

District Presidents' Reference Guide

For Issues about Worker Disability and the Concordia Disability and Survivor Plan



CONCORDIA PLANS

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Purpose of Reference Guide

District presidents sometimes become involved in matters of disability of workers in their district. This reference guide provides an overview of the disability claim process, as well as information from the district president's perspective on handling its sometimes complex and sensitive nature. If anything in this guide conflicts with the terms of the CDSP plan document, the plan document will govern.

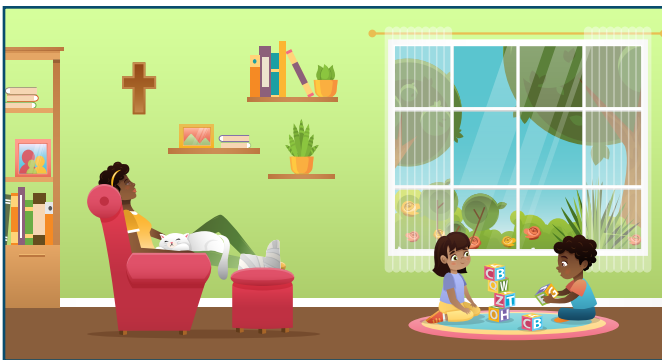


FOR ASSISTANCE CALL CONCORDIA PLANS AT 888-927-7526.

The Concordia Plans Team is ready to answer general questions. They also will assist workers and employers during the claim filing process.

Concordia Disability and Survivor Plan Basics

The Concordia Disability and Survival Plan provides disability benefits for enrolled workers and Basic Life benefits (pre-retirement lump-sum death benefits) for enrolled workers and their dependents.



WORKER ELIGIBILITY

All workers employed to work more than 20 hours per week and more than five consecutive months at a participating LCMS employer are eligible for CDSP coverage.

All eligible workers must be enrolled in the Plan and given the opportunity to enroll any eligible dependents in the CDSP (for applicable death benefits). Part-time and temporary workers are not eligible for the CDSP.

DEFINITION OF DISABILITY

A worker is considered disabled under the terms of the CDSP if, due to a physical or mental condition or impairment:

- He/she is unable to work for a period of at least 14 consecutive calendar days. Medical leave for pregnancy is covered by the CDSP. The worker's doctor(s) must provide documented, objective medical evidence of the disabling condition.
- During the first two years of disability the worker is unable to perform the essential duties of his/her occupation because of the disabling condition or is unable to earn at least 80% of the compensation he/she was earning prior to the disabling condition.
- After the first two years of disability, the worker is unable to engage in any substantial gainful activity for which he/she is qualified (by training, education or experience) because of the disabling condition.

DISABILITY BENEFITS

Benefit payments are processed and mailed by Lincoln Financial Group, and begin on the 15th consecutive calendar day of disability. The benefit is equal to 70% of the worker's compensation, as defined in the Plan, at the time the disability begins.

Disability benefits end when the first of the following occurs:

- The worker recovers and returns to full-time employment;
- A determination is made by the LFG Disability Case Manager that the worker is no longer disabled in accordance with CDSP provisions;
- The worker passes away;
- The worker reaches normal retirement age*; or
- The worker reaches the maximum period for disabilities due to mental illness or substance abuse.

** Benefits may extend beyond normal retirement age if a member has less than five years of creditable service or has been receiving disability benefits for less than a year. Please call Concordia Plans at 888-927-7526, for more information.*

It is possible that Lincoln Financial Group may determine that a worker is not totally disabled. The goal is to help the worker return to some form of gainful employment, most preferably with his/her present employer (or at least within The Lutheran Church—Missouri Synod). However, in certain cases, a worker might be required to accept a different type of position than he/she previously held.

Workers need to be aware that disability benefits will be reduced by:

- 70% of any compensation earned by the member while disabled, including part-time earnings and earnings from self-employment;
- Beginning after six months of disability, the amount of any salary continuation provided by the employer;
- Social Security benefits, including any dependent benefits. Even if the member is not participating in Social Security, the member's benefit will be reduced by an estimate of Social Security benefits;
- Any state-mandated benefit, including worker's compensation; and
- Any group plan benefit for which an employer paid.

