

Priest Manual



OFFICE OF THE BISHOP

DIOCESE OF SAGINAW

Decree of Promulgation

Diocese of Saginaw PRIEST MANUAL

In consultation with the Diocese of Saginaw presbyterate, Bishop Joseph R. Cistone, my predecessor in office, formed a Priest Compensation Manual Committee, which accumulated information and defined draft policies in a single Priest Manual. The Priest Manual, in various draft forms, has been revised following review by and input from the presbyterate and diocesan advisors.

The Priest Manual describes the responsibilities of clergy, compensation, benefits, arrangements for sabbaticals, provisions for sick time and disability, summaries of relevant insurance plans, guidelines for a variety of matters, such as the policy regarding moving expenses. The Priest Manual includes guidance for retirement, financial, medical, and estate planning, instructions for funeral planning, as well as other features.

I approve and promulgate the **Priest Manual dated January 21, 2021**. The Priest Manual may be revised periodically, as noted in date changes in the footer. The revised pages will be made available to all affected by the Priest Manual. A complete, up-to-date Priest Manual will be available on the Diocese of Saginaw website.

With this decree, in accord with canon 29 of the Code of Canon Law, I officially promulgate the Priest Manual dated January 21, 2021.

The Priest Manual shall obtain force on March 22, 2021 and so shall from that day bind as particular law of the Diocese of Saginaw.

+ Robert D. Gruss

Most Reverend Robert D. Gruss
Diocese of Saginaw

Given at Offices of the Diocese of Saginaw
This 17th day of February 2021

Rev. William Rutkowski
Reverend William Rutkowski, V.G.

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I Definition, Expectations, and Faculties

Definition

In reading this compensation manual, please keep the following definitions in mind:

An active priest has a full time parish or diocesan assignment (including studies). All other priest statuses include:

- Religious order priests
- Sacramental Minister
- Retired Priest without an assignment or active role in the diocese
- Unassigned priests
- Extern priest- a priest ordained in one diocese but serving in another diocese for a period of time.

Job Description

Active Diocesan or Religious Order Priests Serving as Pastor or Parochial Vicar in the Diocese of Saginaw

Position Purpose

The pastor or parochial vicar serves as the representative of the bishop, to draw people closer to God by facilitating the growth of a parish that is ministerially complete and fiscally sound. A parish school may be included.

Reports to: Bishop

Major Areas of Responsibility

To provide for the Word of God to be announced to those living in the parish boundaries.

- Preaches at communal celebrations of the sacraments, Mass, prayer services.
- Supports the preaching that takes place within the parish.
- Ensures that the Word of God is a part of all sacramental celebrations.

To preside at the community's prayer and care for the worship life of the Community of Faith.

- Presides at the Mass on Sundays, Holy Days and weekdays according to the parish schedule.
- Presides at funerals and vigil services or ensures there is a qualified presider.
- Presides at baptisms.
- Presides at weddings or ensures there is a qualified presider.
- Collaborates in planning and implementation of worship with the liturgical music director.
- Takes responsibility for implementation of liturgical renewal as directed by diocesan norms for the worship life of the parish.
- Presides at liturgical services as assigned.

To ensure pastoral care/pastoral counseling is available to those in need.

- Is available for initial session for parishioners who seek counseling.
- Develops awareness of community resources to be used for referral of someone in need.
- Visits parishioners in the hospital and shut-ins on a regular basis.
- Collaborates with the pastoral staff in meeting these needs of the parishioners.

To supervise and support the parish staff and to collaborate with them in ministry.

- Holds regular meetings with staff members as needed.
- Gives annual assessment of job performance for parish staff members.
- Responsible for hiring, discipline and termination of staff.
- Participates in all parish events.

- Collaborates with each staff member in determining the role and presence of the parish priest(s) in the respective ministry programs.

To ensure the work of social justice within the parish community.

- Supports the social action/social concerns ministry of the parish.
- Facilitates/collaborates in the integration of the social teachings of the Church into parish life.

To enable parishioners to minister within the Community of Faith and the larger Church.

- Ensures that the parish requirements of the lay ministry program are fulfilled (Diocesan and Ecclesial)
- Supports and facilitates the ongoing and further development of lay ministry.
- Participates in the annual call for lay ministers.
- Encourages lay involvement in the parish.

To promote the growth of others and oneself in faith and holiness.

- Supports annual program(s) of renewal for parishioners.
- Supports and ensures annual continuing education of staff members.
- Participates in continuing education annually.
- Takes time for an annual retreat.
- Participates in priests' support group.
- Takes time for the reading of theology books and periodicals.

To ensure Catholic education/formation is available to parishioners.

- Supports the various staff persons and parish programs that focus on education/formation.
- Participates in the planning and execution of sacramental programs.
- Participates in and supports the on-going development and evaluation of education/formation programs.
- Assists others in understanding Sacred Scripture and Church teaching.

To provide for the parish's representation in all juridic matters (ecclesial and civil).

- Represents the parish before the bishop and other Church officials.
- Assures provision for the proper legal representation of the parish in civil matters.

To ensure the basic management and fiscal stability of the parish and its ministry.

- Strategic plan which includes all aspects of ministry and operations.
- Participates, develops and monitors the Diocesan Appeal campaign for the parish
- Responsible for all financial matters in the parish in consultation with the Finance Council.
- Responsible for future planning, maintenance and preservation and of all parish buildings, property and equipment.

- Works to ensure that adequate monies are available for the goals, maintenance and ministry of the parish.
- Meets at least monthly with bookkeeper/business manager regarding the status of the parish budget, cash flow and program needs.

To promote pastoral planning in the Community of Faith.

- Collaborates in the planning work of the Parish Pastoral Council.
- Participates in the Long-Range Planning Committee.
- Monitors the implementation of new parish goals and their integration into staffing and programs.

To collaborate as a presbyter (priest) in the work of the diocesan and universal Church.

- Participates in vicariate meetings. (Cluster of parish churches.)
- Participates in presbytery meetings. (All churches with the Diocese.)

Performs other duties as assigned by the Bishop

Brief Summary of Job Expectations

In addition to fulfilling their liturgical and pastoral duties, Priests need to have a reasonable presence in the office during normal work days and hours. If not on site, they should be available to handle parish business via cell phone or through parish staff. They should physically be available within a reasonable amount of time for funeral arrangements and other pastoral care needs. Contact information must be available to someone within the parish or parish staff at all times in case of an emergency.

Priests must arrange and be present for Pastoral and Finance Council meetings. They must be available for other commissions as needed, especially Worship Committee meetings.

It is expected that priests will be available to help one another during Advent and Lenten Communal Rite of Penance Services. Priests will be present whenever possible for a fellow priest or a priest's parent's funeral. Priests are expected to participate in all Diocesan presbyteral gatherings and meetings including the Quarterly meeting, Chrism Mass and priesthood ordinations ceremonies.

Please see the full job description on pages 6-8.

The job description can also be found on the diocese website.

Faculties

Diocese of Saginaw Clerical Faculties

At the time of ordination or incardination, priests and deacons of the Diocese of Saginaw receive the faculties of the Diocese. Extern and religious priests and deacons receive faculties when their application for ministry is accepted in writing. Special faculties may be given to a priest or deacon because of a specific need in his ministerial appointment. Any former authorization to grant dispensations and permissions, incompatible with the current faculties, is withdrawn with the promulgation of these faculties.

1.1. Faculties for Priests

In accord with the universal law of the Church, the following faculties are extended to priests in good standing in the Diocese. This includes senior priests active in ministry, extern and religious priests who have received a letter granting faculties from the Bishop of the Diocese. In addition, priest sacramental ministers appointed to parishes without pastors have the faculties of pastors for the purpose of granting marriage dispensations and permissions. Parochial vicars are to assist and report to the pastor of the parish of assignment.

The Sacraments of Baptism and Confirmation

- a. To baptize children and adults and to supply the ceremonies which have been omitted at Baptism, attentive to canons 530, 1^o, 853 and 861.
- b. To make an exception for a just reason to the required age of sixteen for a godparent at Baptism or a sponsor of Confirmation (canon 874§1, 2^o; 893§1) and provided that the godparent or sponsor has been confirmed (canon 874§1, 3^o) and has received the Eucharist; and to admit a Christian who belongs to a non-Catholic ecclesial community to be a Christian witness to Baptism in the company of a Catholic godparent (canon 874§2).
- c. To confirm those in danger of death (canon 883, 3^o) and adults immediately after their baptism (canon 883, 2^o).

The Eucharistic Celebration

- d. To celebrate the Eucharist according to the norms of canonical and liturgical law (canon 900§2).
- e. Unless the welfare of the Christian faithful requires or urges otherwise, to concelebrate the Eucharist, while respecting the due freedom of each priest to celebrate the Eucharist individually according to canon 902.
- f. Unless a particular Bishop requires express permission for faculties for visiting clerics, to preach the Word of God everywhere with at least the presumed consent of the pastor of the parish (canon 764), and to men and women religious in their churches or oratories with the permission of the competent superior (canon 765).

- g. To consume food or drink before the second or third celebration of the Eucharist on the same day (canon 919§2).
- h. If sick, handicapped, or elderly, to celebrate the Eucharist while seated and to use the text of any approved Mass according to canons 930 and 906.
- i. To celebrate and distribute the Eucharist on any day and at any hour, except those excluded by liturgical laws of the universal or particular church (canon 931).
- j. To celebrate the Eucharist in any respectable place according to canon 932.
- k. If priests are lacking and for a just cause, to celebrate the Eucharist twice on weekdays and even, if pastoral necessity requires it, three times on Sunday and Holy Days of Obligation (canon 905§2).
- l. To repeat the liturgical services on Good Friday and to celebrate an additional Mass on the Vigil of Easter after the celebration of the Vigil (Congregation for the Sacraments and Divine Worship, January 13, 1971).

The Sacrament of Penance

- m. To those who have the habitual faculty to hear confessions, to exercise that faculty everywhere unless, in a particular case, the provisions of canons 974§2, 3 and 967§2 apply. Priests belonging to another diocese, religious institute or institute of apostolic life who do not have the faculty to hear confessions from their own Bishop or who have this faculty restricted by their own bishop or religious superior do not possess the faculty to hear confessions in the Diocese of Saginaw (canon 974§4).
- n. When the penitent is in danger of death, to hear confessions anywhere and absolve sins and to remit censures according to canons 976 and 1357§3.
- o. To remit anyone from censures except those specifically reserved to the Holy See (canon 1355). Censures reserved to the Holy See are:
 - i. Desecration of the Consecrated Species (canon 1367)
 - ii. Use of physical force against the Roman Pontiff (canon 1370)
 - iii. Absolution of an accomplice in a sin against the 6th commandment (canon 1378)
 - iv. Having consecrated a bishop without a pontifical mandate (canon 1382)
 - v. Being consecrated a bishop without a pontifical mandate (canon 1382)
 - vi. Direct violation of the sacramental seal (canon 1388).

- p. To remit anyone of the faithful from a non-declared *latae sententiae* penalty not reserved to the Holy See, namely apostasy, heresy, and schism (canon 1364§1), physical attack on a bishop (canon 1370§2), attempted celebration of the Eucharist or conferral of sacramental absolution by a person who is not an ordained priest (canon 1378§2), false accusation of a confessor of solicitation (canon 1390§1), attempted civil marriage of a non-clerical religious in perpetual vows (canon 1394§2) and procured abortion (canon 1398). This faculty may be exercised by the confessor only within the confines of this Diocese and on behalf of any persons regardless of their domicile or the place where the penalty was incurred (canon 1355§2).

The Sacrament of Marriage

- q. To assist at marriages of Catholics of the Latin Rite, at least one of whom resides in the diocese. Notification to the church of Baptism and notation in the marriage registry are required.
- r. To permit and assist at a marriage between two baptized persons (i.e. *mixed marriage*), one of whom was baptized in the Catholic Church or received into it after baptism and who has not departed from the Church by a formal act, and the other of whom belongs to a Christian church or ecclesial community not in full communion with the Catholic Church (canon 1124). The conditions mentioned in canon 1125 must be fulfilled. Granting this permission is to be included in the marriage registry. [Note: The marriage typically occurs in the parish church of the Catholic party. If another location is requested, *permission from place* must be obtained. See: **Tribunal 3. Permission**]

The Sacrament of Anointing the Sick

- s. To carry the Oil of the Sick in a respectable manner [e.g. glove compartment of a car] so that in case of necessity the sacrament of the Anointing of the Sick may be administered (canon 1003).

Church Funerals and Sacramentals

- t. To celebrate church funerals for catechumens and an unbaptized child if the parents had intended to have the child baptized (canon 1183§2).
- u. After consultation with the Bishop, Vicar General, or Territorial Vicar, to grant ecclesiastical funeral rites to baptized members of a non-Catholic church or ecclesial community unless this would be evidently contrary to the will of the decedent and provided the decedent's own minister is unavailable (canon 1183§3).
- v. To impart blessings and to administer sacramentals as delineated in *The Code of Canon Law*, except those requiring the sacred order of the Episcopate (canon 1169).

1.2. Faculties for Pastors

By the universal law of the Church, in addition to those faculties listed in 1.1, the following faculties are granted to all pastors, parochial administrators, and priests assigned to a parish as a sacramental minister, while respecting the obligations of pastoral administrators:

Sacraments of Baptism and Confirmation

- a. To baptize and to administer Confirmation and Eucharist immediately to an adult, or to receive into the Church a baptized non-Catholic adult, provided the adult has been admitted to the catechumenate or received appropriate religious instruction in the parish. Notations in the Baptismal and Confirmation registers are to be made. Notification of Confirmation should be given to the church of Baptism. (canons 883.2, 866, 895). [Note: All other Confirmations require special delegation by the Bishop.]

The Eucharistic Celebration

- b. To permit the faithful, who have requested in writing, permission to use low-gluten hosts or mustum in reception of Holy Communion when an allergy or intolerance to gluten or alcohol is present (Congregation for Doctrine of the Faith, *Letter Regarding The Use of Mustum and Low-Gluten Hosts at Mass*, July 23, 2003).
- c. To dispense, in individual cases and for a just cause, from the observance of a Holy Day of Obligation or day of penance (Ash Wednesday, Good Friday) or to commute the obligation into some other pious work. This faculty may be exercised on behalf of one's own parishioners or of one visiting within the boundaries of the parish (canon 1245).

The Sacrament of Marriage

- d. To delegate the faculty to assist at a particular marriage to priests and deacons without faculties of the Diocese of Saginaw. Such priests and deacons must be in good standing. "In order that the delegation of the faculty to assist at marriages be valid, it must be expressly given to specific persons; if there is a question of a special delegation, it is to be given for a specific marriage; if however there is a question of a general delegation, it is to be given in writing" (canon 1111). The fact of written delegation is to be noted in the marriage register.
- e. To grant permission for the marriage between Catholics or between a Catholic and baptized non-Catholic party to be celebrated in a Catholic church or oratory other than the parish church of the Catholic parties (canon 1118§1). Only the Bishop can permit marriages between Catholics or between a Catholic and a baptized non-Catholic to be celebrated in another suitable place (canon 1118§2). [See: Diocesan Tribunal, *Permission for Change of Place*, 3.a.]

Pastoral Care and Other Acts of Divine Worship

- g. To exercise the pastoral care of the community entrusted to him under the authority of the Bishop so that for this community he may carry out the offices of teaching, sanctifying,

and governing with the cooperation of other presbyters or deacons and with the assistance of the lay members of Christ's faithful (canon 519).

- h. In case of necessity, to celebrate the *Missa pro Populo* on another day or to have someone else satisfy the *Missa pro Populo* on Sundays and Holy Days of Obligation (canon 534).
- i. To suspend the obligations of a private vow for as long as its fulfillment would affect the person adversely, and to dispense from or to commute to a lesser good the obligations of a private vow or promissory oath made by a member or visitor of the parish, but only if no injury is done to the acquired rights of others (canons 1195 –1197, 1203).
- j. To verify that sacramental records are accurately inscribed and preserved.

2.1 Faculties for Deacons

Within the confines of the canonical assignment approved for them by the Bishop, deacons possess the following faculties:

The Sacraments of Baptism

- a. To baptize children and adults and to supply the ceremonies, which have been omitted at Baptism, attentive to canons 530, 1°, 853, and 861.

