



ARCHDIOCESE OF CINCINNATI

Office of Financial Services

Plan Year 2024-2025

(AoC) Employee Name: [Click or tap here to enter text.](#)

(AoC) Employee Work Location: [Click or tap here to enter text.](#)

Other Parent's Name: [Click or tap here to enter text.](#)

Other Parent's Employer: [Click or tap here to enter text.](#)

Other Parent's Employer Street Address: [Click or tap here to enter text.](#)

Other Parent's Employer City, State Zip: [Click or tap here to enter text.](#)

To: Company Representative

The Archdiocese of Cincinnati sponsors a non-ERISA group health plan that maintains grandfather status under the ACA. Our employees are offered single coverage with a low employee premium charge. Family coverage is available to include the spouse and/or children, but with a surcharge if the dependents have other group health plan coverage available to them. This surcharge can be waived if it is determined the other parent is not eligible for other group health plan coverage. Please complete the following:

Does your company offer any of the following types of group health plans:

- Medical coverage, including an HMO, PPO, network only or high-deductible health plan (with or without HSA)
- Health Reimbursement Arrangement (HRA)
- Medical Reimbursement Arrangement (MERP)
- Multiple Employer Welfare Association plan (MEWA)
- Other: _____
- Not Offered

Is your employee listed above (*Other Parent's Name*) benefit eligible with your company? Yes: No:

If your company provides a plan but your employee listed above is not benefit eligible, please provide the reason:

Company Representative's Name: _____

Company Representative's Phone: _____

Company Representative's Email: _____

Company Representative's Signature: _____ Date: _____

Thank you for your assistance in this matter. Please reach out if you have any questions.

Sincerely,

Bill Maly, CPCU, AIC

Director of Benefits

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Submit completed form prior to June 1, 2024 via email to finance@catholicaoc.org.

RADIATE CHRIST