HOW HOUSING OR A HOUSING ALLOWANCE IMPACTS BENEFITS

The compensation amount used to determine the worker's disability benefit will not include the value of a home provided by the employer in which the worker continues to live during his/her disability.

However, if during the disability the worker ceases to live in the home provided by the employer, the worker's compensation used to determine disability benefits will be increased by the cash value of the housing (25% of the worker's basic cash salary). The worker, or his/her representative, will need to inform the LFG Case Manager if this occurs so that the worker can receive his/her full disability benefit. If a cash housing allowance is provided by the employer, the allowance is included in the compensation used to determine a disability benefit.

Any cash housing allowance and employer-provided housing, if any should be reported to Concordia Plans on the Annual Compensation Report each year.

LIFETIME MAXIMUM FOR CERTAIN DISABILITY BENEFITS

Workers who become disabled due to mental illness, substance abuse or a self-reported or subjective-symptom condition are subject to a maximum benefit period of 104 weeks during their lifetime. The lifetime maximum is applicable only if one of the conditions listed above is the primary disabling condition. The lifetime maximum will not apply in cases of mental illness caused by stroke or cerebral vascular accident, viral infection, Alzheimer's disease, senility and/or dementia, organic brain syndrome or closed head injury.

A "self-reported or subjective-symptom condition" is one that cannot be independently verified and measured using generally accepted standard medical testing, procedures, and practices (e.g., headaches, fatigue, pain).

If a worker is confined in a hospital or institution at the end of the 104-week maximum benefit period, disability benefits will continue during the confinement and, if still disabled when discharged, for a recovery period of up to 90 days. Any waiver of contributions for the Concordia Plans will also end when benefits end.

WHO IS LINCOLN FINANCIAL GROUP?



Lincoln Financial Group is our disability program service provider. A Lincoln Financial Group Case Manager is responsible for determining the initial and ongoing approval of disability benefits. The worker will be contacted directly by a Lincoln Financial Group Disability Case Manager.

Filing a Claim for Disability Benefits



CPS must be contacted to initiate a disability claim. A claim can be filed by the worker or someone calling on the worker's behalf.

The worker must be actively employed at the time the disability begins. A disabling condition can be reported up to 30 days prior to the first day of disability if it appears that the worker will be unable to work for at least 14 consecutive calendar days. The worker does not need to wait until he/she has satisfied the waiting period to report the claim. Claims must be filed within 90 days from the date the disability began.

To report a claim the worker will need to provide:

- Name, address and phone number.
- Social Security number
- Last day worked/the first full day he/she was unable to work.
- Job title.
- Employer's phone number/contact information.
- Doctor's name and phone number, as well as the nature of his/her condition.

CPS will forward the claim information to LFG. Then LFG will assign the claim to a Disability Case Manager. In most cases, the Disability Case Manager makes the initial decision to grant or deny a benefit. The decision is based on medical information acquired from the treating physician(s).

NOMINATING A BENEFIT PLAN REPRESENTATIVE

If after the initial claim is filed, the worker wants information to be shared with a representative, the worker will need to complete one or both of the following forms:

- Nomination of Benefit Plan Representative allows CPS and LFG to speak with the representative about the disability claim.
- HIPAA Authorization Form allows information about the worker's medical condition or diagnosis to be shared with the representative.

The forms can be downloaded at ConcordiaPlans.org or requested by calling Concordia Plans at **888-927-7526**.

WHAT IS CONSIDERED COMPENSATION?

Compensation is the basic wage or salary paid to a worker by his/her employer for personal services rendered plus:

- 25% of the basic wage if housing is furnished by the employer as the worker's primary residence,
- Any cash utility allowance, and
- Any cash housing allowance.