The Eucharistic Celebration

- b. To preside over religious worship, prayers and the Liturgy of the Word to the degree permitted by the ritual books (canon 835§3).
- c. To distribute Holy Communion at Mass and conduct the Rite of Holy Communion outside of Mass during weekdays.
- d. To celebrate the rite of Viaticum, distribute Holy Communion to the sick, and participate in the pastoral obligation to care for the sick (canon 910).
- e. To expose the Blessed Sacrament and impart Benediction of the Blessed Sacrament (canon 943).
- f. To proclaim the Gospel of the Lord (canon 757).
- g. To teach and preach homilies (canon 767).
- h. To celebrate the "Sunday Celebrations in the Absence of a Priest" (Congregation for Divine Worship, *Directory for Sunday Celebrations in the Absence of a Priest*, June 2, 1988).

The Sacrament of Marriage

- i. To assist at marriages of two Catholics (one of whom is Latin Rite) or a Latin Rite Catholic and a non-Catholic provided proper permission or dispensation has been granted. One party must reside in the diocese (canon 1108).

Church Funerals and Sacramentals

- j. To officiate at wakes, funerals and burial rites according to the approved ritual (canon 1176).
- k. To perform a Church funeral of an unbaptized child if the parents had intended to have the child baptized (canon 1183§2).
- l. To impart blessings and to administer the sacramentals of the Church in prescribed form (canon 1168).

2.2. Deacons' exercising ministry outside of parish assignment

If a deacon wishes to exercise his diaconal ministry within the diocese, he possesses the following faculties with the approval of the pastor:

- a. To administer Baptism and supply the ceremonies that have been omitted at Baptism in the case of an infant or adult (canon 861).
- b. To assist at marriages as stated in 2.1.i, above.
- c. To preside at wakes, funerals, and burial rites according to the approved ritual (canon 1176).
- d. To preach anywhere in the Diocese of Saginaw (canon 764).

3. Faculties for Non-incardinated Resident Priests and Deacons

Priests and deacons from outside of the Diocese receive faculties from their proper bishop. The fact of residence or employment within the Diocese as, e.g. student, hospital chaplain, counselor, does not confer the right of the sacramental ministry within the Diocese of Saginaw.

- 3.1. Visiting clerics in good standing with faculties from another diocese may minister within the Diocese up to one month in accord with the universal law of the Church and particular law of the Diocese of Saginaw.
 - a. If they possess the faculty of preaching from their own ordinaries, clerics may presume the faculty to preach within the Diocese of Saginaw, unless the Bishop of Saginaw has specifically denied that faculty.

- b. If they possess the faculty of hearing confessions from their own ordinaries, priests may presume the faculty to celebrate the sacrament of reconciliation within the Diocese of Saginaw, unless the Bishop of Saginaw has specifically denied that faculty.
- 3.2. Priests and deacons wishing to remain an indefinite period of time and minister in the Diocese must obtain permission of the Bishop of Saginaw. An intended stay over one month necessitates requesting permission for faculties from the Bishop.
- a. In order to maintain accurate clergy records, all written requests for clerical faculties are to be directed to the Office of the Bishop. A background investigation, accurate and complete provision of information by the one requesting faculties, and a letter of recommendation from one's proper ordinary are necessary prior to the reception of faculties from the Bishop of Saginaw. Questions concerning this procedure may be referred to the Office of the Bishop.
 - b. Reception of faculties is dependent upon meeting the criteria of the background check, the Diocesan Code of Conduct and other standards established by the Bishop of Saginaw. Ordinarily, the Bishop grants faculties to non-incardinated resident priests and deacons for the duration of their stay within the Diocese.
 - c. Priests and deacons of religious institutes or societies of apostolic life obtain the faculties of the Diocese before beginning their appointment to pastoral ministry within the Diocese. Religious clerics receiving permission to live in the Diocese do not enjoy faculties of the Diocese unless these have been specifically requested and granted.
 - d. Priests and deacons with another ordinary are to inform the Office of the Bishop immediately if there is additional information that should be communicated pertaining to the granting or continuation of faculties. The proper ordinary of a cleric is to inform the Office of the Bishop if the letter of recommendation, statement of good standing, or suitability for ministry should be withdrawn.

Diocesan Tribunal

1. Jurisdiction

The Diocesan Tribunal is the Court of First Instance of the Diocese. It is also one of the appellate courts for the Archdiocese of Detroit. The Diocesan Tribunal is delegated by the Bishop to receive and review requests for all dispensations and permissions except for any permission granted to clerics in the faculties.

2. Types of Dispensations

The types of dispensations, required for the validity of the marriage (canon 1078), include:

- a. **Canonical form.** The canonical form of marriage binds baptized Catholics who have not defected from the faith by a formal act (canon 1108).

- i. The dispensation from canonical form may be granted in a circumstance of mixed religion or disparity of cult. Grave difficulty in observing the canonical form must be evident (canon 1127§2).
 - ii. When a dispensation from canonical form has been granted, a Catholic priest/deacon, if present at the ceremony, must not give or accept the exchange of promises.
 - iii. The parish that prepared the couple maintains the marriage documents and records the marriage in its marriage register along with the dispensation (canon 1121§3).
- b. **Disparity of Worship/Cult**, that is, when a baptized Catholic marries a non-baptized person (canon 1086). The conditions for the dispensation are contained in canons 1125 and 1126. This marriage is not a sacramental marriage, but a “natural bond” of marriage between a man and a woman.
 - c. **A precautionary dispensation from disparity of worship** and permission for mixed religion for a marriage between a Catholic and a doubtfully baptized person (Precautionary Dispensation from Disparity of Worship/Cult and Permission for Mixed Religion Marriage, canon 1086).
 - d. **The impediment of consanguinity** in the collateral line up to the fourth degree. “A marriage is never to be permitted if a doubt exists as to whether the parties are related by consanguinity in any degree of the direct line or in the second degree of the collateral line” (canon 1091).
 - e. **The impediment against public propriety**, which occurs “when a couple live together after an invalid marriage or from a notorious or public concubinage. It invalidates marriage in the first degree of the direct line between the man and those related by consanguinity to the woman and vice versa” (canon 1093).
 - d. **The impediment of adoption** “if their relationship is in the direct line or in the second degree of the collateral line” (canon 1094).
 - e. **The impediment of crime** when, with a view to entering marriage, a person has killed the intended partner’s “spouse, or his or her own spouse...” or “by mutual physical or moral action, brought about the death of either’s spouse” (canon 1090, reserved to the Holy See, canon 1078§2,1°).

3. **Permission**

Permissions are necessary in the following circumstances:

- a. Change of place of marriage for Catholics or a Catholic party with a baptized non-Catholic party, when the place of marriage is not the parish church, another Catholic church or oratory (canon 1118§2).
 - i. If a Catholic couple has an attachment to another Catholic place in the diocese that is not the parish church (e.g. a Catholic chapel), permission is required from the pastor [See: Faculties for Pastors, 1.2.e.].
 - ii. If the parties are marrying outside of their proper or personal parish, they are to have their own pastor's permission to do so.
 - iii. For marriages between a baptized Catholic and a baptized non-Catholic, the preferred place is the parish church of the Catholic party. For serious reasons, another sacred place, e.g., a recognized church, but not a commercial wedding chapel, would be considered.
 - iv. For marriages between a baptized Catholic and a non-baptized person, the parish church of the baptized Catholic is the preferred place. Secondly, the marriage can occur in any suitable place. The other place must be suitable not in the matter of convenience, but reflective of the sacredness of the state of marriage. According to particular law, consultation on any suitable place must take place with the Bishop.
 - v. Weddings outside of a church are never permitted except with permission of the Bishop.
 - vi. If a request for permission for change of place is for a marriage taking place outside of the Diocese, this permission must be granted by the Bishop of the place of marriage. The request is processed through the Tribunal, which contacts the diocese in which the wedding is to take place.
- b. "Except in a case of necessity, no one is to assist without the permission of the local Ordinary at: 1°, a marriage of *vagi*; 2°, a marriage which cannot be recognized by the civil law or celebrated in accordance with it; 3°, a marriage of a person bound by natural obligations towards another party or children, arising from a previous union; 4°, a marriage of a person who has notoriously rejected the Catholic faith; 5°, a marriage of a person who is under censure; 6°, a marriage of a minor whose parents are either unaware of it or are reasonably opposed to it; 7°, a marriage to be entered by proxy, as mentioned in canon 1105" (canon 1071, §1).
- c. "The local Ordinary is not to give permission to assist at the marriage of a person who has notoriously rejected the Catholic faith unless, with the appropriate adjustments, the norms of canon 1125 have been observed" (canon 1071, §2).

4. **Procedure for Seeking Dispensations and Permissions**

Applications are to be submitted once there is certainty of the parties' freedom to marry and that nothing stands in the way of the licit and valid celebration of the sacrament of marriage. Typically an application for dispensation or permission is submitted three months in advance.

4.1. All dispensations and permissions are to be applied for at one time. If a particular grant of dispensation or permission is not used, the Diocesan Tribunal is to be informed immediately.

4.2. Only under emergency circumstances is a dispensation or permission to be sought over the telephone. In this situation, the one seeking the grant must send the necessary documentation to the Diocesan Tribunal. Since the validity of the marriage may hinge on whether the dispensation or permission was granted, the dispensation or permission must be recorded.

4.3. There is to be a just and reasonable cause (canon 90) for seeking the relaxation of ecclesiastical law. The determination of the just and reasonable cause may involve examination of the pre-marital documents.

5. **Marriages of Members of Diocese Occurring Elsewhere; Marriages of Members of another Diocese Occurring Here**

When a couple from this diocese will marry in another diocese, or a couple from another diocese will marry in this diocese, the following procedures should be followed:

1. Any necessary dispensations/permissions should be applied for according to diocesan policy. Each diocese grants permissions/dispensations for its members according to standard procedures.
2. When marriage preparation has been completed, the parish sends the entire pre-marriage file to the diocesan Tribunal, who verifies the accuracy of the file, then forwards it to the diocese where the marriage will occur. The complete address of the parish where the marriage will occur must be included. The parish should make a copy of the file prior to mailing it.
3. Upon receipt of the pre-marriage file, the receiving diocese makes sure the file is in order and forwards it to parish where the marriage will take place.

Extern Priests

Even if an extern priest is in residence at a parish, unless approved by Bishop's office, there should be no additional collections taken. This would include collections, fundraising, crowdfunding* or asking for funds for his Diocese or foreign missions.

See policy on crowdfunding.

II COMPENSATION

Norms for Priestly Support and Compensation

Per the Saginaw Diocesan Decree, “*Norms for Priestly Support and Compensation*” set in place by Bishop Walter Hurley on April 29, 2019, and reaffirmed to the Presbyterate by Bishop Robert Gruss in the March 3, 2020 Clergy Notes, the following Compensation is provided to a priest of the Saginaw Diocese without an assignment so as to “provide to meet the basic canonical obligation for ‘decent support’ and social benefits...”

Support provided:

- Salary at the senior priest amount
- Housing
- Health Insurance
- Short and Long Term Disability Insurance
- Retirement
- Auto Insurance

Support not available to an unassigned priest which is set in the Priests’ Compensation Manual for priests being compensated for ministry:

- 403B allowance
- Cell phone allowance
- Food and Household allowance
- Personal/Professional Development allowance
- Mileage Reimbursement
- Moving allowance
- Clothing cleaning allowance
- Sabbatical allowance
- Dental Insurance

Please refer to the Annex for the official decree.

Fees for Services

Definition of Terms:

Stipend - A donation made for a Mass intention (Province set at \$10). Mass stipends are regulated by the norms of canons 945-958.

Remuneration - Payment made for a service provided

Stole Fee – A payment made for a Sacramental celebration such as a Mass, communal penance service, wedding, baptism, or funeral

Stipends are a sacrificial offering by which the faithful unite themselves to the Mass for a particular intention. When a parishioner seeks that a Mass be said for a particular intention and makes an offering, the priest or parish has the obligation to ensure that the intention is fulfilled in an expedient manner (within one year at maximum). The priest fulfilling the intention has the right to keep one stipend per day, conscious of the canonical norms governing this practice. Mass stipends must be accounted for in a book (955 3). Mass stipends are to be accounted for in a restricted fund until the obligation has been satisfied.

All stole fees for Mass, baptisms, weddings, reconciliation and funerals are income for the parish that pays the priest's salary. These services are included as part of the priests compensation when determining annual compensation rates. Priests who accept stole fees must reduce their parish salary by the amount of income received from these sources. The intention of the donor should be considered when accepting a gift or offering for a Sacramental celebration. If the recipient of the Sacrament or their family gives an offering to the parish and an additional gift to the priest, the priest may keep that gift. If the check is made out to the parish, the gift was probably intended for the parish. If in doubt, give the gift to the parish. If the priest is not compensated by a parish or the Diocese for services rendered, he may keep any monies paid to him as remuneration.

Remuneration is payment to senior or disabled priests or priests from other dioceses who are not compensated through the parish or Diocese for services rendered. Remuneration includes stipends, stole fees, payment for the celebration of Mass or any Sacrament.

If a priest is paid through a parish or the Diocese and covers Masses in another parish outside of their assignment, all remuneration goes to his assigned parish. Any reasonable mileage or expense reimbursement would be kept by the priest.

Remuneration Fee Guidelines

Remuneration for services when compensating a non-parish priest at the request of the parish:

Weekend Mass (per Mass)		\$100
Weekend Mass including Scheduled Individual Rite of Penance		\$125
Funeral or Wedding Mass		\$100
Week Day Mass		\$ 50
Communal Rite of Penance	\$ 50 (retired priests only)	
Scheduled Individual Rite of Penance	\$ 25	
Stipend (Province Set Amount)	\$ 10	

Additional Masses would not be compensated if part of the priests' regular assignment.

Any mileage paid for providing these services should be paid at the Diocesan published rate and is kept by the priest.

Salary Chart

DIOCESE OF SAGINAW Clergy Salary Scale

No. Yrs. Ordained	2015-16	Base	2016-17	2017-18	2018-19	2019-20	2020-21	
	Base Wage	Wage + 0.00%	Total Salary	Total Salary	Total Salary	Total Salary	Total Salary	Year Ordained
0	25,156	25,156	27,240	27,648	27,648	28,731	28,731	2020
1	25,267	25,267	27,360	27,770	27,770	28,853	28,853	2019
2	25,379	25,379	27,481	27,894	27,894	28,977	28,977	2018
3	25,491	25,491	27,603	28,016	28,016	29,099	29,099	2017
4	25,602	25,602	27,723	28,139	28,139	29,221	29,221	2016
5	25,714	25,714	27,844	28,262	28,262	29,345	29,345	2015
6	25,827	25,827	27,966	28,385	28,385	29,468	29,468	2014
7	25,937	25,937	28,086	28,507	28,507	29,590	29,590	2013
8	26,050	26,050	28,208	28,631	28,631	29,714	29,714	2012
9	26,162	26,162	28,329	28,754	28,754	29,836	29,836	2011
10	26,273	26,273	28,449	28,876	28,876	29,959	29,959	2010
11	26,385	26,385	28,571	28,999	28,999	30,082	30,082	2009
12	26,497	26,497	28,692	29,122	29,122	30,205	30,205	2008
13	26,608	26,608	28,812	29,244	29,244	30,327	30,327	2007
14	26,721	26,721	28,934	29,369	29,369	30,452	30,452	2006
15	26,832	26,832	29,055	29,490	29,490	30,573	30,573	2005
16	27,055	27,055	29,296	29,736	29,736	30,819	30,819	2004
17	27,280	27,280	29,540	29,983	29,983	31,066	31,066	2003
18	27,503	27,503	29,781	30,228	30,228	31,311	31,311	2002
19	27,727	27,727	30,024	30,474	30,474	31,557	31,557	2001
20	27,950	27,950	30,265	30,719	30,719	31,802	31,802	2000
21	28,174	28,174	30,508	30,966	30,966	32,049	32,049	1999
22	28,398	28,398	30,750	31,212	31,212	32,295	32,295	1998
23	28,621	28,621	30,992	31,456	31,456	32,539	32,539	1997
24	28,844	28,844	31,233	31,702	31,702	32,785	32,785	1996
25	29,068	29,068	31,476	31,948	31,948	33,031	33,031	1995
26	29,292	29,292	31,718	32,194	32,194	33,277	33,277	1994
27	29,515	29,515	31,960	32,440	32,440	33,522	33,522	1993
28	29,738	29,738	32,201	32,684	32,684	33,767	33,767	1992
29	29,962	29,962	32,444	32,930	32,930	34,013	34,013	1991
30	30,186	30,186	32,687	33,177	33,177	34,260	34,260	1990
31	30,522	30,522	33,050	33,546	33,546	34,629	34,629	1989
32	30,857	30,857	33,413	33,914	33,914	34,997	34,997	1988
33	31,193	31,193	33,777	34,284	34,284	35,367	35,367	1987
34	31,528	31,528	34,140	34,652	34,652	35,735	35,735	1986
35	31,864	31,864	34,504	35,021	35,021	36,104	36,104	1985
36	32,199	32,199	34,866	35,389	35,389	36,472	36,472	1984
37	32,535	32,535	35,230	35,759	35,759	36,841	36,841	1983
38	32,869	32,869	35,592	36,126	36,126	37,208	37,208	1982
39	33,205	33,205	35,956	36,495	36,495	37,578	37,578	1981
40	33,541	33,541	36,319	36,864	36,864	37,947	37,947	1980
41	33,877	33,877	36,683	37,233	37,233	38,316	38,316	1979
42	34,212	34,212	37,046	37,602	37,602	38,684	38,684	1978
43	34,548	34,548	37,410	37,971	37,971	39,054	39,054	1977
44	34,881	34,881	37,770	38,337	38,337	39,420	39,420	1976
45	35,217	35,217	38,134	38,706	38,706	39,789	39,789	1975
46	35,552	35,552	38,497	39,074	39,074	40,157	40,157	1974
47	35,888	35,888	38,861	39,443	39,443	40,526	40,526	1973
48	36,223	36,223	39,224	39,812	39,812	40,894	40,894	1972
49	36,559	36,559	39,587	40,181	40,181	41,264	41,264	1971
50	36,894	36,894	39,950	40,549	40,549	41,632	41,632	1970
51	37,230	37,230	40,314	40,918	40,918	42,001	42,001	1969
52	37,565	37,565	40,677	41,286	41,286	42,369	42,369	1968
53	37,901	37,901	41,041	41,657	41,657	42,740	42,740	1967
54	38,236	38,236	41,403	42,025	42,025	43,108	43,108	1966
55	38,572	38,572	41,767	42,394	42,394	43,477	43,477	1965
56	38,906	38,906	42,129	42,761	42,761	43,844	43,844	1964
57	39,242	39,242	42,493	43,130	43,130	44,213	44,213	1963
58	39,577	39,577	42,855	43,499	43,499	44,581	44,581	1962
59	39,914	39,914	43,220	43,869	43,869	44,952	44,952	1961
60	40,249	40,249	43,583	44,237	44,237	45,320	45,320	1960
61	40,585	40,585	43,947	44,606	44,606	45,689	45,689	1959
62	40,920	40,920	44,310	44,975	44,975	46,057	46,057	1958
63	41,255	41,255	44,672	45,343	45,343	46,426	46,426	1957
64	41,590	41,590	45,035	45,711	45,711	46,794	46,794	1956
65	41,926	41,926	45,399	46,080	46,080	47,163	47,163	1955

