUCTIONS TO BENEFIT PLAN ADMINISTRATOR:

Name	Effective Date	Primary/Secondary			
		Medical	Dental	Vision	Rx
Employee					
Spouse					
Dependent Children					
1.					
2.					
3.					
4.					

Received On:	
	DATE COMPLETED
IBC	
TRANS#	
CARD	<input type="checkbox"/> IBC
CARD	<input type="checkbox"/> ARM
VERIFIED	<input type="checkbox"/> IBC <input type="checkbox"/> AHA <input type="checkbox"/> MEDCO
HIPAA	

**FOR ARM OFFICE USE**

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Coverage Code \_\_\_\_\_

HOSPITALIZATION/GENERAL MEDICAL

Policy Type	Plan Covers	Plan Description	Employee	Spouse	Dependent
N	Employee Only	Coverage for employee only.	X	-	-
S	Employee + Spouse	Coverage for employee and spouse.	X	X	-
C	Employee & Child(ren)	Coverage for employee and child(ren).	X	-	X
F	Family	Coverage for employee, spouse, and child(ren).	X	X	X

**EMPLOYEE AUTHORIZATION AND CERTIFICATION**

I authorize all providers of health care to furnish all records pertaining to medical history, services and rendered treatment given as pertains to evaluation of enrollment application and/or claims. This authorization will become effective immediately and will remain in effect as long as necessary to enable Adventist Risk Management Inc to process the application and/or claims.

I agree to notify my employer of any changes in family status or eligibility of family members. Failure to notify my employer of any status changes will authorize my employer to ask ARM Inc to deny payments of future claims and ask for collection of past paid claims for ineligible spouse or dependents.

I certify that all of the above information is complete and correct.

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

\_\_\_\_\_  
Date Signed

# Enrollment at a Glance

## A Guide to Your Plan Basics

### North American Division of Seventh-day Adventists

Take advantage of insurance offered at your workplace.  
It's convenient and affordable.

Life Insurance provides basic protection for your loved ones if something happens to you. While many U.S. households have life insurance, the average amount of coverage is often inadequate to meet family needs or pay off debt. Taking advantage of life insurance coverage offered by North American Division of Seventh-day Adventists can be an important part of your financial security.

North American Division of Seventh-day Adventists provides Full-Time Employees with Basic Life Insurance coverage. Eligible Full-Time and Part-Time Employees may apply for Supplemental Group Term Life Insurance coverage.

### Special Supplemental Term Life Insurance

#### **Life Insurance Benefits include:**

**GUARANTEED ISSUE** - If you enroll when initially eligible, you receive coverage without having to answer medical questions or have a medical exam.

**CONVENIENT PAYROLL DEDUCTIONS** - Since deductions are taken directly from your paycheck, you never have to worry about late payments or lapse notices.

**"TAKE IT WITH YOU"** - The portability and conversion features allow for continued coverage that can help protect your family even when your current employment ends.

**WAIVER OF PREMIUM** - (Supplemental Life coverage only) If you become totally disabled (as defined by the policy) and cannot work, you won't have to pay life insurance premiums for as long as you remain disabled, up to this benefit's termination.

**ACCELERATED BENEFIT** - You may collect a portion of your death benefit (typically 80%) while you are living, if you are diagnosed with a terminal illness with a limited life expectancy under twelve months (may vary by State).

Refer to the information on the following pages to learn more about Supplemental Group Term Life Insurance options and determine your coverage cost.



Your future. Made easier.®

## Supplemental Term Life Insurance Coverage Options

Review the information below to learn about the Life Insurance coverage options available.