Other cash allowances are not included; neither are bonuses, car allowances, nor any other form of compensation that a worker receives in exchange for the service he/she performs for his/her employer. Benefits are based on the compensation used to determine CDSP contributions, subject to the annual compensation limit under Section 401(a)(17) of the Internal Revenue Code.

EMPLOYER'S RESPONSIBILITY

When a worker files a disability claim, the employer continues to pay all Plan contributions billed by Concordia Plans until such Plan contributions are waived and paid by the CDSP. This waiver typically begins the first day of the third month following the beginning of disability benefit payments.

When a worker files a disability claim, Concordia Plans will send the worker's employer an Employer Statement. The employer is required to submit the completed statement, along with a copy of the worker's job description, to Concordia Plans.

Following approval of a disability claim, payments will be made directly to the worker. Some employers choose to continue to pay a portion of the worker's salary during the disability period.

If an employer continues to pay full salary while the disability claim is being processed and the member is later found to be disabled, disability benefits will be paid retroactively to the date when benefits were first payable under the Plan. Depending on how the member and employer reconcile any period of double payments, the employer may want to adjust tax reporting before the end of the year to avoid the worker being taxed on the disability income as well as salary continuation. In addition, employers should be aware that the worker's disability income benefit will be reduced by any salary continuation paid by the employer after the first six months of disability.

The employer must report a worker's part-time or full-time return to work, or a worker's termination, in a timely manner.

Please note that whether a worker is on a call list or has an employment contract is between the worker and the employer/district office. This status has no bearing on determining the initial or ongoing eligibility for disability benefits under the CDSP. However, the exception to this statement is a contracted worker at a school, such as a teacher (see page 5).

Concordia Plans would not file a claim with LFG if the contracted teacher:

- Was terminated and/or paid for the full value of his/her contract, or
- Did not physically work through the date of disability.

PRE-EXISTING CONDITION LIMITATION



If all of the following conditions apply, workers will not be paid beyond 13 weeks (or the length of the approved disability benefit period, if shorter):

- First day of disability is on or after Jan. 1, 2020,*
- Received medical treatment, consultation, care or services for the current disabling condition in the three months prior to their effective date in the CDSP and,
- Files a disability claim within the first 12 months of CDSP membership.

The pre-existing condition limitation does not apply to new graduates of LCMS seminaries, universities and colleges if they enroll at their first assignment post-graduation. It also does not apply to ordained or commissioned ministers who re-enroll in the CDSP within one year of their termination of plan membership. If a member is subject to the pre-existing provision, no waiver of contributions for the Concordia Plans will be applicable.

** Disability benefits may not be payable for workers who have a first day of disability prior to Jan. 1, 2020 if subject to the pre-existing limitations listed above.*

A DISABILITY'S EFFECT ON OTHER CONCORDIA PLAN BENEFITS



Concordia Retirement Plan and CDSP:

If a worker's claim is approved, his/her membership in the CRP and CDSP will continue. The employer will be responsible for paying contributions on the worker's behalf until plan contributions are waived and paid by the CDSP, effective the third calendar month following the start of disability benefits.



Concordia Health Plan:

If a worker is a member of the CHP, the employer is required to pay the contributions for the worker's health benefits in the CHP while the initial claim for disability benefits is being reviewed. If the claim is approved, his/her CHP coverage continues but the employer's contributions on his/her behalf will be waived and paid by the CDSP beginning with the third calendar month following the start of disability benefits. A worker's CHP coverage will continue to be tied to the coverage the employer offers and will follow employer changes made to CHP coverage in the future.



Concordia Retirement Savings Plan 403(b):

If a worker was participating in the CRSP 403(b) prior to filing for disability benefits, the worker's contributions may continue if the employer is providing a salary continuation. If the employer is not providing a salary continuation, contributions must cease. If the worker has an outstanding CRSP loan, please have him/her contact Fidelity for repayment options.