Bonus's

When the parish declares a bonus or other gift for staff (Christmas bonus, retirement gift, anniversary or birthday bonus) the priest is not eligible to participate in that program. The priest compensation table is what an active, assigned priest will be paid. Even if the parish's finance council approves a priest's bonus, he is not eligible to receive it.

III BENEFITS

Mileage Rate

The mileage rate used for reimbursing priests is published by the Diocese in its annual inflator chart. This rate is less than the IRS allowed rate. (<http://www.irs.gov/>) The IRS rate includes a reimbursement for auto insurance costs. Auto insurance is paid for by the parish or Diocese for the priest thus creating the reduction in reimbursing rate for priests. Any staff or volunteer using a personal vehicle for traveling on parish business can be reimbursed at the IRS allowed rate.

Commuting is not reimbursable mileage. If the priest lives on the parish site, any mileage incurred for parish business is reimbursable. If he lives off site, the mileage to commute to the parish is not reimbursable but all parish business mileage after the commute is reimbursable. If a priest has two parishes, any miles going from his home to the main parish office are considered commuting and not reimbursable.

Mileage will only be reimbursed based on upon completion and signature of the approved mileage form or a computer generated form that is signed and contains the same information as the approved form.

**Diocese of Saginaw
Mileage Reimbursement Form
Page 1 of 2**

Name: _____

Mileage Reimbursement Details

Date	(A) Beginning Mileage	(B) Ending Mileage	(C=B-A) Total Miles	(D) Personal Miles	(C-D) Reimbursable Business Miles
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Employee Signature

Date Submitted: ____/____/____

Total Reimbursable Business Miles	
X Current Mileage Rate	
Total Reimbursable Expense Amount \$\$	

**Diocese of Saginaw
Mileage Reimbursement Form
Page 2 of 2**

Name: _____

Mileage Reimbursement Descriptions

****Confidential: FILE Accordingly**

Date	Destination (From / To)	Purpose
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
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27		
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29		
30		
31		

Employee Signature

Date Submitted: ____ / ____ / ____

Days Off

For active priests, there is an expectation that the priest will have a regular and designated day off each week for his own and the parish's health. If his schedule does not allow for a day off during a particular week, the time may be taken during the following week or other reasonable time. However, he cannot bank time off to an unreasonable bank of days. The bank of days is not to exceed 4 days and must be taken within 1 month. There is no expectation for the priest to be at parish events or meetings on his day off.

There must be a system of accountability. Any adjustments or changes to the regular day off should be communicated to the office staff.

If there is a continual disregard for office presence, the regional vicar will be contacted.

Vacation Time

An active priest is allowed 30 days vacation with a maximum of four weekends during the fiscal year (July 1-June 30). A week of vacation would be six days of vacation plus the weekly day off. Any time exceeding these guidelines must be approved by the Bishop. There is no carry forward of unused vacation time.

If time away, vacation or otherwise, exceeds three consecutive weeks, the Bishop's Office must be notified. Any travel out of the country must have Bishop's approval prior to leaving. If the parish priest or parochial administrator is going to be out of the office (other than the normal day off) the office secretary needs to know the plans and how to contact the parish priest or parochial administrator.

Personal and Professional Development

The annual personal and professional development allowance for active priests includes four segments of development: spiritual, human, intellectual and pastoral. All four areas should be addressed in use of the annual allowance. The amount allowed for Personal and Professional development is stated in the annual inflator chart. Software, books and workshops could include topics such as:

Spiritual

- Annual Retreat
- Spiritual Direction
- Prayer or Spirituality Workshops
- Appropriate books or subscriptions

Health

- Cooking
- Making or Organizing a Home
- Nutrition
- Health and Well Being-What is it and How to Get it
- Life Planning
- Gym Membership
- Exercise Gear

Intellectual

- Personal Budgeting
- Financial/Retirement Planning
- Wills, Estates and Medical Power of Attorney
- *Finance Council Responsibilities
- *Parish Financial Management
- *Parish Budgeting
- *Basic Non-profit Accounting
- *Health, Life and Disability Insurance
- Income Taxes
- *Your Role in Preventing Fraud
- *School Management
- *Master Planning-What is it and Why is it Important
- *Teamwork-How to Get it and How to Use it
- *How to Run an Effective Meeting

Pastoral

- *Visiting the Sick
- *Caring for the Elderly
- *The Parish Bulletin-Effective Communication

*Diocesan Appeal - What is it and How to Run and Effective Campaign
Communication

*Managing Difficult People

*Managing Change

*Getting to Know a Community

Liturgy

*May be covered by the Parish or Diocesan offerings and not by the allowance.

Pilgrimages

Pilgrimages are considered vacation time unless:

- Part of a pre-approved sabbatical
- You are acting as the Chaplain or Spiritual moderator for your parish group or a diocesan group.

All other pilgrimages are considered vacation. This would include time spent acting as a chaplain or moderator for a group other than your parish or the Diocese of Saginaw.

Priest Wellness Program

Life Works is a wellness program through BlueCross available to all active priests covered by the BlueCross program.

Effective 7/1/2019, through Aetna, a health wellness program is available to all retired diocesan priests. This program will assist priests with the management of their health care and health care benefits. There are well-being nurses that will serve as a health care navigator for the priest. They will be a single point of contact for the priest. They will work with the priest and his health care providers on an ongoing basis. They will help the priest to understand any diagnosis or treatment recommendations. They will coordinate care between doctors, pharmacists, therapy providers, disability insurers, etc. They will provide case management, chronic condition management, care transition support, wellness coaching, and tobacco cessation and self-management education. This service is optional but priests are highly encouraged to participate.

The LifeWorks Employee Assistance Program

By Morneau Shapell

The LifeWorks Employee Assistance Program (EAP) is a personalized well-being resource for clergy and lay employees of the Catholic Church in Michigan. The LifeWorks platform blends a user experience with access to clinical experts in order to help people achieve mental, physical, social and financial well-being. LifeWorks EAP—designed by MCC to be consistent with the teachings of the Catholic Church—offers confidential support to employees and any dependents with issues related to work, life and everything in between. Accessible via telephone, web browser or through a mobile application that can be downloaded from the App Store or Google Play (download the “LifeWorks” app, tap Log In, then enter code “MCC”) EAP offers you and your dependents:

- 24/7 access to professional, caring consultants for advice and support
- 24/7 access to content that includes hundreds of articles, recordings, quizzes, and self-assessments
- 24/7 telephone access to Master’s-level counselors for immediate and short-term support
- Referrals to telephone, in-person, or secure video counseling
- Connections to Catholic support agencies in your community

More information can be found at <http://www.micatholic.org/benefits/employee-assistance-program/>

What is an Employee Assistance Program (EAP)?

Employers from all sectors of society are increasingly interested in their employees’ wellness and well-being. Non-profit, for-profit, government agencies, and religious employers are discovering new ways to help their employees navigate some of the more challenging parts of life by connecting them with professional services and licensed counselors. Employee Assistance Programs offer information, articles, self-assessment quizzes, and referrals to counselors on topics that range from stress and anxiety, work-life balance, relationship struggles, financial concerns and substance use, just to name a few.

What information is available at the LifeWorks Employee Assistance Program?

The LifeWorks EAP is a multi-source platform full of personal wellness information that can be accessed by calling a professional counselor, reading a webpage, or browsing through the app on your phone. The website and mobile app contain articles relevant to common well-being topics such as stress, personal budgets and relationship struggles. You’ll find short videos and audio clips that help with familiar subjects such as breathing exercises, observing your heart rate, boosting your mental energy, keeping the peace at home, and dozens of other common topics that most people experience in their day-to-day lives.

Who can use the LifeWorks EAP?

The LifeWorks EAP platform is available to clergy, religious and lay employees (and any dependents) of the Catholic Church in Michigan employed at a diocesan or non-diocesan unit scheduled to work 20 or more hours per week.

Is there a cost?

No. All of the information and consultation services accessible on the EAP platform are provided to employees and any dependent at no cost.

Is the LifeWorks EAP, counselors and information consistent with Catholic teaching?

Yes. Michigan Catholic Conference tailored the LifeWorks EAP in collaboration with the human resource offices of the Catholic dioceses in Michigan. Any information that promotes activities or services contrary to the teachings of the Catholic Church has been specifically excluded from the site.

How do I access the EAP?

Using a Single-Sign On feature, users are granted access to the LifeWorks EAP platform by using their existing MCC Employee Self-Serve (ESS) login credentials. ESS is a website where employees can view currently available benefits such as medical and dental coverage; employees can also calculate a future pension benefit or make benefit plan changes during the Open Enrollment period at the ESS site.

Is the LifeWorks EAP confidential?

Yes. Michigan Catholic Conference designed access to the EAP in a manner that ensures confidentiality and security. Information reviewed online, available on the app or discussed with a professional counselor is known only to the employee. Employers will have no information related to employee EAP use.

Is the EAP accessible via Mobile App?

Yes. Start by downloading the “LifeWorks” app for your iPhone at the App Store or for your Samsung or other device at the Google Play Store. Once you’ve downloaded the app, tap Log In, enter the code ‘MCC,’ then login using your ESS credentials.

TUTORIAL

How do I speak with a counselor or find a referral?

To speak with a counselor or to find assistance with a referral, contact LifeWorks at 888-456-1324. If English is not your first language, LifeWorks is able to provide access to over 200 spoken languages. En Español: 888-732-9020. Professional counselors are trained to provide assistance and referrals to employees of the Catholic Church in Michigan.

How do I access the LifeWorks EAP website?

Employees may visit the EAP website one of two ways. The website is located at <https://mcc.lifeworks.com>. Click Log In and do so using your Employee Self-Serve (ESS) credentials. The website may also be accessed via MCC’s ESS page: visit www.micatholic.org and click Secure Login, then Employee Self-Serve. Once logged in to ESS, you may then click on the LifeWorks banner to be redirected to the website. Remember: to access the EAP app or the website you must have valid ESS login credentials.

Can family members or dependents join?

Yes. Employees who have signed up for the LifeWorks EAP can invite up to five family members or dependents to access the LifeWorks EAP. Invitations can be sent to family members or dependents through the LifeWorks website or on the mobile app.

Desktop

From your web browser, head to mcc.lifeworks.com and log in with your ESS credentials. From there, hover over your profile picture on the top right of the LifeWorks website and select “Profile” from the drop-down list. Under your email on the left, click the “Family” button to view your dependent accounts. To send an invitation to join LifeWorks, click “Invite Family Members,” and input an email address for your dependent.

Retreats and Spiritual Direction Services

“[Priests] are bound to make time for spiritual retreats according to the prescripts of particular law” (Can. 276 §2, 4).

A retreat is 3 to 8 sequential days. The expectation is that an active priest will attend one retreat each year the cost of which is covered by the parish. Beyond that, the time would be considered vacation time and the costs are to be incurred by the priest. In general, no more than 50% of the educational allowance can be spent on one segment (spiritual, health, intellectual, pastoral) of the allowance, event or program. Any retreat or service should be substantial but not extravagant. Extended time (30 days or more) would be considered a sabbatical and not a retreat. If there are costs associated with the second retreat, they may be reimbursed using the educational allowance.

The expectation is that a priest has regular spiritual direction. Those costs can be reimbursed as part of the education allowance.

Retreats for retired priests are encouraged but the cost is not covered. If there is financial need, please contact the Vicar for Clergy.

Parish Provided Housing

A parish must provide suitable housing for the active parish priest.

The rectory is part of the parish property. As such, inspection of the rectory must be part of the routine maintenance system. This would include replacing furnace filters, painting, carpet and furniture cleaning and other routine upkeep of the property. There are guidelines for routine maintenance published by the Diocese. Routine maintenance and cleaning of the rectory is an expense of the parish.

Visual inspection of the interior and exterior of the rectory must be completed at least annually by the parish. It is recommended that the inspection be completed by a member or members of the Pastoral or Finance Council along with the parish maintenance person.

Furniture in the rectory, unless paid for by the priest personally, belongs to the parish and is subject to routine maintenance and replacement. All major replacements should be done in conversation with the Parish Finance Council. If a priest pays for a piece of furniture using personal funds, he is entitled to take that furniture with him when he moves.

When moving to an assignment where multiple rectories are available, the parish priest can initially decide where he would like to live. After 6 months to 1 year, the priest and community together, decide what housing is most appropriate. The Diocese will assist with building planning and evaluation.

If the priest chooses to have a pet, he is responsible for any costs associated with having a pet in the house. The expectation is not that the parish or parish employees are responsible for the care of the pet. If the pet causes damage to the interior that excessive and requires replacement then the priest is expected to cover the cost of replacement.

Parish Priest Hosting a Seminarian

The diocese will pay a \$150 per week stipend to the parish who is hosting a seminarian for a limited period of time (summers, breaks, etc). This stipend amount is meant to cover a seminarian's housing, food, paper products, cleaning and laundry supplies. The priest and seminarian are to work things out with the parish bookkeeper in regards to how to handle the seminarian's food and other expenses. The parish can have the seminarian turn in grocery and eating out receipts for reimbursement to him if he has paid them out of his pocket or the priest can submit a portion of grocery and household supplies cost representative of the seminarians share.

Household Allowance

Effective January 1, 2021, the active priest or parochial administrator's salary will be increased to include the current \$610 monthly housing allowance. This increase will cover housing, food, cleaning supplies, paper supplies and laundry needs. There will not be an additional reimbursement for these expenses and the priest does not need to submit receipts for reimbursement to the parish for any household costs. The priest will pay all income taxes on this compensation and may wish to consult his tax advisor for guidance. The cost of a house keeper, cleaning service or cook are covered by the parish and will be paid separately by the parish. While the cost of the cook is paid by the parish, the cost of food is not and is to be paid by the priest.

The housing salary is to include all restaurant expenses except for those for business entertainment. Business entertainment would include food, nonalcoholic beverages and venue costs required for meeting with groups pertaining directly to parish operations. Receipts for business entertainment must be submitted to the parish for reimbursement. Business entertainment could include costs for town hall meetings, pastoral or finance council meetings, staff meetings, etc. It would not include costs for entertaining fellow priests or entertaining for personal purposes.