	<i>For You</i>	<i>For Your Spouse</i>	<i>For Your Children<sup>1</sup></i>
<b>Eligibility</b>	Full-Time and Part-Time Employees as defined by your Employer.	Coverage is available only if Employee Supplemental Life Insurance is elected.	Coverage is available only if Employee Supplemental Life Insurance is elected.
<b>Coverage Options</b>	\$10,000 to \$750,000 in \$10,000 increments.	\$10,000 to \$250,000 in \$10,000 increments. The amount chosen cannot exceed 100% of employees elected amount.	\$1,000 to \$25,000 in \$1,000 increments on your children from birth but less than 26 years. The amount chosen cannot exceed 100% of employees elected amount.
<b>Guaranteed Issue Offer*</b>	<i>New Hire</i> - You can elect up to \$250,000 without providing evidence of insurability during the initial eligibility period.	<i>New Hire</i> - You can elect up to \$30,000 of coverage without providing evidence of insurability on your spouse during the initial eligibility period.	<i>New Hire</i> - You can elect up to \$25,000 of coverage without providing evidence of insurability on your children during the initial eligibility period.
<b>Age Reduction(s)</b>	Not Applicable.	Not Applicable.	Not applicable.

<sup>1</sup>Contact your employer if you have questions about the definition of "child" for your plan.

Combined Basic and Supplemental Life coverage maximum is \$850,000.

\*Proof of good health is required if you elect Supplemental Life Insurance coverage in amounts in excess of the limits described above, or you are a new hire and submit an application for coverage more than 31 days after the date you become eligible. Subject to approval by the insurance company.

## Insurance Rate Information

The cost is calculated based on the age of the employee at the start of the plan's current policy year. The rates shown are guaranteed through 01/01/2015.

Employee and Spouse Supplemental Life Insurance Rates	
Age	Monthly Cost per \$1,000 of Coverage
Under 29	\$0.055
30-34	\$0.061
35-39	\$0.067
40-44	\$0.092
45-49	\$0.139
50-54	\$0.226
55-59	\$0.391
60-64	\$0.419
65-69	\$0.733
70-74	\$1.305
75-79	\$2.077
80-84	\$2.951
85+	\$4.642

Dependent Children Life Insurance Rate	
Coverage Levels	Monthly Cost
\$1,000 each child	\$0.19



Your future. Made easier.®

## Premium Calculator

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

<i>Supplemental Life Insurance</i>	<i>For You</i>	<i>For Your Spouse</i>	<i>For Your Children</i>
<b>Step 1:</b> Select the amount of insurance you want	\$	\$	\$
<b>Step 2:</b> Divide this number by \$1,000	\$	\$	\$
<b>Step 3:</b> Enter the rate from the table(s) above	\$	\$	\$
	(A)	(B)	(C)
<b>Step 4:</b> Multiply Step #2 by Step #3	\$	\$	\$
<b>Step 5:</b> Add (A), (B), and (C) for the Total Monthly Premium	\$		

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the ING family of companies. Policy form LP00GP (may vary by state).

(v. 09/01/2012)

Group #67807-4, 12/7/2012

## Personal Accident Insurance Coverage

Personal Accident Insurance provides additional protection for your loved ones in the event you are killed or severely injured in a covered accident. Personal Accident Insurance can help you or your family deal with expenses and financial obligations that arise in the wake of a serious accident.

Personal Accident Insurance pays benefits for a covered accident resulting in the loss of limbs, sight or life. Other losses may also be covered under your employer's plan. Unless otherwise indicated in the certificate, benefits are paid directly to you or your beneficiary.