Accidental Death & Dismemberment:

If a worker was participating in AD&D, coverage will continue while the worker is employed and premiums continue to be paid. If premiums cease or CPS is notified of the worker's termination, the worker's AD&D coverage will terminate at the end of the month for which the last premium payment was made or in which employment ended, whichever occurs first.



Supplemental Life Insurance:

If a worker was participating in the Supplemental Life Insurance, coverage will continue while employed and premiums continue to be paid. If premiums cease or CPS is notified of the worker's termination, the worker's eligibility for Supplemental Life Insurance will terminate at the end of the month for which the last premium payment was made or in which employment ended, whichever occurs first. The worker will be provided information on how to convert this coverage.



Travel Accident Insurance Program:

If a worker was enrolled in the TAIP, coverage will continue while employed and premiums continue to be paid. If premiums cease or CPS is notified of the worker's termination, the worker's participation in the TAIP will terminate at the end of the month for which the last premium payment was made or in which employment ended, whichever occurs first.



Accidental Injury/Critical Illness Insurance:

If a worker was participating in Accidental Injury or Critical Illness Insurance, coverage will continue while employed and premiums continue to be paid. If premiums cease or CPS is notified of the worker's termination, the worker's eligibility for Accidental Injury/Critical Illness Insurance will terminate at the end of the month for which the last premium payment was made or in which employment ended, whichever occurs first. The worker will be provided information on how to continue this coverage.

Disability Claim Denials

If a disability claim is denied, LFG will provide a denial letter along with appeal instructions. If the LFG Disability Case Manager determines the worker is not or is no longer

disabled, the decision is reviewed by a LFG Claim Team Manager. If appropriate, the Claims Team Manager may review the decision to deny further benefits with a nurse Case Manager and/or a Consulting Physician. The Claims Team Manager also may choose to implement a Peer Review Process, where an independent consulting physician at LFG assists in the review of the medical documentation. A peer-to-peer review occurs when that physician contacts the member's treating physician(s) to discuss the documentation.

If the denial decision is upheld, the worker will be notified by telephone, followed by written confirmation. A letter to the worker will explain the reasons for the decision. If the worker disagrees with the decision, he/she is required to submit a formal, written appeal to LFG within 60 days.

If the worker's appeal results in the initial denial being upheld, he/she will again receive a letter containing the reasons and steps to take if the worker would like to submit a second-level appeal to LFG. If he/she is not able to complete the appeal process, a representative can assist in this process. The representative can help by contacting the treating physician to advise that LFG will require updated medical information or that a consulting physician may be calling for a phone consultation.

If the worker is dissatisfied with LFG's second-level appeal decision, he/she has the right to appeal to the Appeals Review Committee (ARC) at Concordia Plans. The appeal instructions are included in the worker's second-level appeal denial letter. The ARC will consider the worker's claim on the basis of whether LFG properly followed the provisions of the CDSP.

When a Contracted Teacher Files for Disability

A teacher enrolled in the CDSP will be eligible for disability benefits while still under contract and actively teaching. If a teacher is not returning to teach in the following school year, his or her disability benefits end as of the date teaching responsibilities conclude, regardless of the end date noted in the contract. When an employer notifies CPS of termination of employment of a contracted teacher, Concordia Plans will verify the date of the last physical day at work and make a notation in the worker's file of the date and who confirmed the date. Any disability starting after the last physical day worked would not be covered even if such disability start date occurs before the date the contract ends.

If a teacher physically worked through the date of disability, Concordia Plans will file the claim with LFG, who will verify if medical information supports the disability.



Frequently Asked Questions

Hopefully, this guide has provided you with an understanding of a typical disability claim. However, these FAQs address some questions district presidents have experienced.

? If the worker needs assistance, how can I, as a district president, help?

When a worker is not able to effectively participate in the disability claim process, it may be appropriate for the worker to assign a Benefit Plan Representative. This representative may be a district president or employer contact. See “Nominating a Benefit Plan Representative” on Page 3.

Even if the district president is not designated as the Benefit Plan Representative, it may be beneficial to keep in contact with the worker to provide support through encouragement and guidance.