Business Food Reimbursement

A priest may submit for reimbursement the cost of business meals if the priest is present and the food or non-alcoholic beverages are not considered lavish or extravagant. The meals may be provided to a current or potential donor, parishioner, or other necessary parish contact. Any allowed expense must be ordinary and necessary. A necessary expense is one that is helpful and appropriate for the parish under the circumstances present. Expenses must not be lavish or extravagant. An expense isn't considered lavish or extravagant if it is reasonable based on the facts and circumstances.

Taxes and tips relating to a business meal are included as a cost of the meal.

If a group of priests takes turns picking up each other's meal checks primarily for personal reasons, without regard to whether any business purposes are served, no member of the group may submit for reimbursement any part of the expense.

Adequate Records Must Be Kept

You must complete and submit the parish business for reimbursement form along with the receipts evidencing the expense. Your form and receipt together must show the amount, date, place, who was fed, and the essential character of the expense.

A restaurant receipt is enough to prove an expense for a business meal if it has all of the following information.

- The name and location of the restaurant.
- The number of people served.
- The date and amount of the expense.
- Cost of any alcoholic beverages served.

If a charge is made for items other than food and non-alcoholic beverages, the receipt must show that this is the case. The parish does not reimburse for the cost of alcohol.

You must generally provide a written statement of the business purpose of the expense.

You don't need to put confidential information relating to an element of a deductible expense (such as the place, business purpose, or business relationship) on the parish reimbursement form. However, you do have to record the information elsewhere at or near the time of the expense and have it available to fully prove that element of the expense.

Cable/ Satellite Television and Internet Service

Cable/ satellite television and Internet service should be included in the housing provided by the parish for the active priest. If the parish enters into the contract, the priest will pay for any premium channels the parish is charged for. If the priest enters into the contract, the priest would need to substantiate any reimbursement by providing a copy of the current contract for the services. The cable reimbursement will be for the starting package for up to two televisions as long as local channels are included (no premium channels). If bundled, the parish will not pay for any premium channels. Internet service should be provided by the most economic provider in the area for the speed required.

Cell Phone

A cell phone is an essential tool for an active priest and should be provided by the parish. Reimbursement will be covered using an allowance if the number is available to the office staff and parishioners as needed. This allowance is based on the basic plan for a smart phone as communicated annually via the Diocesan inflators. The Diocese will determine this allowance utilizing the most available service provider rates. The priest would need to substantiate the reimbursement by providing a copy of the current contract for the service. The cell phone allowance will be publicized annually by the Diocese as part of the inflator chart. The priest's cell phone reimbursement will be up to the publicized Diocesan allowance. If the cost of basic service is lower in the area of need, the lower cost will be reimbursed.

The cell phone number should be available to the Bishop and the regional vicar. If the priest changes the number, the Bishop's office and regional vicar must be notified.

Computer

A computer is an essential tool for an active priest and should be provided by the parish. General operating systems would be part of the computer costs as deemed necessary by the pastor and the parish. Appropriate antivirus and malware programs must be utilized. Backups must be completed at least monthly with one copy kept off site. Additional software may be purchased as part of the educational allowance if appropriate (Scriptural reference programs, budgeting software, prayer guides). See the employee handbook for additional information.

If the priest uses his personal computer instead of using one provided by the parish, the parish will reimburse the priest \$25 per month for use of that computer and the necessary software required. The priests' personal computer must have the appropriate antivirus and malware software installed and must be backed up on a regular basis (at least weekly). The computer must also be compatible with software used by the parish and meet the requirements to run the parish software. Lease for a priest's personal computer is based on a monthly basis. The parish will accrue the reimbursement rate until a replacement computer is purchased or the priest is reassigned.

The Diocese will write a back up process (potentially using the cloud) to be used for all parish computers. Security issues and requirements will be updated and provided annually as part of the inflator chart shared with the parishes. Please contact the diocese with any questions regarding an updated listing of software or hardware requirements.

Whether a personal or a parish computer is used, any files containing financial, personnel or personal data must be protected with passwords, or other security measures. Upon leaving the parish, all files and programs specific to that parish must be copied and given to the parish then deleted from any personal computer, laptop, tablet or other device.

Clothing

Clothing and the care of clothing is the responsibility of the active priest. If a priest purchases vestments, they belong to the priest. If the vestments are purchased by the parish, they belong to the parish. The parish will cover the cost of dry cleaning for all vestments. Dry cleaning and the care of business attire is the responsibility of the priest. The parish will cover the cost of dry cleaning business attire for an active priest up to the amount indicated in the annual inflator chart. All reimbursements require receipts to substantiate the expense.

Priest Auto Insurance

It is required that all priests (active or retired) insure their primary vehicle through the Diocesan auto insurance plan with Michigan Catholic Conference. For active priests, this expense is paid for by the parish or Diocese. For retired priests, the cost of the insurance is covered by the retirement plan. For retired priests not assigned to a parish or the diocese full time, all of the auto insurance is paid through the retirement plan and is fully taxable. For priests incardinated within the Diocese of Saginaw but not residing in the Diocese, the Michigan Catholic Conference insurance is available as long as the priest has a valid Michigan drivers license and the vehicle is registered in the State of Michigan. For priests living outside of the State of Michigan who do not have the above license and registration requirements met, the priest is obligated to have auto insurance of at least \$500,000 of liability coverage on their primary vehicle. This cost is the priest's responsibility.

The Internal Revenue Service states that the Diocese or Parish paid portion of auto insurance is taxable to the extent the active priest uses the vehicle for personal purposes. Complying with this would entail the priest keep track of and submit the personal use mileage to the parish or Diocese. Rather than this burdensome process, the Diocese or Parishes will utilize a standard 20% as personal use. Each Parish or the Diocese will add 20% of the cost of priest auto insurance as taxable income to the priest's compensation. The taxable amount will be published by the Diocese as part of the annual inflator memo. For 2019-20 the taxable portion of the insurance is 208.08. If the priest is paid monthly the taxable wage adjustment is \$17.34 per month. The only change in the net monthly paycheck would be the Federal, State and/ or City income tax withheld on that \$17.34 or around \$3.00.

Annual Diocesan Inflatons Chart

Diocese of Saginaw

Per MCC Memo

Inflation Indexes

2020-2021

BUDGETARY GUIDELINES

General Inflatons based on the Consumer Price Index Midwest Region as of June			
		2019-20	Projected 2020-21
Salaries and Wages			
	Cost of Living	2.8%	1.7%
	Merit	0.4%	1.3%
Total Salaries and Wages		3.2%	3.0%
MCC Based Inflatons			
PLFP premiums			
Property	Per \$1000 prop value	1.70	1.60
Liability	Per \$1000 wages paid	19.71	18.11
Work Comp	Per \$1000 wages paid	10.12	11.72
Parish Autos	Per Vehicle	1,320.57	1,380.00
Unemployment Insurance (Calendar Year)		1% on the first \$10,000 of wages per employee	.75% on the first \$7,500 of wages per employee
Pension		8.6%	8.6%
Lay Life Insurance-Mutual	Per \$1000 wages paid	0.29	0.30
Lay Long Term Disability-Mutual	Per \$100 wages paid	0.64	0.65
Lay Life Insurance-MCC		0.22	0.22
Lay Long Term Disability-MCC		0.44	0.44
Medical		5-10%	6.7%

MANDATORY PRIEST PAYMENTS

Other			
IRS Business Mileage Rate	per mile	\$0.580	\$0.545
Diocesan Mileage Rate	per mile	\$0.5010	\$0.4710
Priests 403(b) 50% match	annually up to	\$1,100	\$1,500
Clergy Health Insurance	monthly	\$735	\$744
Clergy Dental Insurance	1/2 monthly	\$50	\$46
Clergy Disability Insurance	monthly	\$30	\$31
Education Allowance	annually	\$2,000	\$2,000
Priest's Pension Assessments	per envelope holder	\$23.00	\$15.00
Clergy Auto Insurance	annually	\$1,040	\$1,065
Household Allowance	monthly	\$610	\$610
Cell Phone	monthly	\$75	\$75
Clothing Care	annually	\$200	\$200

Sabbatical Guidelines for Priests Diocese of Saginaw

Introduction

A sabbatical is a more intense form of continuing education, which implies authorized time away from the parish/institution. It is recommended by the Bishops' Committee on Priestly Life and Formation. *The Continuing Formation of Priests: Growing in Wisdom, Age, and Grace*, N.C.C.B., 1984.

1. Definition

A sabbatical is an extended renewal period granted by the Bishop for the purpose of study and personal spiritual development. Its purpose is to promote personal renewal and foster ministerial effectiveness. A sabbatical is time invested to enhance ministry. Its ultimate purpose is to provide the individual priest with renewed motivation for serving the people of God. It is not ordinarily for an academic degree. A sabbatical should not be confused with any of the following which are governed by other diocesan regulations, such as:

- a. Sick leave-granted by the Bishop for reasons of health;
- b. Leave of absence-granted by the Bishop for personal reasons;
- c. Vacation-normal time allowed away from the parish/institution for rest, relaxation, and recreation;
- d. Retreat-time oriented exclusively toward spiritual renewal;
- e. Study leave-time away at the request of the Bishop to pursue professional studies or a degree program for the benefit of the Diocese.

2. Eligibility for Sabbaticals

An active priest of the diocese is eligible for a one month sabbatical after ten years of service. He is eligible for an additional month of sabbatical for every 5 years of service thereafter. For example, a priest with 15 years of service who has never taken a sabbatical would be eligible for two months. A priest with 20 years of service who has never taken a sabbatical would be eligible for three months. Up to three months can be taken consecutively. Separate arrangements are to be made with the Bishop by priests assigned outside the diocese. Requests will be handled on the basis of total years of service in the diocese. Application should be made at least six months in advance of the proposed sabbatical. Only full time, active priests are eligible for sabbaticals. Ordinarily, not more than one priest will be allowed on sabbatical leave at any one time. It is the prerogative of the Bishop also to recommend that a priest take a sabbatical.

3. Type of Program

Each applicant should design a program that will assist him in his personal renewal and/or foster his ministerial effectiveness. Pilgrimages may be part of a sabbatical.

4. Application Procedures

Application should be made to the ongoing Formation for Clergy Director. After appropriate conversation with the advisory committee he will either approve or work with the priest to

Sabbatical Expense Worksheet

The overall expense of the sabbatical is estimated to be (please provide itemized expenses on separate page):

Program fees, tuition, etc.	\$ _____
Travel expenses (including to and from the program)	\$ _____
Room and board	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____
 Total	 \$ _____

According to the sabbatical guidelines, the above expenses are shared as follows:

Individual Priest (33%)	Diocese (67% up to \$4,000 per month)
\$ _____	\$ _____

Other expenses paid:

Diocese paid:	
Weekend Sacramental coverage (\$100/Mass)	\$ _____
Funeral coverage	
Parish Paid:	
Priest salary	\$ _____
Priest benefits (estimated at 100% of salary)	\$ _____
Weekday Sacramental coverage	\$ _____

Submitted by: _____ Date: _____

Approved by: _____ Date: _____

Worksheet to be attached to Proposal given to the On Going Formation for Clergy Director

Sabbatical Agreement

Fr. _____ has requested and been granted a sabbatical from _____, 20__ to _____ 20__, after which he will return to ministry in the Diocese of Saginaw. The sabbatical program that he has designed and which was approved is as follows (attach detailed information if available):

The overall expense of the sabbatical is estimated to be \$_____, with payment being made according to the attached worksheet. The priest will be responsible for the expenses of his transportation to and from the program, in addition to his 33% plus any amount over the Diocesan maximum.

While on sabbatical, the Priest can be reached at:

Name and Address of location: _____

Phone Number: _____ Email address: _____

Other arrangements agreed upon:

Priest's Signature

Date

On-going Formation Director's Signature

Date

Bishop's Signature

Date

Approved expense worksheet to be attached

IV SICK TIME AND DISABILITY

Sick Time and Disability

Effective July 1, 2015 each active priest in the Diocese of Saginaw, that meets the criteria, has both long and short term disability insurance coverage. Please see the documents titled “Michigan Catholic Conference Short Term Disability Plan for Diocesan Priests” and “Michigan Catholic Conference Long Term Disability Plan for Diocesan Priests” for the specific details of this coverage. Both of these documents can be found on the Michigan Catholic Conference web site (micatholic.org).

This explanation is meant to outline the time line of compensation. The first two weeks of a priest’s time off due to illness or disability are covered by the parish at 100% of compensation as part of sick time. Please see the Diocesan Employee Handbook for rules regarding this time off. If a priest will be out more than 2 weeks, they must contact the Vicar General. After two weeks, if determined disabled, a priest is eligible for short term disability payments of 60% of salary up to \$400 per week for 26 weeks. The parish will be responsible, during a priest’s short term disability, for the other 40% of the priest’s salary, and his other normal costs (housing, food, cell phone, etc). The parish is also responsible for paying for any Sacramental Ministers costs. If a priest is still disabled after the 26 week short term disability period, he would be eligible for long term disability up to \$2,000 per month. All short and long term claims must be made in writing to MCC following the procedures outlined in the manuals reference above. A copy of the claim paperwork must be sent to the Diocese as well. If a priest is incapacitated and cannot complete the paperwork required for short or long term insurance, please contact the Vicar General. The Bishop can complete and sign the necessary paperwork should the priest be unable to do so.

The Parish should continue to pay the priest 100% of salary until he begins receiving the short term disability income. Any amount overpaid to the priest should be withheld from his check once the priest or his representative is able to make a full accounting.

If a priest should be placed on long term disability, he would be responsible for his housing and other normal costs (food, cell phone, etc).

Health insurance for any priest placed on long term disability will be covered by the Diocese assuming the proper paperwork has been filed with both the Diocese and MCC.

Planning for Illness and Hospitalization

Each priest is expected to complete a ***Durable Power of Attorney for Healthcare***. This document appoints a proxy known as the patient advocate to make medical treatment decisions if the priest is unable to do so. This document contains the priest's wishes or advanced directives regarding end-of-life care. The patient advocate can only act when the priest is unable to participate in medical treatment decisions.

It is recommended that the patient advocate be a priest of the Diocese of Saginaw. The appointed patient advocate should accept and understand the wishes of the priest to carry out this important responsibility. An executed (dated, signed and witnessed by two individuals other than the patient advocate) ***Durable Power of Attorney for Healthcare*** should be maintained both by the named advocate and by the Bishop's Office.

If not prepared previously, a ***Durable Power of Attorney for Healthcare*** and a funeral plan must be completed by a priest at the time that he seeks Senior Priest status or in recognition of declining health. The ***Durable Power of Attorney for Healthcare*** terminates at the time of the priest's death.

Health Care Navigator

There is a second health care advocate that should be assigned; the healthcare navigator. The healthcare navigator described above is if the priest is not able to make healthcare decisions. The navigator would be used if the priest is able to make healthcare decisions but needs assistance making decisions or working through the red tape. This navigator should live relatively close and be able to help 24/7. They should have or know where the spare key is and understand they are to help the priest get the care and assistance he needs. Some understanding of the healthcare industry would be helpful.

The Role of a Patient Advocate or Health Navigator

A time of illness is a stressful time for patients, as well as for their families. The best-laid plans can go awry and the stress can impair judgment. To put it simply, you are not at your best when you are sick. Patients need someone who can look out for their best interests and help navigate the confusing healthcare system. In other words, they need a healthcare navigator.

What is a Health Navigator?

A health navigator is a “supporter, believer, sponsor, promoter, campaigner, backer, or spokesperson.” It is important to consider all of these aspects when choosing an advocate for yourself or someone in your family. An effective health navigator is someone you trust who is willing to act on your behalf, as well as someone who can work well with other members of your healthcare team like your doctors and nurses.

A health navigator may be a member of your family, such as a spouse, a child, another family member, or a close friend. Another type of health navigator is a professional advocate. Hospitals usually have professionals who play this role called Patient Representatives or Patient Advocates. Social workers, nurses and chaplains may also fill this role. These advocates can often be very helpful in cutting through red tape. It is helpful to find out if your hospital has professional advocates available, and how they may be able to help you. If not, you may contact [Values Based Patient Advocates](#) for advice where to turn for help in your situation and area.

Finding and Using a Friend in Your Time of Need – How Can a Health Navigator Help You?

Select a person with whom you can communicate well, and whom you trust. It's important to pick someone who is assertive and who also has good communication skills. Make sure that the person you select is willing and able to be the type of advocacy that you need. Decide where you want help and where you wish to go it alone.