	<i>For You</i>	<i>For Your Spouse</i>	<i>For Your Child(ren)</i>
<b>Eligibility</b>	Full-Time and Part-Time Employees as defined by your Employer.	Coverage is available only if Employee Supplemental Personal Accident Insurance is elected.	Coverage is available only if Employee Supplemental Personal Accident Insurance is elected.
<b>Coverage Options</b>	\$10,000 to \$500,000 in \$10,000 increments.	\$10,000 to \$500,000 in \$10,000 increments. Coverage is limited to 100% of the total amount of Employee Supplemental Personal Accident Insurance coverage.	\$5,000 to \$25,000 in \$5,000 increments on your children from birth but less than 26 years.
<b>Pilot Coverage Options Only</b>	\$25,000 to \$125,000 in \$25,000 increments.	Not Applicable.	Not Applicable.
<b>Coverage Available without Health Questions</b>	Employee Supplemental Personal Accident Insurance is offered to you without providing proof of good health.	Spouse Supplemental Personal Accident Insurance is offered to your spouse without providing proof of good health.	Child(ren) Supplemental Personal Accident Insurance is offered to your child(ren) without providing proof of good health.
<b>Age Reduction(s)</b>	Benefit amount reduces to 65% of original coverage at age 70, to 45% at age 75, to 30% at age 80 and to 15% at age 85 and after.	Benefit amount reduces to 65% of original coverage at spouse age 70, to 45% at age 75, to 30% at age 80 and to 15% at age 85 and after.	Not applicable.

<sup>1</sup>Contact your employer if you have questions about the definition of "child" for your plan.



Your future. Made easier.®



## Personal Accident Insurance

### Personal Accident Insurance Coverage Exclusions (may vary by state):

No benefit is paid for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs while committing or attempting to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent:
  - Unless prescribed by a doctor;
  - Which is illegal; or
  - Not taken as directed by a doctor or the manufacturer.
- The insured person's intoxication. Intoxication means an individual's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

This offer is contingent upon participation requirements being met.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products and services are provided by ReliaStar Life Insurance Company, a member of the ING family of companies. Policy form HP09GP (may vary by state).

(09/01/2012)

Group 678074, Acct 0001, 12/7/2012

## Insurance Rate Information and Premium Calculator

Personal Accident Insurance Rates	
Coverage Levels	Monthly Cost per \$1,000 of coverage
Employee	\$ .027
Spouse	\$ .027
Child(ren)	\$ .026
Pilots	\$ .040

Follow the steps below to calculate the premium based on the amount of insurance you plan to elect.

Personal Accident Insurance	For You	For Your Spouse	For Your Children
<b>Step 1:</b> Select the amount of insurance you want	\$	\$	\$
<b>Step 2:</b> Divide this number by \$1,000	\$	\$	\$
<b>Step 3:</b> Enter the rate from the table(s) above	\$	\$	\$
	(A)	(B)	(C)
<b>Step 4:</b> Multiply Step #2 by Step #3	\$	\$	\$
<b>Step 5:</b> Add (A), (B), and (C) for the Total Monthly Premium	\$		



Your future. Made easier.®

## Life and Disability Income Insurance Enrollment Form

**INSTRUCTIONS:** Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.

<b>Name of Employer/Plan Sponsor</b> North American Division of Seventh-day Adventists		<b>Group/Plan Number</b> 67807-4	<b>Account Number/Location</b>	
<b>Class/Occupation</b>	<b>Date of Hire (mm/dd/yyyy)</b>	<b>Annual Salary</b>	<b>Employment Status:</b>	<input type="checkbox"/> Active Full-Time <input type="checkbox"/> Active Part-Time
<b>This change is due to: (check all that apply)</b> <input type="checkbox"/> Initial Eligibility Following Hire <input type="checkbox"/> Late Entrant* <input type="checkbox"/> Change in Coverage Amount <input type="checkbox"/> Other: _____			<b>Effective Date of Coverage or Change:</b>	

\*A late entrant is an individual who is first enrolling for supplemental or dependent life income coverage after the first available opportunity.