? What is protected or private information?

Concordia Plans can share information about the general process and when forms were received. However, unless you have been named as an individual or organization to receive information by the worker using the HIPAA Authorization Form, you will not be able to access information about the worker’s diagnosis or illness. See “Nominating a Benefit Plan Representative” on Page 3.

? What does it mean when the disabled worker is said to have a self-reported or subjective-symptom condition?

A self-reported or subjective-symptom condition is any condition that cannot be independently verified and measured using generally accepted, standard medical testing, procedures and practices. Examples include, but are not limited to, headaches, dizziness, fatigue, unspecified memory loss, loss of energy, pain (chronic or acute), trauma and common aches.

? What if the worker has a self-reported or subjective-symptom condition that is the cause of the disability?

The worker and his/her physician must provide medical evidence to verify the worker is experiencing the condition. Once medical proof is obtained, the worker or his/her representative, needs to send the medical evidence to LFG.

? Is there any additional financial help to the disabled worker if the employer ceases to provide housing?

If the disabled worker is unable to return to his/her position and is no longer able to live in housing furnished by the employer, the worker’s disability benefit will be adjusted to reflect the monthly value of the housing no longer provided, 25% of reported annual compensation. The employer, the worker or his/her representative, needs to make sure LFG is aware of this change of address so that the worker can receive his/her full disability benefit.

? How are disability benefits calculated?

Benefits are 70% of the worker’s annual compensation as reported by the employer on the most recent Annual Compensation Report, minus offsets. If approved for disability, the worker will be paid weekly for the first 26 weeks. After that, payments will be made monthly. See “Disability Benefits” on Page 1.

Frequently Asked Questions *(continued)*

? Can a worker return to work part-time and receive disability benefits?

Yes. We encourage disabled workers to return to employment as soon as medically possible. If the worker has been released to return to work on a part-time basis, notify Concordia Plans at 888-927-7526. The disability benefit received from the CDSP would then be reduced by 70% of his/her part-time earnings.

? Can a disability be reported to Concordia Plans in advance?

Yes. A disability claim can be submitted up to 30 days prior to the member's first day of disability.

? Does the worker have to satisfy the elimination period before reporting a disability?

No. The worker is encouraged to call Concordia Plans as soon as he/she is reasonably certain that illness or injury is going to keep him/her out of work for more than 14 consecutive calendar days. Any claim for disability benefits must be submitted as soon as is reasonably practical, but no later than 90 days after the disability began.

? If a worker's employment ends, how will this affect his/her disability status?

The worker will remain on disability status if he/she continues to meet the CDSP definition of disability and the disability remains approved by LFG, even if the employer ends the worker's employment.

? If a disabled member's name is removed from the LCMS roster of ordained or commissioned ministers of religion, will this affect his/her disability benefit?

No. A member's rostered status does not affect the disability benefit. The worker will remain on disability as long as he/she continues to meet the CDSP definition of disability and the disability remains approved by LFG.

? What happens to the worker's claim after it goes to Lincoln Financial Group?

The initial claim information first goes through a LFG Intake Representative. The worker's claim is assigned to a Disability Case Manager, who will contact the worker, obtain medical information and make a claim determination. If the worker's claim is approved, the Case Manager will continue to make periodic reviews of the disability status. Throughout the process, evaluations are performed in consultation with peer advisors (staff medical doctors with an appropriate specialty), when necessary. If the worker's disability claim is denied, he/she will be notified of the reason along with steps to take for reconsideration.

? How long should the worker expect to wait for his/her first contact by LFG?

If the worker does not receive initial contact within five business days of reporting a claim, the worker should call Concordia Plans at 888-927-7526.

? Is a medical authorization form required?

Yes. The worker will be asked to complete the Authorization to Obtain and Release Information form, which allows medical information to be released to LFG. The form will be mailed to him/her. The doctors may also have a separate authorization form. The worker should notify his/her LFG Case Manager when the form is complete. Otherwise, if the worker has an upcoming doctor's appointment scheduled, he/she can request the Case Manager fax the medical authorization form directly to the doctor's office for the worker to sign. Delays in providing signed authorization(s) will result in delays in claim processing.