For example, you may want help with the following:

- Clarifying your options for hospitals, doctors, diagnostic tests and procedures or treatment choices
- Getting information or asking specific questions about procedures
- Writing down information that you receive from your care providers, as well as any questions that you may have
- Assuring that your wishes will be carried out if you are temporarily incapacitated due to illness or a serious surgery

How Can a Health Navigator Help You Navigate the Health Care Labyrinth?

Here are some questions to ask your prospective advocate to determine if he or she is a good fit for your needs:

- Can the prospective health navigator help you make treatment decisions through additional research?
- Can the prospective health navigator help monitor any change in your condition through frequent home visits or even staying with you as a live-in caregiver for a while?
- Can the prospective health navigator pickup test results for you and ask clarifying questions on your behalf?
- Can the prospective health navigator help you to keep track of medications?

- Can you trust the prospective health navigator to let your physician and others caring for you to know and operate within your best interests?
- Do you share similar likes and tastes with your prospective health navigator? The more you like and trust each other, the more your mind will be at peace.
- If you trust your prospective health navigator, then you may wish to consider giving him or her the medical power of attorney on your behalf, especially if you have family strains or don't have anyone close enough you can trust with making medical decisions on your behalf should the need arise.
- If you choose to give your health navigator the medical power of attorney, does everyone else in your family know this important detail? Communicating this important detail will provide a consistent communication link for your caregivers and can help to minimize confusion and misunderstandings within your family.
- And lastly, now that you have carefully selected and trust your calm, reliable, wise patient health navigator, have you made sure your doctor(s) and nurses have your a navigator's phone number? And does your health navigator have the numbers for your providers, hospital and pharmacy, as well as anyone else you may want him or her to contact in the case of an emergency?
- Consider putting your navigator's number into your phone and important medical paperwork as [your ICE \(in case of emergency\) contact](#) for the benefit of emergency personnel.

Health Navigator

I, _____, hereby designate _____ as my Health Navigator (Patient Advocate).
Print Patient Name *Print Advocate Name*

I understand that this individual does not function as my durable power of attorney for medical care in the event that I am unable to make my own decisions.

I give this individual the authority to speak with my health care providers and to have knowledge of my medical condition(s).

Health Navigator Contact Information

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Relationship to Patient: _____

Signature of Patient

Date

Signature of Health Navigator (Patient Advocate)

Date

Advance Directive for Health Care

A document to help you choose your patient advocate
and express your health care wishes

Have a Say In Your Healthcare...

...When it Matters Most

Every day we plan for the smallest things—we plan what to wear, we plan what’s for dinner, we plan what TV show we want to watch at night. However, we often neglect to plan for the big things in life like our own healthcare.

To begin planning for our own healthcare, we must first *reflect* on what’s important to us: what are our most important values and beliefs? What past experiences have we had? Who do we want to help speak on our behalf? We must begin to plan in advance for what type of care we would want if we couldn’t speak for ourselves.

Once we have successfully done that, this Advance Directive for Health Care form will help you document those plans and share them with your family members, friends, loved ones, and health-care providers.

This form is a **legal document** that has several parts. The parts will let you:

PART 1: First, understand – Frequently Asked Questions (FAQs)

PART 2: Start By Having Conversations

PART 3: Choose a Patient Advocate

PART 4: Create Guidelines for your Health Care

PART 5: Organ Donation

PART 6: Create Guidelines for your Mental Health Care (*Optional to Complete*)

PART 7: Make it Legal

PART 8: Continue Planning for the Future

First, Understand Frequently Asked Questions (FAQs)

Here are some commonly asked questions and answers about Advance Directives:

What is an Advance Directive?

An Advance Directive is a form that is made in advance of a serious illness or accident that would keep you from being able to speak or make decisions for yourself. The Advance Directive lets you legally select someone to help make medical decisions in one of these situations and also lets you outline some of your choices and preferences for medical treatment. It is your legal right to complete an Advance Directive.

Who should complete an Advance Directive?

Everyone who is at least 18 years old or older and is of sound mind. Having an Advance Directive is a normal part of good healthcare and people who are healthy should especially have one.

Are Advance Directives just for people who are old or sick?

No. It is your legal right to have an Advance Directive. Having an Advance Directive is a normal part of good healthcare. Many healthcare providers ask every person that enters their office, hospital, or clinic if they have an Advance Directive.

When should I complete an Advance Directive?

You should complete an Advance Directive when you have reflected and feel confident about who your Patient Advocate is and what your values and beliefs are that will guide your medical care. It's best to do this before an emergency or serious illness happens, and it is good to start thinking about these topics as soon as you can.

Who should I give a copy of my Advance Directive to?

You should give a copy to your primary doctor, your Patient Advocate, and anyone else that you think should understand your preferences for health care. Even if you do not give a copy of your Advance Directive to all of your family members and loved ones, it is important to still communicate your plan with them so everyone understands what is important to you.

Does this Advance Directive expire?

No. There is no expiration date on this Advance Directive as long as it is your most current version.

Does the Advance Directive have any connection to my financial matters?

No. Although your Patient Advocate may also be called a "Durable Power of Attorney for Health Care" it is not the same as a "Durable Power of Attorney," which relates to decisions about your money and financial matters. This booklet does not address your finances or who will have the ability to make decisions related to your money.

Frequently Asked Questions (FAQs) continued

What is the difference between a “Durable Power of Attorney for Healthcare” and a “Patient Advocate?”

These two terms are used interchangeably. That is, by completing this Advance Directive and choosing a Patient Advocate, that person can also be considered your “Durable Power of Attorney for Healthcare”. The State of Michigan uses the term “Patient Advocate” to describe the role of a “Durable Power of Attorney for Healthcare”.

Do I need a lawyer to complete my Advance Directive?

No. Although some people select to complete their Advance Directive with a lawyer it is not necessary or even preferred. If possible, you should talk with your primary doctor, your Patient Advocate, and loved ones, though.

What if I change my mind after I have made my Advance Directive?

You can make a new Advance Directive at any time. Just like your thoughts, relationships and preferences change over time. It’s likely that your Advance Directive will change over time, too. If you make a new Advance Directive be sure to destroy any old versions and give the new form to anyone who would have the outdated version. Be sure to give the new one to your primary doctor, your Patient Advocate and whoever else is important to you.

How do you decide what type of medical care you would wish to receive or not receive?

- Reflect on your values and beliefs, your lifetime goals, current health status, and the past experiences you have had.
- Have conversations with your primary doctor, family members, loved ones, Patient Advocate, and faith leader.
- Think about what questions you may have and ask your doctors, faith leaders, and other professionals to help you to understand these questions.

What is the difference between an Advance Directive and a Living Will?

The Living Will is just one section of the Advance Directive. By completing this Advance Directive, PART 4 is considered your Living Will or “Guidelines for your Health Care”. The Living Will section helps to outline the type of medical care that you would wish to receive or not receive. It will help guide your doctors, nurses, and Patient Advocate make the best possible medical decisions for you if you were unable to communicate or make them for yourself.

Where can I get more information about Advance Directives?

Your primary doctor is a good person to ask for more information and guidance about Advance Directives.

Start by Having Conversations

As you read through this booklet, reflect on what is important to you. Thinking about your values, beliefs, and past experiences can then help to guide the types of medical care you may – or may not – like to receive in different situations. Talk about it with your family, friends and physician(s).

As you reflect, here are some questions you, your loved ones, and your physician may consider or discuss:

- How do you define important terms like “Quality of Life” or “Terminal Illness”?
- What do you know about your health status?
- Have you been diagnosed with any serious illnesses already? What may those illnesses look like in one year from now? Five years from now?
- What is most important in your life right now?
- What makes you feel most comfortable or at-ease? Are they people? Are they feelings?
- Have you or your loved ones had any past experiences with serious illness or death? If you were in that situation again, what would you be most hopeful of? Most fearful of?
- What do you most hope to avoid?
- In your opinion, what would a “good death” look like?

Answering questions like the ones above may help reveal what your most important values, beliefs, and understandings are, and help to guide what type of medical care you would – or wouldn’t – prefer to have.

Based upon your values, beliefs, and experiences, here are a few topics you may want to discuss with your faith or spiritual leader, physician, and Patient Advocate:

- Pain Management and Comfort
- Nutrition/Hydration
- Cardiopulmonary Resuscitation (CPR) Organ and Tissue Donation
- Mental Health

Choosing a Patient Advocate

Your Patient Advocate should be someone you trust. They should be someone who knows you, your values and your beliefs. He or she may have to make important health care and/or mental health decisions for you if you are not able to make them for yourself.

- Your Patient Advocate needs to be at least 18 years of age.
- He/she can be a family member, but does not need to be. It should be someone you trust to honor your wishes no matter how difficult the situation may be.
- Your Patient Advocate cannot be your physician, your medical or mental health professional, or any other professionals providing care to you.
- It is important to discuss your medical preferences with your Patient Advocate and your physician(s) so that they will know what you want.
- Your Patient Advocate cannot delegate his or her responsibility to someone else. But you can choose an “Alternate Patient Advocate” in case your first Patient Advocate is not able to fulfill his or her responsibilities.
- Your Patient Advocate and your Alternate Patient Advocate must be willing to accept the responsibility that comes with this role. The “Patient Advocate Acceptance Form” in this booklet needs to be signed by your Patient Advocate and the Alternate Patient Advocate.



Legal Document - Durable Power of Attorney for Health Care

Designation of Patient Advocate(s)

This form meets the legal requirements of the State of Michigan.

These instructions express my preferences about my medical care and/or mental health care if I am no longer able to make my own decisions as determined in writing by a treating physician and at least one other physician or licensed psychologist. (Michigan Compiled Laws "MCL" 700.5508). I want my family, caregivers, physicians, mental health professionals, and anyone else concerned with my health care needs to act in accordance with my wishes as stated in my Patient Advocate Designation Document and my Advance Directive.

By this instrument I intend to: (1) create a Durable Power of Attorney for Health Care under MCL Sections 700.5506-700-5512 of the Estates and Protected Individuals Code; (2) authorize my agent (patient advocate), at all times, to be able to request a copy of my medical records and obtain individually identifiable health information; and (3) authorize my agent to act as personal representative under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

My Patient Advocate or Successor Patient Advocate(s) may only act if I am unable to participate in making decisions regarding my medical or mental health treatment.

My Patient Advocate or Successor Patient Advocate(s) may delegate his/her responsibilities to the next successor Patient Advocate if he or she is unable to act, but cannot delegate his/her responsibilities to someone I have not designated.

(A) I, _____ (print your name) _____ appoint and designate the following person(s) as my Patient Advocate.

(B) Patient Advocate for Health Care:
Name _____
Address _____
Daytime phone #: _____ Cell phone #: _____

Alternate Patient Advocate(s)

I appoint the following person(s), in the order listed, as my Alternate Patient Advocate(s), if my Patient Advocate no longer accepts my appointment, is incapacitated, resigns, is removed, or is unavailable. My Alternate Patient Advocate is to have the same powers and rights as my Patient Advocate.

(C) First Alternate Patient Advocate
Name _____
Address _____
Daytime phone #: _____
Cell phone #: _____
(D) Second Alternate Patient Advocate
Name _____
Address _____
Daytime phone #: _____
Cell phone #: _____

Patient Initials: _____

Healthcare Associate PLEASE SCAN THIS PAGE

Guidelines for my Health Care

General Instructions

If I lose decision-making capacity, my Patient Advocate has the authority to consent or refuse the medical care (which could include but is not limited to testing, medication, surgery, procedure, hospitalization, and hospice care) prescribed by my physician consistent with law and regulation, including but not limited to the following:

- Interpret and communicate any instructions I have given in this document and in other discussions according to my previously stated wishes and values;
- Review and/or release my medical records, and personal files as needed for my medical care;
- If necessary for my medical care, arrange treatment, hospitalization, and my transfer in Michigan or any other state;
- Determine which health professionals and organizations may provide my medical treatment;
- Make choices about my mental health treatment, including the ability to consent to forced administration of medicines and inpatient hospitalization; or
- If I have included no specific instructions, act and make decisions that are in my best interest with considering my condition, treatment options, and stated values and beliefs.

Patient Initials: _____

Healthcare Associate PLEASE SCAN THIS PAGE

Specific Instructions

My Patient Advocate is to follow the specific instructions below, which may limit the authority described above in the General Instructions. I understand that I can choose one of the instructions regarding life-sustaining treatment listed below. If I choose one, I will sign my name below my choice. In all circumstances, I direct that all medically appropriate measures be taken to keep me comfortable and free from pain as much as possible.

Sign your name only once below one of the three following options.

- 1) I do not want my life to be prolonged if any of the following occur: (1) I have an incurable and irreversible condition that will result in my death within a relatively short time; (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness; and/or (3) the likely risks and burdens of treatment would outweigh the expected benefits.

My Patient Advocate has the authority to consent or request withdrawal of treatment. I understand that my decision may allow natural death to occur.

My signature: _____ Date: _____

- 2) I want my life to be prolonged as long as possible with all medically appropriate interventions.

My signature: _____ Date: _____

- 3) I want my Patient Advocate, my doctors and those providing care for me to make healthcare decisions in my best interests with consideration about my condition, treatment options, my stated values and beliefs, and potential use of time limited trial periods.

My Patient Advocate has the authority to consent or request withdrawal of treatment. I understand that my decision may allow natural death to occur.

My signature: _____ Date: _____

Other thoughts about my medical care: _____

Patient Initials: _____

Healthcare Associate PLEASE SCAN THIS PAGE

Spiritual and/or Religious Needs

If I am nearing my death (initial all that apply):

_____ I would like my pastor/spiritual leader to be notified of my medical condition.

_____ I would like a representative of my place of worship with me as I am nearing my death.

I am of the _____ faith, and am a member of the _____ congregation or worship group.

Phone Number (if known): _____

PART 5

Organ Donation

At the time of my death, I want my Patient Advocate to respect the following request [initial one of the following]:

_____ I wish to donate any organs or tissue if possible.
(initials)

_____ I wish to donate only the following organs or tissue [specify]:
(initials)

_____ I do not want to donate any organ or tissue.
(initials)

Patient Initials: _____

Healthcare Associate PLEASE SCAN THIS PAGE

Guidelines for My Mental Health Care

Following is a list of types of treatment. I can choose none, one or more. By writing YES next to a choice, I give my Patient Advocate power to consent to that type of treatment. By writing NO next to a choice, my Patient Advocate CANNOT consent to that treatment.

_____ Outpatient therapy. If I need outpatient therapy, I prefer it to be provided by _____.

_____ My admission as a formal voluntary patient to a hospital to receive inpatient mental health services. I have the right to give THREE days notice of my intent to leave the hospital. If I need to be hospitalized, I prefer the following hospital _____.

_____ My admission to a hospital to receive inpatient mental health services. If I need to be hospitalized, I prefer the following hospital _____.

_____ If I need to be hospitalized, I prefer _____ to take me to the hospital.

_____ Psychotropic medication (psychiatric medicine). I prefer to receive the following medication or medications: _____.

I PREFER NOT to receive the following:

_____ Medication treatments: _____

_____ Electro-convulsive therapy (ECT).

_____ Placement in a group residence.

_____ Seclusion and restraints.

Because: _____

What has worked in the past: _____

Additional wishes: _____



Revocation Options For Mental Health

(Initial one statement)

_____ I may change my mind at any time by communicating in any manner that this designation does not reflect my wishes.

_____ I give up my right to have a revocation effective immediately. If I revoke my designation, the revocation is effective 30 days from the date I communicate my intent to revoke. Even if I choose this option, I still have the right to give three days notice of my intent to leave a hospital if I am a formal voluntary patient.

Patient Initials: _____

Signatures for Legal Documentation

The witnesses must be present when you sign this document!

Ⓔ I, _____, being of sound mind and at least 18 years of age, have freely expressed these medical preferences and designated the above person(s) to serve as my Patient Advocate(s) when I am unable to participate in my medical and/or mental health decision-making.

(My signature)

(Date)

Witnesses' Declaration:

I declare that the person who signed this document is known to me either personally or by presentation of valid identification (such as driver's license, passport, or other government issued photo ID card), and that the person signed it in my presence. The person who signed appears to be of sound mind and under no duress, fraud or undue influence, and is at least 18 years old. I am not the designator/signer's spouse, parent, child, grandchild, sibling, presumptive heir, known beneficiary of his/her will, devisee, physician, or Patient Advocate, nor am I an employee of a life or health insurance provider, or an employee of a health facility treating the person designating/signing this form. I further declare that I am at least 18 years old.