### Employee Information

<b>Employee Name (last, first, middle initial)</b>		<b>Date of Birth (mm/dd/yyyy)</b>	<b>Social Security #</b>	<b>Employee I.D. #</b>
<b>Employee Address (street address, city, state, zip code)</b>		<b>Work Phone Number</b>	<b>Home Phone Number</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

### Disability Income Coverage

<b>Monthly Income Benefits (LTD)</b> <small>(Note: LTD coverage is employer provided.)</small>	<input checked="" type="checkbox"/> Elect Coverage – (Only Full-Time Employees are eligible for coverage)
---	---

### Employee Life Insurance (Subject to a combined basic and supplemental plan maximum of \$850,000.)

<b>Basic Life (Note: Basic Life Insurance is employer provided.)</b>	<input type="checkbox"/> Standard Plan – Employee (\$100,000), Spouse (\$50,000), and Child(ren) (\$10,000) <input type="checkbox"/> Waive – I waive the Standard Plan and elect Plan A or B (Employee please see your Human Resources Representative for Plan A or Plan B enrollment form)
<b>Supplemental Life</b>	When you are initially eligible for Supplemental Life Insurance you can elect the Guaranteed Issue (GI) Limit of \$250,000 without Evidence of Insurability.  Total Supplemental Life coverage up to \$750,000 in \$10,000 increments is available if you complete an Evidence of Insurability form subject to approval by ReliaStar Life. Minimum coverage amount is \$10,000.
<b>Supplemental Life Election</b>	<input type="checkbox"/> Elect: \$ _____ (\$10,000 increments) <input type="checkbox"/> Waive

### Beneficiary Information Designate your beneficiary(ies) below.

<b>Name of Beneficiary (last name, first, middle initial)</b>		<input checked="" type="checkbox"/> Primary	<b>Relationship to Employee</b>	<b>Benefit %</b>
<b>Address</b>		<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>
<b>Name of Beneficiary (last name, first, middle initial)</b>		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Relationship to Employee</b>	<b>Benefit %</b>
<b>Address</b>		<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>
<b>Name of Beneficiary (last name, first, middle initial)</b>		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Relationship to Employee</b>	<b>Benefit %</b>
<b>Address</b>		<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>

**Dependent Spouse Life Insurance**

<b>Spouse Life</b>	<p>If you are covered for Supplemental Life you can elect Dependent Spouse coverage.</p> <p>When you are initially eligible for Dependent Spouse coverage you can elect up to the Guaranteed Issue (GI) Limit of \$30,000 without Evidence of Insurability on your spouse.</p> <p>Total Dependent Spouse Life coverage up to \$250,000 in \$10,000 increments is available if your spouse completes an Evidence of Insurability form subject to approval by ReliaStar Life. Spouse coverage is limited to 100% of the employee's Supplemental Life coverage amount. Minimum coverage amount is \$10,000.</p>	
<b>Spouse Name and Date of Birth</b>	Spouse Name _____	Spouse Date of Birth _____
<b>Spouse Life Election</b>	<input type="checkbox"/> Elect: \$ _____ (\$10,000 increments) <input type="checkbox"/> Waive	

*Note: The employee is the beneficiary for any Dependent Spouse insurance coverage.*

**Dependent Child(ren) Life Insurance**

<b>Child(ren) Life</b>	<p>If you are covered for Supplemental Life you can elect Dependent Child(ren) coverage.</p> <p>When you are initially eligible for Dependent Child(ren) Life coverage you can elect from \$1,000 to \$25,000 in \$1,000 increments on your children from birth to less than 26 years without Evidence of Insurability. Child(ren) coverage is limited to 100% of the employee's Supplemental Life coverage amount. Minimum coverage amount is \$1,000.</p>	
<b>Child(ren) Life Election</b>	<input type="checkbox"/> Elect: \$ _____ (\$1,000 increments) <input type="checkbox"/> Waive	

*Note: The employee is the beneficiary for any Dependent Child(ren) insurance coverage.*

**READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW**

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

**Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Employee's Signature _____	Date Signed (mm/dd/yyyy) _____
----------------------------	--------------------------------

**THIS IS NOT AN APPLICATION FOR INSURANCE.**

It is an enrollment form for coverage under a group plan sponsored by your employer.

# Accidental Death & Dismemberment (AD&D) Insurance Enrollment Form

INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.