Frequently Asked Questions *(continued)*

? How long will LFG typically approve a benefit?

This depends on the nature of the disabling condition and the information supplied by the worker's treating physician, the worker and employer. Normally the first approval period (and possibly some of the subsequent approvals) will be for a fairly short period, typically until the next appointment with the worker's doctor. If updated medical information provided from the latest appointment confirms his/her continued disability, the worker's Case Manager will be able to extend the benefit period.

? Is there a possibility that LFG might discontinue the worker's benefit before his/her doctor releases him/her to return to work?

Yes. Benefits are approved when there is sufficient medical information to demonstrate the worker's inability to perform the essential functions of his/her job or earn at least 80% of his/her compensation. When all available information about the worker's medical or psychological impairment, the ongoing treatment and the therapy plan is evaluated, it is possible that LFG may decide that the worker is able to return to his or her previous employment. The goal is to help the worker return to some form of employment, most preferably with his/her present employer or at least within the Synod. However, in certain cases, the worker may be required to accept a different position.

? What is expected of disabled workers receiving a benefit through the CDSP?

The disabled worker must be under the regular care of a physician whose specialty or experience is appropriate for the treatment of the disabling condition. The physician's treatment must conform to generally accepted medical standards.

The worker will be required to apply for Social Security disability benefits when eligible. LFG will provide him/her with assistance during the application process at no charge.

Disabled workers are also expected to promptly report any income changes, including:

- Part-time income.
- Social Security disability (including dependent) payments and awarded funds.*
- Workers compensation funds.
- State disability funds.
- Settlement awards when the disability is a result of an act of a third party.

**Those who are not eligible for Social Security disability income due to not participating in Social Security will have their benefits reduced by an estimate of Social Security benefits. Call Concordia Plans for more information at 888-927-7526.*

? What happens when a worker is removed from his/her position and cannot return to that position?

There may be an opportunity through LFG for vocational rehabilitation. However, this opportunity may not be applicable to every situation and is determined on a case-by-case basis. Please see "Other Resources and Support" on Page 9 for more information on programs offered through Concordia Plans.

? What can I do to support the disabled worker and affected family members?

By understanding the process and protocol of filing a disability claim, you can be a great asset to the worker and his/her family. You may have a better understanding about the decisions that are made in the process and can share that knowledge. Contact the disabled worker, his/her family or the worker's Benefit Plan Representative about securing information necessary to keep the disability filing process moving. Also, you can remind the disabled worker of resources available to him/her.

If you need additional information, please visit our website ConcordiaPlans.org.

Social Security Participation

While the LCMS encourages ministerial participation in Social Security, we understand ministers of religion have the right to opt out. The Concordia Plans are designed to coordinate with or complement Social Security, not to duplicate or replace those benefits. Opting out could result in insufficient funds in retirement or a reduced benefit in the event of a disability. Those who opt out should plan ahead to replace this income through emergency and retirement savings.

EAP Management Services

To learn more about the services available to the district president and other employer representatives in a management role, contact EAP Management Referral Services consultant Dan Ahlfield at 952-996-3757.

You also can visit <https://apps.cignabehavioral.com/web/benefitmanager.do#/EAP> Tools to view support services including a Manager's Guide to EAP Resources.

Management Referral Service for Complicated Employment and Job Performance Situations

The Cigna Employee Assistance Program Management Referral Service helps district presidents when they have a situation where the worker needs some special attention or must complete certain program steps before being able to come back to work (i.e., substance abuse, mental health issues).