Ⓕ _____ [Witness #1 Signature] _____ [Witness #2 Signature]

_____ [Print Name] _____ [Print Name]

_____ [Date] _____ [Date]

Patient Initials: _____

Healthcare Associate PLEASE SCAN THIS PAGE

Patient Advocate Acceptance Form

Ⓒ I, _____, have discussed with _____
(Print Patient Advocate's Name) (Print Name of Patient)

his/her wishes, and I understand and accept the following:

1. This designation as Patient Advocate does not become effective unless the Patient is unable to participate in medical and/or mental health treatment decisions as determined in writing by a treating physician and at least one other physician or licensed psychologist.
2. The Patient has indicated his/her wishes regarding my authority to make an anatomical donation.
3. A Patient Advocate may not exercise powers concerning the Patient's care, custody, medical or mental health treatment that the Patient, when able to participate in the decision, could not have exercised on his/her own behalf.
4. This Patient Advocate designation cannot be used to make a treatment decision to withhold or withdraw treatment from a patient who is pregnant and that would result in the patient's death.
5. A Patient Advocate may make a decision to withhold (not to start) or withdraw treatment that would allow a Patient to die only if the Patient has expressed in a clear and convincing manner that the Patient Advocate is authorized to make such a decision, and that the Patient acknowledges that such a decision could or would allow the Patient's death.
6. A Patient Advocate shall not receive compensation for the performance of his/her authority, rights and responsibilities, but a Patient Advocate may be reimbursed for actual and necessary expenses incurred in the performance of his/her authority, rights, and responsibilities.
7. A Patient Advocate must act in accordance with the standards of care applicable to fiduciaries when acting for the Patient and must act consistent with the Patient's best interests. The known desires of the Patient expressed or evidenced while the Patient was able to participate in treatment decisions are presumed to be in the Patient's best interests.
8. A Patient may revoke his/her Patient Advocate designation at any time and in any manner sufficient to communicate intent to revoke. Mental health revocation can be waived for a 30 day period if that decision to waive that right is documented in this Advance Directive Document.
9. A Patient Advocate may revoke his/her acceptance of the designation at any time and in any manner sufficient to communicate an intent to revoke.
10. A Patient admitted to a health facility or agency has the rights enumerated in section 20201 of the public health code, 1978 PA 368, MCL 333.20201.

I accept the above responsibilities and my designation as Patient Advocate and agree to take reasonable steps to follow the desires and instructions of the Patient as indicated in this booklet, in other written instructions of the Patient, and as we have discussed verbally. If I am unavailable to act after reasonable effort to contact me, an alternate Patient Advocate, in the order determined by the Patient, shall act as a Patient Advocate until I become available.

Ⓗ _____ [Print Name of Patient Advocate] _____ [Signature of Patient Advocate] _____ [Date]

Ⓘ _____ [Print Name of 1st Alternate Patient Advocate] _____ [Signature of 1st Alternate Patient Advocate] _____ [Date]

Ⓝ _____ [Print Name of 2nd Alternate Patient Advocate] _____ [Signature of 2nd Alternate Patient Advocate] _____ [Date]

Patient Initials: _____

Healthcare Associate PLEASE SCAN THIS PAGE

Next Steps

Now that you have completed your Advance Directive for Health Care, you should also take the following steps:

Communicate Your Plan:

- ✓ Review and discuss your values, beliefs, and health care wishes with the person you have asked to be your Patient Advocate, First Alternate Patient Advocate, and Second Patient Advocate.
- ✓ Talk to the rest of your family members and loved ones who might be involved if you have a serious illness or injury.
- ✓ Communicate your plan with your doctor and make sure that he or she understands who your Patient Advocate would be.

Give Copies:

- ✓ Give your Patient Advocate (and Alternate(s)) a copy of your Advance Directive for Health Care.
- ✓ Give a copy of your Advance Directive to your Primary Care Physician; discuss it with them to ensure your wishes and thoughts are understood.
- ✓ When you go to the hospital or nursing home, ask that it be placed in your medical record.
- ✓ Make a copy for yourself.

Review Regularly

- ✓ Review your Advance Directive annually and keep your Patient Advocate included to any further discussions.

Plan it Forward. Tell others why you planned for your future health care affairs.

Patient Initials: _____

Healthcare Associate PLEASE SCAN THIS PAGE

Instructions for Completing PART 3 and PART 7 of this Advance Directive

Items (A)-(J) must be filled in before your Advance Directive can become legal. Please read each item's instruction carefully to make sure your Advance Directive can be a legal document in the State of Michigan.

- (A) Read the above text and print your name in the space provided (page 8).
- (B) Print the name, address, and phone numbers of the person you want to be your Patient Advocate in the space provided (page 8).
- (C) Print the name, address, and phone numbers of the person you want to be your Alternate Patient Advocate in the space provided (this person may also be referred to as your Successor or Back-up Patient Advocate) (page 8).
- (D) Print the name, address, and phone numbers of the person you want to be your Second Alternate Patient Advocate in the space provided (this person may also be referred to as your Second Successor or Second Back-up Patient Advocate) (page 8).
- (E) Print your name and sign your name to prove that you are making this Advance Directive being of sound mind and at least 18 years of age. This will be the same information as found in item A (page 13).
- (F) Have your two witnesses sign, print, and date their names on these two lines to prove that they are of sound mind, at least 18 years of age, and under no duress or undue influence. The witnesses will watch your Patient Advocate and (up to) two Alternate Patient Advocates sign the acceptance form on Page 14). The witnesses may not be: a family member, spouse, beneficiary to your will, an employee of the health system where you are receiving care, or the Patient Advocate themselves (page 13).
- (G) In the first space provided, print the Patient Advocate's name (found in item B); in the second space provided, print your name (also found in item A) (page 14).
- (H) Have the person you have selected as your Patient Advocate (as identified in item B) print, sign, and date their name (page 14).
- (I) Have the person you selected as your Alternate Patient Advocate (as identified in item C) print, sign, and date their name (page 14).
- (J) Have the person you selected as your Second Alternate Patient Advocate (as identified in item D) print, sign, and date their name (page 14).

Important Terms

Allow Natural Death (AND) – This is a choice you can make about how you'd like to spend your final days and hours. If you choose to Allow Natural Death, physicians and health care providers will attend to your spiritual, social, and physical needs by providing quality comfort care (excluding aggressive and invasive measures that do not provide comfort) and by encouraging the presence of family, friends, and loved ones.

Brain Death – The patient is pronounced dead when the doctor determines that all brain functions that maintain vital life organs have stopped.

Cardiopulmonary resuscitation (CPR) – An emergency procedure used to attempt to restore heartbeat when the heart and/or breathing has stopped. While this is important in an emergency, there are some situations that could make it ineffective or even undesirable. It is important that you discuss this with your doctor.

Code – An emergency response by a medical team to attempt to revive a patient whose heart or breathing has stopped.

Comfort Care – This is a means of minimizing pain and other symptoms. It includes support of family and loved ones as well as attention to your spiritual, social, emotional, and physical well-being. It usually excludes the aggressive and invasive measures that can cause a person more suffering without any real benefit.

Do Not Resuscitate (DNR) Order – Also known as “Do Not Attempt Resuscitation,” this is an order that must be written by a doctor. It means that CPR would not be attempted to restore respiration and heartbeat. It is important to discuss this with your doctor. Your doctor can tell you if CPR would or would not be of benefit to you.

Electro-convulsive therapy (ECT) – This treatment is often known as electro shock therapy. It is most often used for the treatment of major depression when other treatments have not worked. Electrodes are placed on the patient's head to deliver electrical stimulus to the brain.

Hospice Care – Care that addresses the physical, emotional, educational, social, and spiritual needs of terminally ill patients, their caregivers, and families. It provides a compassionate approach to healthcare when curative measures are no longer an option. Hospice services can be provided by a team of professionals and volunteers in a private home, a nursing home, or a hospital.

Palliative Care – Specialized medical care for people with a serious illness. Palliative care is focused on providing people with relief from the symptoms, pain and stress of an illness with equal attention to emotional and spiritual well-being. Palliative care is delivered by a team of doctors, nurses and other specialists who work with a person's primary doctor to provide an extra layer of support. This type of care can be provided at the same time as treatment that is meant to cure a person.

Persistent Vegetative State (PVS) – a rare incurable condition in which the person is unable to speak, think, or move purposefully but breathing and heartbeat continue with periods of apparent wakefulness and sleep.

Terminal condition – a condition caused by an incurable illness or injury in which death may be expected within days or months. Life-sustaining procedures may sometimes be considered as only prolonging the dying process.

Wallet Cards

You should complete these wallet cards, cut them out and keep them in your wallet or purse. You may want to laminate them.

IN CASE OF EMERGENCY
My Patient Advocate Information:

[Print Name of Patient Advocate]

[Phone # of Patient Advocate]

[Other Phone # of Patient Advocate]
has been appointed by me
as my Patient Advocate.

[My Signature]

IN CASE OF EMERGENCY
My Patient Advocate Information:

[Print Name of Patient Advocate]

[Phone # of Patient Advocate]

[Other Phone # of Patient Advocate]
has been appointed by me
as my Patient Advocate.

[My Signature]

Priority Contact list

Priority Contact Names and Numbers

Priest Name:

Date:

In case of serious illness or death, please contact the following people on my behalf:

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

I would also like the following organizations to be contacted in which I have been chaplain or a member:

Organization _____ Tel: _____

Address: _____

Organization _____ Tel: _____

Address: _____

V OTHER

Personal Credit Card Use

Invoices in the parish name and address must be paid by the parish directly to the vendor. If completed electronically, they must be paid via ACH using the parish bank account or by the parish credit card. Items for a priest's personal use may be paid by his personal credit card and reimbursed by the parish. For invoices paid using a parish credit card, any benefits or savings earned are to be used by the parish.

Alcohol Reimbursement

Limited amounts of alcohol can be purchased using the household allowance for times when parish guests or other priests are present. An example of parish guests would be a gathering of staff, councils or donors. Alcohol for any other use is at the personal expense of the priest.

Moving Expenses

The expense for an active priest to move will be paid, up to \$500, by the parish which the priest is leaving. This is an expense reimbursement and requires receipts to be given to the parish for the expenses incurred. Expenses can include the rental of a trailer or U-Haul, gas, a moving company fee, food for those assisting, etc. This reimbursement also applies to an active priest that is retiring and is moving from his parish to his retirement home.

Renters Insurance

Each active priest has insurance coverage for his personal belongings, if in a diocesan owned or leased building, should they be damaged or destroyed by fire, flood or other catastrophe. This coverage is provided as part of the Michigan Catholic Conference insurance plan and carries a deductible of \$500. If a priest's belongings are in a personally owned building (cottage, condo, etc), the MCC coverage is secondary. It is highly recommended that each priest complete a video inventory of all personal belongings annually. Any antiques or collectibles must be videoed and appraised to validate ownership and quality.

Personal Liability Insurance

Each priest has \$500,000 of personal liability insurance coverage through the Michigan Catholic Conference insurance plan. This insurance is meant to cover accidental injury or damages to another person or others property while the priest is not on duty. The most frequent claim is for dog bites. For more information about this coverage, please contact MCC. When the priest is on duty, the parish insurance covers any incidents.

Diocese of Saginaw

Social Media Guidelines

The Diocese of Saginaw (DOS) advocates using available communication methods in order to share the good news of Jesus Christ. Social media, which is electronic communication by which information, images, and ideas are shared, is the fastest growing form of messaging in the United States. Social media is transformational:

New technologies are not only changing the way we communicate, but communication itself, so much so that it could be said that we are living through a period of vast cultural transformation. This means of spreading information and knowledge is giving birth to a new way of learning and thinking, with unprecedented opportunities for establishing relationships and building fellowship.

I would like then to invite Christians, confidently and with an informed and responsible creativity, to join the network of relationships which the digital era has made possible. This is not simply to satisfy the desire to be present, but because this network is an integral part of human life. The web is contributing to the development of new and more complex intellectual and spiritual horizons, new forms of shared awareness. In this field too we are called to proclaim our faith that Christ is God. (Truth, Proclamation and Authenticity in the Digital Age-Message of Pope Benedict XVI for the 45th world Communications Day-June 5, 2011)

Social media presents the Diocese of Saginaw (DOS) with new opportunities to “go forth and make disciples of all nations.”^(Matthew 28:19) Electronic communications also create challenges, particularly with respect to message integrity, source or authorship authenticity, and protection of the vulnerable, including children and youth. This policy serves as your guide to share wisely while protecting the DOS and your own reputation.

What we write and share on social media channels can unite or divide. Therefore, we must be diligent when posting or sharing articles about the DOS and our Catholic faith. We are held to a higher standard by our friends and family. They assume we know more than others theologically and about the Diocese, our parishes, and our schools. Therefore, we need to be careful our messages aren’t misinterpreted. The purpose of this policy is to:

1. Clarify the responsibilities of those connected with the DOS who may post on social media in an unofficial capacity.
2. Help prevent disclosure of confidential information through the use of social media and to protect the privacy of others.
3. Explain that only official DOS spokespersons are authorized to speak on behalf of the Diocese in the media and on official DOS social media channels.
4. Enable the DOS to meet its legal obligations.

Social media Rules of Engagement for DOS Use

To be heard on the internet is not simple or easy. Competition for attention is fierce and success goes to those who plan carefully, think clearly, and work diligently. Absent this kind of commitment and execution, social media is likely to be unproductive or even counterproductive. Social media proposals should be carefully planned, vetted and approved prior to activation.

Therefore, no diocesan website or diocesan social media presence may be created or activated absent prior approval in writing by the communications office. No affiliate website or social media presence may be created or activated absent prior approval in writing by the pastor or pastoral administrator and, if involving a school, the principal.

Personal websites and personal social media presence may be created and activated without diocesan approval.

Clergy and employees shall not, in a personal website or personal social media presence, (i) disclose information in confidence by or a proprietary manner to the diocese, affiliates or the Catholic Church, (ii) use trademarks or logos of the diocese, affiliates or the Catholic Church, or (iii) disparage, slander or make false statements about or involving the diocese, affiliates or Catholic Church.

Social media Rules of Engagement for Personal Use

Be honest about who you are. When you talk about the DOS you should disclose that you work for us. You can do this by listing your employer in your profile or by mentioning it in a post you plan to share. This also means you should not comment anonymously. Feel free to share content from the official DOS website, the USCCB, the Michigan Catholic Conference, and the Vatican.

Remember to use good judgment. You are personally responsible for your words and actions both online and offline. This includes not using vulgar, offensive or racially charged language or attacks.

The USCCB and the government have strict guidelines surrounding political activity and lobbying for the Church and nonprofit organizations. However, the “political campaign intervention prohibition” does not apply to Church employees and leaders provided that you make it clear you are speaking for yourself and not for the Church and you do not use means of communication related to your position, such as a diocesan or parish website; church lectern; diocesan or parish stationary.

Think twice before posting or sharing. Think about what might happen if the information becomes public. Remember nothing on the web is really private and nothing can be deleted forever. Be aware of the effect your actions may have on your image, as well as the DOS image. Ensure that all content and links comply with the Children's Internet Protection Act which, among other things, prohibits content that is obscene, pornographic, or otherwise harmful to

minors. (<https://www.fcc.gov/consumers/guides/childrens-internet-protection-act>). When in doubt, don't post!

A picture is worth a thousand words – good and bad. Take care when posting photographs. If you are at an event and posting photos, think about how the photo will be interpreted by others. For example, if you are at a young adult event, where the ages of the participants are not clear, posting pictures of participants with alcohol could call the integrity of the event and participants into question. When in doubt, don't post! Parental permission is required before posting pictures of or including minors on social media. Common courtesy dictates that you should get permission before you refer to or post images of current or former employees, members, vendors or suppliers.

Social media should not interfere with your responsibilities at the parish or diocese. Parish and diocesan computer systems are to be used for parish/diocesan purposes. Employees must keep parish or diocesan social media accounts separate from personal accounts.

Clergy or employees should engage in interviews in a polite manner and only after seeking the advice of the diocesan communications office.

Protect confidential information. In our respective roles we often know about a parish or school issue before others. We may know of financial or background information that would be hurtful if shared. Confidential information should not be shared on or discussed using social media.

Adult Electronic Interaction with Minors

Electronic communication with minors must not be undertaken lightly. School, parish, and diocesan employees must consistently adhere to Catholic values and transparency with respect to such communications.

Many web tools commonly used for instruction and communication have social media components which allow for sharing, collaboration and commenting. Some of these sites can be set up for a particular group, thus limiting comments to recognized participants. Others are more public in nature, allowing interaction from a wider audience.