Name of Employer/Plan Sponsor North American Division of Seventh-day Adventists		Group/Plan Number 67807-4	Account Number/Location	
Class/Occupation	Date of Hire	Annual Salary	Employment Status:	<input type="checkbox"/> Active Full-Time <input type="checkbox"/> Active Part-Time
This change is due to: (check all that apply) <input type="checkbox"/> Initial Eligibility Following Hire <input type="checkbox"/> Change in Coverage Amount <input type="checkbox"/> Late Entrant* <input type="checkbox"/> Other: _____				Effective Date of Coverage or Change:

\*A late entrant is an individual who is first enrolling for supplemental or dependent coverage after the first available opportunity.

## Employee Information

Employee Name (last, first, middle initial)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Social Security #	Employee I.D. #
Employee Address (street address, city, state, zip code)			Work Telephone:	Home Telephone:

## Employee AD&D Insurance

Supplemental AD&D Election	\$10,000 to \$500,000
	I am applying for Supplemental AD&D coverage of: \$ _____. (\$10,000 increments) <input type="checkbox"/> Waive
Pilot Coverage Only	\$25,000 to \$125,000
	I am applying for Supplemental AD&D coverage of: \$ _____. (\$25,000 increments) <input type="checkbox"/> Waive

Note: Pilots are eligible to elect both Supplemental AD&D options.

## Beneficiary Information Designate your beneficiary(ies) below.

Name of Beneficiary (last name, first, middle initial)	<input checked="" type="checkbox"/> Primary	Relationship to Employee	Benefit %
Address		Date of Birth	Phone Number
Name of Beneficiary (last name, first, middle initial)		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Employee
Address		Date of Birth	Phone Number

## Dependent AD&D Insurance

Dependent AD&D	If you and your spouse are insured as employees under the Group Policy, either you or your spouse, but not both can apply for Dependent's insurance on the same child dependents. Dependent coverage is limited to 100% of the employee's amount of elected coverage.
Dependent AD&D Election	<input type="checkbox"/> Elect Spouse Only \$ _____ (\$10,000 to \$500,000 in \$10,000 increments) <input type="checkbox"/> Elect Child(ren) Only \$ _____ (\$5,000 to \$25,000 in \$5,000 increments) <input type="checkbox"/> Waive

Note: The employee is the beneficiary for any Dependent insurance coverage.

## READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Employee's Signature	Date Signed
----------------------	-------------

ReliaStar Life Insurance Company

Minneapolis, Minnesota



## P35 Conflict of Interest

**P35 05 Conflict of Interest and/or Commitment Defined**—Conflict of interest shall mean any circumstance under which an employee or volunteer by virtue of financial or other personal interest, present or potential, directly or indirectly, may be influenced or appear to be influenced by any motive or desire for personal advantage, tangible or intangible, other than the success and well-being of the denomination.

Because of the common objectives embraced by the various organizational units and institutions of the Seventh-day Adventist Church, membership held concurrently on more than one denominational committee or board does not of itself constitute a conflict of interest provided that all the other requirements of the policy are met.

A conflict of commitment shall mean any situation which interferes with an employee's ability to carry out his/her duties effectively.

Elected, appointed, or salaried employees on full-time assignment are compensated for full-time employment; therefore, outside or dual employment or other activity, whether compensated or not, that in any way interferes with the performance of an employee's duties and responsibilities is a conflict of commitment. A conflict of commitment also exists in situations where an employee functions contrary to the values and ethical conduct outlined in the organization's statement of ethical foundations and conduct (see model Statement of Ethical Foundations recommended by the 1999 Annual Council as guidelines for divisions <http://adventist.org/beliefs/other-documents/other-doc11.html>) or when an employee functions contrary to established codes of ethical conduct for employees in particular professions (e.g. legal, investments).

