

DATE

Ms. Jane Doe
123 Main Street
Cincinnati, OH 45202

Dear Ms. Doe:

Congratulations! This letter will serve to confirm your at-will, full-time employment in the position of _____. Your supervisor will be _____. Your annual salary is \$_____ based on full-time status. The staff and employees of _____ are looking forward to meeting and working with you. This offer and your employment are contingent upon your successful completion of all background checks and SafeParish requirements. Your first day of employment will be set once you have successfully completed all background checks and SafeParish requirements.

Below is a list of benefits you are eligible to participate in as an employee of the Archdiocese of Cincinnati:

- **Health Care Coverage** – You are eligible to participate in a PPO Plan through Anthem Blue Cross/Blue Shield. As a full-time employee, if you select **SINGLE** coverage, you will contribute \$43.00 per month or \$516.00 annually. **FAMILY** coverage is available for an additional surcharge of \$1,159.00 per month. The surcharge can be waived if your spouse / dependents have no access to other group health coverage. If the surcharge is waived, your cost will be \$101.00 a month for **FAMILY** coverage.
- **Dental Coverage – Delta Dental** - If you select SINGLE coverage, you will contribute \$28.78 per month. If you select FAMILY coverage, you will contribute \$83.28 per month.
- **Vision – VSP Choice Network** – If you select SINGLE coverage, you will contribute \$6.48 per month. If you select FAMILY coverage, you will contribute \$17.87 per month.
- **Sick Leave** – Sick leave accumulates at the rate of 1.25 days per month for a total of 15 days per year.
- **Life Insurance** – You are eligible for \$50,000.00 of Group Life and Accidental Death and Dismemberment Insurance (AD&D). Features included in your life coverage are a Right to Convert Provision, a Waiver of Premium Coverage which will continue if you become totally disabled. Coverage is reduced by 35% at age 65, 58% at age 70 and 70% at age 75. You may elect to add additional life insurance coverage at your expense.
- **Vacation** – You are eligible for _____ weeks of vacation.

- **401K Plan** – You are eligible to participate in the Archdiocese of Cincinnati 401(k) Plan. The Archdiocese of Cincinnati will make bi-weekly contributions to the Plan equal to 4% of the employee's earnings. The 401(k) Plan is intended to help employees supplement their retirement savings.
- **Flexible Spending Account (FSA)** – This Program allows you to commit a certain tax-free amount to a spending account set aside for **healthcare** and **childcare** expenses. The (FSA) saves you approximately 30% of every dollar spent based on your tax bracket.
- **Workers' Compensation** – You are covered by Workers' Compensation if you are injured on the job and the premiums are paid in full by the Archdiocese.
- **Long-Term Disability** – After an elimination period of six months, this plan provides income replacement in the amount of 60 percent of the first \$8,333.00 of monthly pre-disability earnings reduced by deductible income (e.g. work earnings, WC, state disability, pension, etc.). The Maximum Monthly Benefit is \$5,000 and the Minimum Monthly Benefit is \$100. 00.
- **Social Security** – Standard deductions are withheld in accordance with federal guidelines.
- **Unemployment Compensation** – Premiums are paid by the Archdiocese.
- **Employee Assistance Program** – You are eligible to participate in the Archdiocese of Cincinnati Employee Assistance Program [EAP] which is a service that provides access to counselors and resources to help employees and their household members with everyday problems and questions.

Note: Your orientation will typically be scheduled on your first day of employment. Please bring with you at that time a form of identification from the attached list of acceptable documents for the I-9 Form as well as a voided check for direct deposit.

If you agree with the above information and offer, please sign below and return to me at:

Hope to hear from you soon.

Sincerely,

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
1. U.S. Passport or U.S. Passport Card	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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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.	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	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	10. School record or report card
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	