1. All internet communications with minors must be undertaken in conformity with:
 - The Charter for the Protection of Children and Young People (<http://usccb.org/issues-and-action/child-and-youth-protection/charter.cfm>)
 - The Children's Online Privacy Protection Act (<http://www.ftc.gov/ogc/coppa1.htm>)

2. You, as an adult, must not be in electronic communication with minors unless the parents/guardians have authorized the communication.

- Such authorizations can be accomplished, for example, at the beginning of a school year on forms presented to all parents as part of the enrollment process, or if need be on a case-by-case basis.

3. Your communication with any minor via the internet must be with due care. Due care refers to the level of judgment, care and prudence a person would reasonably be expected to use to avoid harm to the minor.

4. Schools must comply with the Children's Internet Protection Act (CIPA) (<https://www.fcc.gov/consumers/guides/childrens-internet-protection-act>) 47 U.S.C. §254(h)(5), which requires monitoring internet use by minors; the use of filters to restrict access to obscenity, child pornography or other material harmful to minors; and educating minors about appropriate online behavior, social networking safety and cyber bullying.

Adhering to the Church's Doctrines and Teachings and to Diocesan/Affiliate Policies and Guidelines

The content of electronic communications must not be at variance with the teachings of the Catholic Church. All communication by means of social media by diocesan, affiliate employees, or parish employees is a reflection on the diocese, parish, its affiliates, as well as on the Catholic Church generally. As a result, this communication must be representative of the policies and practices of the Diocese of Saginaw. The following rules have been adopted to support the foregoing policy:

1. Write in thoughtful language consistent with the message of the Diocese of Saginaw and the Catholic faith.
2. Do not use insults, slurs, or obscenities. Do not post anything that might be viewed as pornographic, proprietary, harassing, abusive, or creating a hostile work environment.
3. Do not disparage other individuals, other community groups, or other faiths.
4. Understand that electronic communications and social media activities are subject to other personnel policies, including non-discrimination/non-harassment and electronic communications policies.
5. Report Social media activities that potentially violate this policy.

Priests of the Diocese of Saginaw are not to promote content creators that are inconsistent with the Catholic Church teachings or fracture the community of the faithful through the spread of misinformation and rumors. Parish social media platforms must be monitored by the priest or their appointed delegate who has knowledge of the church and its teachings.

Crowd Funding Policy

Crowd Funding Defined

Generally, crowdfunding is the practice of funding a project or campaign by soliciting relatively small donations of money from a large number of people, typically via the Internet. Typically, a crowdfunding campaign uses a third-party crowdfunding or crowdsourcing vendor, portal or service provider such as Go Fund Me. Go Fund Me as well as similar funding mechanisms under alternative names are subject to this policy.

Policy

1. Use of crowdfunding to raise funds at the Diocese of Saginaw, its parishes or affiliates as described in this policy is prohibited.
2. The Diocese of Saginaw's name, branding and/or crest may not be used without prior written approval by the Bishop.
3. Diocesan or parish email lists may not be used without prior approval by the Bishop.
4. The Diocese or parishes cannot promote any crowdfunding campaign on third-party, public platforms by promoting an active crowdfunding campaign.

Purpose

The purpose of the Diocese of Saginaw Crowdfunding Policy ("the Policy") is to ensure that fundraising campaigns and projects undertaken by individuals or groups that claim to do so on behalf of the Diocese of Saginaw, its parishes and affiliated entities, receive the necessary approvals, proper supervision and are subject to all Diocesan rules, policies, accountability, compliance regulations and state and federal law. The Policy is aimed at protecting the use of the Diocese name, brand, and crest, and ensuring that all fundraising is consistent with the Church's interests and are appropriately designed and presented to the donor community.

Covered Parties

This Policy applies to:

1. All Diocesan and parish staff, administrators and other individuals who associate themselves with the Catholic Church in Saginaw.
2. Groups, clubs, or organizations formally affiliated with the Diocese of Saginaw or its parishes who claim to represent and/or be raising funds for the Diocese of Saginaw, its parishes or affiliated groups or organizations through use of a crowdfunding project or campaign.
3. The Policy applies to all such parties when they utilize the any crowdfunding platform vendor, site, portal, or service provider.

Effect of Policy Violation

Violation of this Policy may be found to be misleading to organizations and individuals who sponsor, support or fund crowdfunding projects or campaigns. A violation may be considered in a determination whether a group or entity can continue in its affiliation. An employer may consider violation of this Policy in disciplinary actions.

VI RETIREMENT

AETNA MEDICARE ADVANTAGE – RETIRED CLERGY PLAN

AETNA INSURANCE QUESTIONS:

Group #: 467298
General Customer Service 888.267.2637
Prescription questions 855.287.7406
Silver Sneakers 888.423.4632
Nurse Informed Health Line 800.556.1555
Resources for Living 866.370.4842
Provider precertification phone 800.624.0756
Life Station (fall alert program) 855-209-3791

MICHIGAN CATHOLIC CONFERENCE INSURANCE & PENSION QUESTIONS:

The MCC Benefits Team can answer general questions and assist with issues involving Aetna coverage.

Employee Benefits Department Insurance Questions
1-800-395-5565
Email: benefits@micatholic.org
Website: www.micatholic.org/retirees

Mary Beth Morgan, CEBS Insurance Questions
Employee Benefits Manager
Direct: 517-316-3561
Fax: 517-316-3661
mmorgan@micatholic.org

Brenda Kimmel Priest Retirement Questions
Direct: 517-316-3550
Fax: 517-316-3650

Chelsea Fabiano Priest Retirement Questions
Direct: 517-316-3555
Fax: 517-316-3655

DIOCESE OF SAGINAW CONTACTS:

Connie Huiskens Wojda Social Security Questions
Office of Human Resources **Medicare Questions**
Direct: 989-797-6687 **Insurance Questions**
chuiskens@dioceseofsaginaw.org

Fr. Pete Gaspeny Pension Questions
989-781-2457
peter@saginawhsp.org

PAYROLL INFORMATION:

State Street Retiree Services
MyPenPay Help Line: 866-471-0368
<https://micatholic.mypenpay.com>

Paycor
800-501-9462
www.paycor.com

Social Security

The Diocese requires all priests elect to be part of the Social Security System. Upon retirement, the retirement plan will only pay the cost of supplemental health insurance. Supplemental health insurance covers certain expenses that Medicare does not cover. At age 65, all eligible priests **must** apply for Medicare even if they plan to continue working.

Responsibility for Retirement

The priest is responsible for his own retirement planning. Canon §538.3 states that “When a pastor has completed seventy-five years of age, he is requested to submit his resignation from office to the diocesan bishop who is to decide to accept or defer it after he has considered all the circumstances of the person and place. Attentive to the norms established by the conference of bishops, the diocesan bishop must provide suitable support and housing for a retired priest.” In the Diocese of Saginaw, this responsibility is provided via the priest pension plan. The eligibility and benefits are outlined below:

Eligibility Rules:

- Priest who is ordained or incardinated in the Diocese of Saginaw and
- Reached normal retirement age (65 or 70) and
- Have completed ten or more years of Credited Service

Benefits Provided:

- Monthly income (currently full pension is \$1600 per month) Health Insurance (supplemental to Medicare)
- Medicare part B is no longer paid or reimbursed out of the pensions fund for priests under the age of 62 as of July 1, 2019 or born after 1957
- Dental Insurance
- Auto Insurance

This outline does not give full details of the plan, nor does it cover every part of the plan. The actual rules of the plan are stated in the formal document entitled “Diocese of Saginaw Priests’ Retirement Plan and Trust Agreement”.

There are usually four sources of income for a retired diocesan priest: pension, social security, personal savings (including 403(b) accounts), and sacramental ministry. The goal in retirement is to have sufficient cash flow for a desired lifestyle for the remainder of life, provide for emergencies, capital expenses (car, home, etc), and to provide for the final expenses of life. It is highly recommended that the priest take the steps necessary to create a financial plan for retirement as early as possible. When applying for retirement, the application process should begin at least 3 months prior to actually retirement. For more information, contact the chair of the Diocese of Saginaw Priests Retirement Board.

Will, Trust and Final Arrangements

It is imperative that all priests have made their final arrangements. This would include, at least, a will, written funeral wishes and a durable power of attorney for both medical and financial decisions. The Diocese is attempting to secure templates on the website that can be used.

Funeral Arrangements

Both the funeral vigil and the funeral Mass for a Diocesan priest are Diocesan liturgical celebrations. The Vicar for Priests is the primary coordinator of the priests' funeral. This includes communication with family members, the funeral home, and the parish in which the funeral liturgy will be celebrated. In addition, he will work with the Office of Liturgy for the Vigil and Funeral liturgies, with the Office of Communications in preparation of the obituary and media contact, with parishes either of assignment or home parishes, and other organizations. The family members of the priest should be notified of this Diocesan responsibility as part of the planning process. Pre-arranged funeral plans must be completed by any priest seeking Senior Priest status. All priests are strongly encouraged to have their pre-arranged funeral plans on file.

The Liturgy Office provides liturgy-planning forms for each priest to complete. On these forms, the priest can provide information for both the vigil and the funeral service liturgies. Information provided would include the parish of the funeral liturgy, pallbearers, a homilist and a presider if other than the Bishop of Saginaw as an example. The liturgy planning form has space to state whether the priest owns a burial plot, has a preference for a funeral home, or has particular requests regarding the vigil service or funeral liturgy. The liturgy planning form can be found on the Diocesan web site.

Each priest is encouraged to make prearrangements with a funeral home or the Diocesan Cemeteries to ease the many decisions for those facing bereavement. If he has decided to donate organs or has other provisions that need to be acted upon quickly, this arrangement should be shared in writing with close family members, the patient advocate, and the Vicar for Priests, who will try to carry out these wishes. For planning purposes, graves in the priests' section of the Diocesan cemeteries are donated by the Diocese of Saginaw. This donation includes the grave site, vault setting fee, opening and closing fee, marker setting fee and any administrative fees. In addition, the Diocese of Saginaw Catholic Cemeteries commits to provide markers, monuments, foundations and vaults at cost. If a priest decides to be buried in a cemetery other than one owned by the Diocese, all costs are his responsibility.

Cremation is an option for the priest. The Church strongly prefers that cremation take place after the full funeral liturgy with the body. The presence of the body most clearly brings to mind the life and death of the person and better expresses the values that the Church affirms in its rites. *"This is the body once washed in Baptism, anointed with the oil of salvation, and fed with the Bread of Life. This is the body whose hands clothed the poor and embraced the sorrowing...Thus, the Church's reverence and care for the body grows out of a reverence and concern for the person whom the Church now commends to the care of God...However, when circumstances prevent the presence of the body at the funeral liturgy...it is appropriate that the cremated remains of the body be present for the full course of the funeral rites, including the Vigil for the Deceased, the Funeral Liturgy, and the Rite of Committal. The funeral liturgy should always be celebrated in a church."* (Reflections on the Body, Cremation and Catholic Funeral Rites, Bishops' Committee on the Liturgy) Respectful and final disposition of cremated remains involves interment or entombment. Burial options include a family grave in a cemetery marked with a traditional memorial stone or an urn garden, a special section in a cemetery with small, pre-dug

graves for urns. There may be individuals or groups to be notified, such as relatives who live out of the area. Others to be notified of death could include the dioceses or religious institutes of previous membership, organizations in which the priest served as chaplain, and members of the priest's seminary class. Each priest is asked to prepare a list of individuals or organizations to be notified in case of death, with current contact information (telephone number, email address, address). There is a template notification form on the Diocesan web site that can be used for this purpose. The notification list should be periodically reviewed (at least every 5 years) for accuracy.

The pre-arranged funeral should include planning for the funeral vigil and liturgy, obtaining a cemetery plot, choosing a casket and vault, listing of those to notify upon death, and choosing a funeral home. The Diocese must have a copy of the documents created by any prepaid or pre-arranged funeral arrangements for your file.

Estimated Burial Costs:

Diocesan Responsibility:

- Plot if in Diocesan Cemetery
- Vault Setting Fee
- Opening and Closing Fee
- Marker Setting Fee
- Cemetery Administration Fee (if any)
- Vigil and Mass (worship aids, musicians, etc)

Priest's Estate Responsibility

- Casket
- Vault
- Marker
- Plot if not in Diocesan Cemetery
- Funeral Home Expenses
- Funeral Luncheon
- Obituary
- Thank You Cards and Mailing

As of November 2020, the estimated cost of the priest's estate responsibility is \$9,100 to \$13,500 depending on choices made. The priest should have made arrangements for this final expense.

The casket of a priest is typically simple, without costly ornamentation. Traditionally, priests are prepared for burial fully vested. If you have a particular vestment you would like to wear, please make sure it is clearly noted in your planning document. Nothing is added to the coffin except a Christian symbol. All diocesan brother priests are notified of the death of a priest. They may concelebrate in the Funeral Mass, as an expression of union within the presbyterate. By tradition, the priests and seminarians are pallbearers of the casket. Brother priests are encouraged to accompany the hearse to the gravesite, and to attend the burial of a priest.

All priests are asked to keep an updated inventory of personal assets. A copy of the personal asset inventory should be kept at the Diocese and a copy should be kept with the Will or with the named

executor. If the priest is active or living in a parish rectory, any assets not identified as personal will be assumed to be owned by the parish. This inventory should be reviewed and updated at least annually.

The priest should maintain personal paperwork and computer files separate from the parish files. The location of those files should be identified as part of the planning process and given to both the Diocese and personal executor

Upon a priest's death, the Regional Vicar and the Vicar for Priests will secure the priests personal assets and residence. They will notify the executor named in the ***Last Will and Testament***. If no Will is on file at the Diocese, they will go through files and paperwork in the priest's home until one is found or it is determined there is no ***Last Will and Testament***.

Sample Checklist

Checklist of Required Documents

Recommended to seek legal counsel for the following documents:

___ **Durable Power of Attorney for Healthcare**

___ **General Durable Power of Attorney**

___ **Last Will and Testament and other estate planning documents**

Provided in folder:

___ **Order of Christian Funeral Liturgy Planning Sheet**

___ **Priority Contact Names and Numbers**

Sample Liturgy Planning Form

**Order of Christian Funerals
Liturgy Planning Sheet
Clergy of the Catholic Diocese of Saginaw**

Name: _____ Date: _____

Preferred Funeral Home & Location: _____

I have _____ / have not _____ made prearrangements with this funeral home.

Funeral Home Instructions: _____

Vigil for the Deceased

Location _____

Presider _____

Homilist _____

Reader(s) _____

Musician(s) _____

Reading(s) _____

Cantor _____

Gospel _____

Gathering Song _____

Reflection
(Family) _____

Psalm _____

Closing Song _____

Funeral Mass

Location _____

Presider _____

Musician(s) _____

Acolytes (1) _____

Psalmist _____

(2) _____

Concelebrants: _____

Reader(s) _____

Funeral Pall _____

Symbol _____

Gift Bearers (2) _____

Pallbearers _____

Intercessions _____

Cantor _____

Readings and Music
(Funeral Mass, continued)

Reading (s) _____ Gathering Song _____

Gospel _____ Psalm _____

Intercessions _____ Communion Song _____
_____ Song of Farewell _____
_____ Recessional Song _____

Musical Suggestions:

Rite of Committal

Presider _____ Song(s) _____

Special Instructions: _____

Additional Information:

1. Would you prefer your family (and/or friends) to gather for the recitation of the Rosary? Yes ___ No ___

2. Would you prefer an additional liturgy (e.g. Transfer of the Body to the Church) at a place other than the location of the Funeral Mass? Yes ___ No ___

[If so, where?] _____

3. What vesture (e.g. alb, chasuble and stole) have you selected for your burial? _____

[If so, who is to be contacted to locate them? _____

4. Funeral Luncheon: Yes ___ No ___

[If so, have arrangements been made with the parish to provide this luncheon? Yes ___ No ___]

Contact person and phone number _____

5. Other ...

Sample Obituary Form

SAMPLE BIOGRAPHICAL RECORD + PRIEST OF THE CATHOLIC DIOCESE OF SAGINAW

It is the current practice of the Office of Communications, working with the Vicar for Priests to compose obituaries. Many of you have previously completed a form similar to this. We will be updating your records while collecting additional information not previously gathered. Thank you!