**P 35 10 Individuals Included Under This Policy**—All trustees, officers, executive committee/board members, employees, and volunteers of denominational organizations shall be subject to this policy.

**P 35 15 Conditions Constituting Conflict**—A trustee, officer, executive committee/board member, employee, or volunteer has a duty to be free from the influence of any conflicting interest or commitment when serving the organization or representing it in negotiations or dealing with third parties. While both on and off the job an employee is expected to protect the best interests of the employing organization. The following list though not exhaustive, describes circumstances and conditions that illustrate conflict of interest or commitment:

1. Engaging in outside business or employment that encroaches on the denominational organization's call for the full services of its employees even though there may not be any other conflict.
2. Engaging in business or employment that is in any way competitive or in conflict with any transaction, activity, policy, or objective of the organization.
3. Engaging in any business with or employment by an employer who is a supplier of goods or services to any denominational organization.
4. Making use of the fact of employment by the denominational organization to further outside business or employment, associating the denominational organization or its prestige with an outside business or employment, or using one's connection to the denomination to further personal or partisan political interests.
5. Owning or leasing any property with knowledge that the denominational organization has an active or potential interest therein.
6. Lending money to or borrowing money from any third party, excluding financial institutions, who is a supplier

of goods or services or lending to/borrowing from a trustor or anyone who is in any fiduciary relationship to the denominational organization or is otherwise regularly involved in business transactions with the denominational organization.

7. Accepting or offering any gratuity, favor, benefit, or gift of greater than nominal value or of any commission or payment of any sort in connection with work for the denominational organization other than the compensation agreed upon between the denominational organization and/or the employer and the employee.
8. Making use of or disseminating, including by electronic means, any confidential information acquired through employment by the denominational organization for personal profit or advantage, directly or indirectly.
9. Using denominational personnel, property, equipment, supplies or goodwill for other than approved activities, programs, and purposes.
10. Expending unreasonable time, during normal business hours, for personal affairs or for other organizations, to the detriment of work performance for the denomination.
11. Using one's connections within the organization to secure favors for one's family or relatives.

#### P35 20 Statement of Acceptance—

1. By employees—At the time of initial employment an employee shall sign a statement indicating acceptance of the conditions of employment as outlined in the organization's employee handbook. This acceptance shall constitute the employee's declaration of compliance and resolve to remain in compliance with the conflict of interest and/or commitment policy. On an annual basis the employer shall provide employees with a copy of the Statement of Ethical Foundations, plus a copy of the conflict of interest and/or commitment policy, and shall inform employees regarding the duty to disclose potential conflicts of interest and/or commitment.
2. By administrators, department directors and trustees—The chief administrator, or designee, of the organization concerned shall receive annually a statement of acceptance and compliance with the policy on conflict of interest and/or commitment from each administrator, department director, member of the board/executive committee, and any other person authorized to handle resources of the organization. (The employing organization may determine that other individuals shall also be required to submit annually a statement of acceptance and compliance.) Submission of the statement by persons identified above shall constitute a declaration of compliance with the policy and shall place the individual under obligation to disclose potential conflicts of interest and/or commitment that may arise during the ensuing year.

CENTRAL CALIFORNIA CONFERENCE - 2013

P 35 40 STATEMENT OF ACCEPTANCE

THIS DECLARATION applies, to the best of my knowledge, to all members of my immediate family (spouse, children, parents) and its provisions shall protect any organization affiliated with or subsidiary to the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center. In the event facts change in the future that may create a potential conflict of interest, I agree to notify the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center in writing.