At the first sign of a decline in a worker's performance, early intervention can help to get the worker back on track. By following the Management Referral Process, the workplace can be a vehicle for helping to improve the performance of its workers. Following is a brief description of the Seven-Step program:

1. Make the call to the EAP – 866-726-5267.
2. Consult with an EAP Consultant.
3. Make the Management Referral.
4. Talk with the worker.
5. Direct the worker to the EAP contact number.
6. Follow up with the EAP Consultant.
7. After Management Referral, review with the worker all performance expectations and continue to offer feedback on both the worker's successes and areas needing improvement. Consult with the EAP Consultant again if necessary.

Pastoral Support Network

The Pastoral Support Network is a private, trusted resource provided through Concordia Plans. It is designed to give LCMS pastors and their families the support they need when personal and professional issues infringe on their wellbeing. The Pastoral Support Network services are administered by Cigna Behavioral Health. All communications are strictly confidential and will not be shared with CPS, the employer or the LCMS. Below are some of the services available:

- Face-to-face counseling.
- Phone consultation and assessment.
- Crisis intervention.
- Management/Leadership consultation.
- Legal services and discount.
- Financial services and discount.
- Identity theft recovery.
- Parenting support.
- Adoption assistance.
- Prenatal care.
- Child care.
- Senior care.
- Pet services.
- Cigna's Education and Resource Center, health tools and educational materials.

These programs can be accessed by calling 888-712-1805.

The Pastoral Support Network is a confidential resource for pastors and their families to offer assistance in personal and professional support, family and parenting matters and self-service online resources. For assistance, or if you have questions about the Pastoral Support Network, contact 888-712-1805 or visit ConcordiaPlans.org.

Other Resources and Support

DISTRICT PRESIDENT PRIORITY SERVICE

As a district president, you have a demanding schedule. So when you are called upon to help resolve matters related to health, disability and loss, you need quick answers to complex questions. The District President Priority Service was created so you will have direct access to benefit experts to quickly provide you with the answers you need.

With this service, you will have:

- Instant access to plan and process clarification from CPS experts in lead roles.
- Advocacy/escalation support for you and those you serve.
- On-demand consultation and remote participation in meetings.
- More immediate access to personal claim information and assistance.
- Updates on referred situations (with authorization).

Anytime, Anywhere

Debbie Bayne
Manager, Health and Welfare
Debbie.Bayne@ConcordiaPlans.org

Meg Nichols
Manager, Health and Welfare
Megan.Nichols@ConcordiaPlans.org

DP Hotline
314-394-622 or toll-free 866-605-0028

MEET YOUR PERSONAL HEALTHCARE ASSISTANT



CHP members can use Included Health's staff and clinicians for quality assistance in understanding the healthcare resources available to you. They can guide you to programs available to them. Included Health connects members to top-quality health professionals in their health network, provides virtual second opinions and more. Call **866-357-9819** or visit includedhealth.com/concordiaplans.

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

CHP members and their dependents have access to Mental Health and Substance Abuse benefits through their medical coverage. Eligible members and their dependents also have 24/7 access to the Employee Assistance Program by calling **866-726-5267** or at myCigna.com.

"SOLDIERS OF THE CROSS" MINISTRY

The goal of this ministry is to assist district presidents or their assigned staff in helping their workers during a financial crisis.

A financial crisis could be the result of:

- Medical conditions not initially eligible for disability.
- Voluntary leaving or involuntary dismissal from his/her job.
- The closing of a school.
- Removal from his/her job due to misconduct.

For more information, contact the **Office of National Missions** at **314-996-1396**.

"VETERANS OF THE CROSS" MINISTRY

This ministry provides supplemental financial assistance to retired LCMS rostered workers or their surviving spouses whose retirement income is not sufficient to cover basic survival needs. One reason this may occur is that he/she provided long-term service in a small congregation that was able to pay only a modest salary, which resulted in a smaller pension.

For more information regarding the application process, please refer to the LCMS.org website, under Soldiers of the Cross.

Although Concordia Plans processes applications and administers "Veterans of the Cross," donations to fund this ministry are raised by LCMS World Relief and Human Care.



QUESTIONS?

CALL 888-927-7526 EMAIL info@ConcordiaPlans.org

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