1. I have read the policy on Conflict of Interest and/or Commitment.
2. I am in compliance with my employer's policy on Conflict of Interest and/or Commitment as printed above.
3. Except as disclosed below:
  - a. Neither I nor my family have a financial interest or business relationship which competes with or conflicts with the interests of Central California Conference of Seventh-day Adventists or Central California Adventist Book Center.
  - b. Neither I nor my family have a financial interest in nor am or have been an employee, officer, director, or trustee of, nor receive/have received financial benefits either directly or indirectly from any enterprise (excluding less than five percent (5%) ownership in any entity with publicly traded securities) which is or has been doing business with or is a competitor of the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center.
  - c. Neither I nor my family receive/received any payments or gifts (other than of token value) from other denominational entities, suppliers, or agencies doing business with the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center.
  - d. Neither I nor my family serve/have served as an officer, director, trustee, or agent of any organization affiliated with or subsidiary to the Central California Conference of Seventh-day Adventists or Central California Adventist Book Center in any decision making process involving financial or legal interests adverse to.

Disclosures:

1.

2.

3.

---

Printed Name

---

Signature

---

Position/Title

---

Date

ACKNOWLEDGMENT OF STATUS AND DUTIES AS MANDATED REPORTER

Employee Name: \_\_\_\_\_

I acknowledge that I have been informed by my employer, Central California Conference of Seventh-day Adventists ("Conference"), that in my capacity as an employee of the Conference, I am a "mandated reporter" of child abuse and neglect, within the meaning of §11165.7 of the Penal Code.

I have been informed by the Conference and I understand that as such a mandated reporter, I am required, pursuant to §11166 of the Penal Code, to make a report to the appropriate agency whenever, in my professional capacity or within the scope of my employment by the Conference, I have knowledge of or observe a child whom I know or reasonably suspect has been the victim of child abuse or neglect and that this report shall consist of: 1) an initial telephonic report to the agency immediately or as soon as is practicably possible of receiving the information concerning the incident in question; and 2) a written followup report which I shall prepare and send, fax, or electronically transmit within 36 hours of receiving the information concerning the incident in question. I understand that I may include with the report any nonprivileged documentary evidence I possess relating to the incident.

I have been informed by the Conference and I understand that pursuant to subdivision (d) of §11167 of the Penal Code my identity, if I make a report described in the preceding paragraph, shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the prosecutor in a criminal prosecution or in an action initiated under §602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of §317 of the Welfare and Institutions Code, or to the county counsel or prosecutor in a proceeding under Part 4 (commencing with §7800) of Division 12 of the Family Code or §300 of the Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when I waive confidentiality, or by court order. I have also been informed by the Conference and I understand that no agency or person listed in this paragraph shall disclose my identity, based on my making a report described in the preceding paragraph, to my employer, except with my consent or by court order.

In that regard, I have received a copy of this Acknowledgement and the attached copies of §§11165.7, 11166 and 11167 of the Penal Code.

I have reviewed and have knowledge of the provisions of those sections, particularly §11166, and I will comply with those provisions.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_



## CALIFORNIA PENAL CODE

§11165.7.

- (a) As used in this article, "mandated reporter" is defined as any of the following:
- (1) A teacher.
  - (2) An instructional aide.
  - (3) A teacher's aide or teacher's assistant employed by any public or private school.
  - (4) A classified employee of any public school.
  - (5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of any public or private school.
  - (6) An administrator of a public or private day camp.
  - (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
  - (8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
  - (9) Any employee of a county office of education or the State Department of Education, whose duties bring the employee into contact with children on a regular basis.
  - (10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
  - (11) A Head Start program teacher.
  - (12) A licensing worker or licensing evaluator employed by a licensing agency as defined in Section 11165.11.
  - (13) A public assistance worker.
  - (14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
  - (15) A social worker, probation officer, or parole officer.
  - (16) An employee of a school district police or security department.
  - (17) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.
  - (18) A district attorney investigator, inspector, or local child support agency caseworker unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
  - (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
  - (20) A firefighter, except for volunteer firefighters.
  - (21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
  - (22) Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
  - (23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
  - (24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
  - (25) An unlicensed marriage and family therapist intern registered under Section 4980.44 of the Business and Professions Code.
  - (26) A state or county public health employee who treats a minor for venereal disease or any other condition.
  - (27) A coroner.
  - (28) A medical examiner, or any other person who performs autopsies.
  - (29) A commercial film and photographic print processor, as specified in subdivision (e) of Section 11166. As used in this article, "commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes

- prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.
- (30) A child visitation monitor. As used in this article, "child visitation monitor" means any person who, for financial compensation, acts as monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law.
  - (31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:
    - (A) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.
    - (B) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.
  - (32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.
  - (33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.
  - (34) Any employee of any police department, county sheriff's department, county probation department, or county welfare department.
  - (35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 1424 of the California Rules of Court.
  - (36) A custodial officer as defined in Section 831.5.
  - (37) Any person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.
  - (38) An alcohol and drug counselor. As used in this article, an "alcohol and drug counselor" is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not in and of itself a sufficient basis for reporting child abuse or neglect.
  - (39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.
  - (40) A clinical counselor intern registered under Section 4999.42 of the Business and Professions Code.
- (b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.
  - (c) Employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.
  - (d) School districts that do not train their employees specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws shall report to the State Department of Education the reasons why this training is not provided.
  - (e) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.
  - (f) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

- (a) Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report to the agency immediately or as soon as is practicably possible by telephone and the mandated reporter shall prepare and send, fax, or electronically transmit a written followup report thereof within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.
  - (1) For purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. "Reasonable suspicion" does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any "reasonable suspicion" is sufficient. For the purpose of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.
  - (2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.
  - (3) Any report made by a mandated reporter pursuant to this section shall be known as a mandated report.
- (b) If after reasonable efforts a mandated reporter is unable to submit an initial report by telephone, he or she shall immediately or as soon as is practicably possible, by fax or electronic transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone followup call by the agency with which he or she filed the report. A mandated reporter who files a one-time automated written report because he or she was unable to submit an initial report by telephone is not required to submit a written followup report.
  - (1) The one-time automated written report form prescribed by the Department of Justice shall be clearly identifiable so that it is not mistaken for a standard written followup report. In addition, the automated one-time report shall contain a section that allows the mandated reporter to state the reason the initial telephone call was not able to be completed. The reason for the submission of the one-time automated written report in lieu of the procedure prescribed in subdivision (a) shall be captured in the Child Welfare Services/Case Management System (CWS/CMS). The department shall work with stakeholders to modify reporting forms and the CWS/CMS as is necessary to accommodate the changes enacted by these provisions.
  - (2) This subdivision shall not become operative until the CWS/CMS is updated to capture the information prescribed in this subdivision.
  - (3) This subdivision shall become inoperative three years after this subdivision becomes operative or on January 1, 2009, whichever occurs first.
  - (4) On the inoperative date of these provisions, a report shall be submitted to the counties and the Legislature by the Department of Social Services that reflects the data collected from automated one-time reports indicating the reasons stated as to why the automated one-time report was filed in lieu of the initial telephone report.
  - (5) Nothing in this section shall supersede the requirement that a mandated reporter first attempt to make a report via telephone, or that agencies specified in Section 11165.9 accept reports from mandated reporters and other persons as required.
- (c) Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.



- (d) (1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.
- (2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.
- (3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.
- (B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.
- (C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.
- (e) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practicably possible, by telephone and shall prepare and send, fax, or electronically transmit a written report of it with a copy of the film, photograph, videotape, negative, or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:
  - (1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.
  - (2) Penetration of the vagina or rectum by any object.
  - (3) Masturbation for the purpose of sexual stimulation of the viewer.
  - (4) Sadoomasochistic abuse for the purpose of sexual stimulation of the viewer.
  - (5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.
- (f) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the same time as, he or she makes a report of the abuse or neglect pursuant to subdivision (a).
- (g) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9. For purposes of this section, "any other person" includes a mandated reporter who acts in his or her private capacity and not in his or her professional capacity or within the scope of his or her employment.
- (h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.
- (i) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any