PERSONAL			
Name:			
Date of Birth:			
Place of Birth:			
Parents Names:			
Current Assignment:			
Contact name, phone and e-mail to verify obituary information			
Date of Last Photo:		Profile Updated:	

EDUCATION INFORMATION		
Elementary School & Location :		
Secondary School & Location :		
Specify College(s) Degree(s):		
Specify Seminary/ Seminaries Degree(s) :		
Specify Graduate Study and Degree(s):		

ORDINATION INFORMATION			
Date:		Location:	
Ordained for: (Diocese)			
Ordained by:			

Financial and Estate Planning

All priests are asked to keep executed and current estate planning documents on file in the Bishop's Office. The estate planning documents include the ***Last Will and Testament*** and a ***General Durable Power of Attorney***. It is recommended that the executor of the ***Last Will and Testament*** be a priest, who will assure the financial settlement of the Will. Each priest may wish to consider a trust also. Generally, a trust results in a more efficient disposition of the priest's estate. The ***General Durable Power of Attorney*** selects a proxy decision-maker to make financial decisions on the priest's behalf at a time of serious illness or incapacity. This proxy is typically a priest; the proxy decision maker and the patient advocate named in the ***Durable Power of Attorney for Healthcare*** can be different people. The ***General Durable Power of Attorney*** terminates at the time of the priest's death. At death, the executor of the estate assumes all responsibility.

All priests are asked to keep an updated inventory of personal assets. A copy of the personal asset inventory should be kept at the Diocese and a copy should be kept with the Will or with the named executor. If the priest is active or living in a parish rectory, any assets not identified as personal will be assumed to be owned by the parish. This inventory should be reviewed and updated at least annually.

The priest should maintain personal paperwork and computer files separate from the parish files. The location of those files should be identified as part of the planning process and given to both the Diocese and personal executor

Upon a priest's death, the Regional Vicar and the Vicar for Priests will secure the priest's personal assets and residence. They will notify the executor named in the ***Last Will and Testament***. If no Will is on file at the Diocese, they will go through files and paperwork in the priest's home until one is found or it is determined there is not a ***Last Will and Testament***.

Retired Priest Continuing Education Allowance

Grants are available to assist priests retired from full time ministry with retreats and continuing education. If there are other special needs, please contact the Vicar for Clergy.

SAMPLE FORMS

Sabbatical Expense Worksheet

The overall expense of the sabbatical is estimated to be (please provide itemized expenses on separate page):

Program fees, tuition, etc.	\$ _____
Travel expenses (including to and from the program)	\$ _____
Room and board	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____
 Total	 \$ _____

According to the sabbatical guidelines, the above expenses are shared as follows:

Individual Priest (33%)	Diocese (67% up to \$4,000 per month)
\$ _____	\$ _____

Other expenses paid:

Diocese paid:	
Weekend Sacramental coverage (\$100/Mass)	\$ _____
Funeral coverage	
Parish Paid:	
Priest salary	\$ _____
Priest benefits (estimated at 100% of salary)	\$ _____
Weekday Sacramental coverage	\$ _____

Submitted by: _____ Date: _____

Approved by: _____ Date: _____

Worksheet to be attached to Proposal given to the On Going Formation for Clergy Director

Sabbatical Agreement

Fr. _____ has requested and been granted a sabbatical from _____, 20__ to _____ 20__, after which he will return to ministry in the Diocese of Saginaw. The sabbatical program that he has designed and which was approved is as follows (attach detailed information if available):

The overall expense of the sabbatical is estimated to be \$_____, with payment being made according to the attached worksheet. The priest will be responsible for the expenses of his transportation to and from the program, in addition to his 33% plus any amount over the Diocesan maximum.

While on sabbatical, the Priest can be reached at:

Name and Address of location: _____

Phone Number: _____ Email address: _____

Other arrangements agreed upon:

Priest's Signature

Date

On-going Formation Director's Signature

Date

Bishop's Signature

Date

Approved expense worksheet to be attached

**Priest / Pastoral Administrator Diocese of Saginaw
Mileage Reimbursement Form
Page 1 of 2**

Revised 08/2018

Name: _____

Mileage Reimbursement Details

Date	(A) Beginning Mileage	(B) Ending Mileage	(C=B-A) Total Miles	(D) Personal Miles	(C-D) Reimbursable Business Miles
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Employee Signature

Date Submitted: ____ / ____ / ____

**Total Reimbursable
Business Miles**
X Current Mileage Rate
**Total Reimbursable
Expense Amount \$\$**

**Priest / Pastoral Administrator Diocese of Saginaw
 Mileage Reimbursement Form
 Page 2 of 2**

Revised 08/2018

Name: _____

Mileage Reimbursement Descriptions

****Confidential: FILE Accordingly**

Date	Destination (From / To)	Purpose
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Employee Signature _____

Date Submitted: ____ / ____ / ____

Sample Checklist

Checklist of Required Documents

Recommended to seek legal counsel for the following documents:

___ **Durable Power of Attorney for Healthcare**

___ **General Durable Power of Attorney**

___ **Last Will and Testament and other estate planning documents**

Provided in folder:

___ **Order of Christian Funeral Liturgy Planning Sheet**

___ **Priority Contact Names and Numbers**

Sample Liturgy Planning Form

**Order of Christian Funerals
Liturgy Planning Sheet
Clergy of the Catholic Diocese of Saginaw**

Name: _____ Date: _____

Preferred Funeral Home & Location: _____

I have _____ / have not _____ made prearrangements with this funeral home.

Funeral Home Instructions: _____

Vigil for the Deceased

Location _____

Presider _____

Homilist _____

Reader(s) _____

Musician(s) _____

Reading(s) _____

Cantor _____

Gospel _____

Gathering Song _____

Reflection
(Family) _____

Psalm _____

Closing Song _____

Funeral Mass

Location _____

Presider _____

Musician(s) _____

Acolytes (1) _____

Psalmist _____

(2) _____

Concelebrants: _____

Reader(s) _____

Funeral Pall _____

Symbol _____

Gift Bearers (2) _____

Pallbearers _____

Intercessions _____

Cantor _____

Readings and Music
(Funeral Mass, continued)

Reading (s) _____ _____	Gathering Song _____
Gospel _____	Psalm _____
Intercessions _____ _____	Communion Song _____
_____	Song of Farewell _____
	Recessional Song _____

Musical Suggestions: _____

Rite of Committal

Presider _____ Song(s) _____

Special Instructions: _____

Additional Information:

1. *Would you prefer your family (and/or friends) to gather for the recitation of the Rosary?* Yes ___ No ___

2. *Would you prefer an additional liturgy (e.g. Transfer of the Body to the Church) at a place other than the location of the Funeral Mass?* Yes ___ No ___

[If so, where?] _____

3. *What vesture (e.g. alb, chasuble and stole) have you selected for your burial?* _____

[If so, who is to be contacted to locate them?] _____

4. *Funeral Luncheon:* Yes ___ No ___

[If so, have arrangements been made with the parish to provide this luncheon? Yes ___ No ___]

Contact person and phone number _____

5. *Other ...*

Sample Obituary Form

SAMPLE

BIOGRAPHICAL RECORD + PRIEST OF THE CATHOLIC DIOCESE OF SAGINAW

It is the current practice of the Office of Communications, working with the Vicar for Priests to compose obituaries. Many of you have previously completed a form similar to this. We will be updating your records while collecting additional information not previously gathered. Thank you!

PERSONAL		
Name:		
Date of Birth:		
Place of Birth:		
Parents Names:		
Current Assignment:		
Contact name, phone and e-mail to verify obituary information		
Date of Last Photo:		Profile Updated:

EDUCATION INFORMATION		
Elementary School & Location :		
Secondary School & Location :		
Specify College(s) Degree(s):		
Specify Seminary/ Seminaries Degree(s) :		
Specify Graduate Study and Degree(s):		

ORDINATION INFORMATION		
Date:		Location:
Ordained for: (Diocese)		
Ordained by:		

Health Navigator

Health Navigator

I, _____, hereby designate _____ as my Health Navigator (Patient Advocate).
Print Patient Name *Print Advocate Name*

I understand that this individual does not function as my durable power of attorney for medical care in the event that I am unable to make my own decisions.

I give this individual the authority to speak with my health care providers and to have knowledge of my medical condition(s).

Health Navigator Contact Information

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Relationship to Patient: _____

Signature of Patient

Date

Signature of Health Navigator (Patient Advocate)

Date

Priority Contact list

Priority Contact Names and Numbers

Priest Name:

Date:

In case of serious illness or death, please contact the following people on my behalf:

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

Name _____ Tel: _____

Address: _____

I would also like the following organizations to be contacted in which I have been chaplain or a member:

Organization _____ Tel: _____

Address: _____

Organization _____ Tel: _____

Address: _____

ANNEX

**MICHIGAN CATHOLIC CONFERENCE CLERGY SUPPLEMENTAL BENEFITS
REIMBURSEMENT PLAN**

The Clergy Supplemental Health Plan offered prior to January 2021 terminates as of December 31, 2020. The benefits provided in this plan have been combined with the BCBSM PPO1 plan to create BCBSM PPO1 Diocesan Clergy Plan effective January 1, 2021. Any claims incurred under the Clergy Supplemental Health Plan prior to 01/01/2021 should be submitted to MCC for processing.



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Michigan Catholic Conference

Group Number: 71755 Package Code(s): 080

Section Code(s): 1000

PPO - PPO1 - Clergy, Rx1, Hearing, Vision (Exam only)

Effective Date: 01/01/2021

Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

Note: A list of services that require approval **before** they are provided is available online at (<https://www.bcbsm.com/importantinfo>). Select **Approving covered Services**.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)		
Benefits	In-Network	Out-of-Network
Deductibles - per calendar year	\$250 per member \$500 per family	\$500 per member \$1,000 per family
Copays • Fixed Dollar Copays	\$25 copay for : • Office visits • Chiropractic spinal manipulations \$50 copay for : • Professional Urgent care services • Facility Urgent care services \$100 copay for : • Facility medical emergency	\$100 copay for : • Facility medical emergency
Coinsurance • Percent Coinsurance	20%	40% Note: Services without a network are covered at the in-network level.
Annual out-of-pocket maximums	\$1,250 per member \$2,500 per family Includes Deductible, Coinsurance and Copays	\$3,500 per member \$7,000 per family Includes Deductible and Coinsurance
Lifetime dollar maximum	Unlimited	

Preventive Care Services		
Benefits	In-Network	Out-of-Network
Health Maintenance Exam - one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered

Benefits	In-Network	Out-of-Network
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered
Mammography Screening - one per calendar year includes 3D Mammography	Covered - 100%	Covered - 60% after deductible
Contraceptive Methods and Counseling	Not Covered	Not Covered
Prostate Specific Antigen (PSA) screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams - one per calendar year	Covered - 100%	Covered - 60% after deductible
Well Child Care <ul style="list-style-type: none"> • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 100% after \$25 copay	Covered - 60% after deductible
Online Visits Note: Services are payable when rendered through Blue Cross Online Visits SM or BCBS providers	Covered - 100% after \$25 copay	Covered - 60% after deductible
Office Consultations	Covered - 100% after \$25 copay	Covered - 60% after deductible
Pre-Surgical Consultations	Covered - 100%	Covered - 60% after deductible

Emergency Medical Care

Benefits	In-Network	Out-of-Network
Hospital Emergency Room Qualified medical emergency	Covered - 100% after \$100 copay; copay waived if admitted or for an accidental injury	Covered - 100% after \$100 copay; copay waived if admitted or for an accidental injury
Non-Emergency use of the Emergency Room	Not Covered	Not Covered
Facility Urgent Care Services	Covered - 100% after \$50 copay	Covered - 60% after deductible
Physician Urgent Care Services	Covered - 100% after \$50 copay	Covered - 60% after deductible
Ambulance Services - Medically Necessary Transport	Covered - 80% after deductible	Covered - 80% after deductible

Diagnostic Services

Benefits	In-Network	Out-of-Network
MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered - 80% after deductible	Covered - 60% after deductible
Diagnostic Tests, X-rays, Laboratory & Pathology	Covered - 80% after deductible	Covered - 60% after deductible
Radiation Therapy and Chemotherapy	Covered - 80% after deductible	Covered - 60% after deductible

Maternity Services Provided by a Physician

Benefits	In-Network	Out-of-Network
Prenatal and Postnatal Care Visits	Covered - 100%	Covered - 60% after deductible
Delivery and Nursery Care	Covered - 80% after deductible	Covered - 60% after deductible

Hospital Care * You have Blue Distinction Specialty Care Benefits (BDSC), please refer to the BDSC page for specific cost share information

Benefits	In-Network	Out-of-Network
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered - 80% after deductible	Covered - 60% after deductible
Inpatient Medical Care	Covered - 80% after deductible	Covered - 60% after deductible

Alternatives to Hospital Care

Benefits	In-Network	Out-of-Network
Hospice Care	Covered - 100%	Covered - 100%
Home Health Care	Covered - 80% after deductible	Covered - 80% after deductible
Skilled Nursing Limited to a maximum of 120 days per calendar year	Covered - 80% after deductible	Covered - 80% after deductible

Surgical Services * You have Blue Distinction Specialty Care Benefits (BDSC), please refer to the BDSC page for specific cost share information

Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 80% after deductible	Covered - 60% after deductible
Sterilization excludes reversal sterilization	Not Covered	Not Covered

Human Organ Transplants

Benefits	In-Network	Out-of-Network
Specified Organ Transplants In designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 100%	Not covered except in designated facilities
Kidney, Cornea, Bone Marrow and Skin	Covered - 80% after deductible	Covered - 60% after deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-Network	Out-of-Network
Inpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 90%	Covered - 90%
Outpatient Mental Health Care and Substance Use Disorder Treatment • Online Mental Health Care	Covered - 90% Covered - 100% after \$25 copay	Covered - 90% Covered - 60% after deductible
Office Equivalent Mental Health and Substance Use Disorder Treatment	Covered - 100% after \$25 copay	Covered - 60% after deductible

Autism Spectrum Disorders, Diagnoses and Treatment - Up to and including age 18

Benefits	In-Network	Out-of-Network
Applied Behavioral Analysis (ABA) Pre-authorization required Note: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by an approved autism evaluation center (AAEC) prior to seeking ABA treatment.	Covered - 80% after deductible	Covered - 60% after deductible
Physical, Occupational and Speech Therapy Physical, Occupational and Speech therapy with an autism diagnosis is unlimited	Covered - 80% after deductible	Covered - 60% after deductible
Nutritional Counseling	Covered - 80% after deductible	Covered - 60% after deductible

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation	Covered - 80% after deductible	Covered - 60% after deductible
Chiropractic Spinal Manipulation Limited to a maximum of 24 visits per calendar year	Covered - 100% after \$25 copay	Covered - 60% after deductible
Durable Medical Equipment	Covered - 80% after deductible	Covered - 80% after deductible
Prosthetic and Orthotic Devices	Covered - 80% after deductible	Covered - 80% after deductible
Private Duty Nursing Care	Covered - 50%	Covered - 50% after deductible
Allergy Testing and Therapy	Covered - 100%	Covered - 60% after deductible

Therapy Services

Benefits	In-Network	Out-of-Network
Physical, Occupational and Speech Therapy	Covered - 80% after deductible	Covered - 60% after deductible

Blue Distinction Specialty Care

Blue Distinction Centers identifies facilities that demonstrate proven expertise in delivering safe, effective, high-quality care for select specialty procedures.

Blue Distinction Centers+ are Blue Distinction Centers that are also recognized for their expertise and cost-efficiency in delivering safe, effective, high-quality specialty care.

Specialty	BDC Plus Center	BDC Center	In-Network	Out-of-Network
Bariatric Surgery	Covered - 80% after deductible	Covered - 80% after deductible	Covered - 60% after deductible	Covered - 60% after deductible



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Michigan Catholic Conference

Group Number: 71755 Package Code(s): 080

Section Code(s): 1000

Hearing Care Coverage

Effective Date: 01/01/2018

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BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

Covered services

To be payable, hearing care benefits must be received from a participating provider and in the order listed.

Benefits	Participating Provider	Non-Participating Provider
Frequency Limitation	Once every 36 months	
Audiometric Exam	Covered - 100%	Not Covered
Hearing Aid Evaluation	Covered - 100%	Not Covered
Hearing Aid	Covered - 100%	Not Covered
Member may be responsible for the difference in cost between our approved amount and the charge of the hearing aid.		
Hearing Aid Conformity Test	Covered - 100%	Not Covered



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Michigan Catholic Conference
Group Number: 71755 Package Code(s): 080
Section Code(s): 1000
Prescription Drugs
Effective Date: 01/01/2021
Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

Your prescription drug copays, including mail order copays, may be subject to the same annual out-of-pocket maximum required under your medical coverage.

Member's responsibility (copays and coinsurance amounts)	
Benefits	Coverage
Out of Pocket Maximum	\$5,100 per individual \$10,700 per family
Retail - 30 day supply	\$7 copay - Generic drugs \$30 copay - Preferred brand drugs \$50 copay - Non-Preferred brand drugs Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Retail and Mail Order - 90 day supply	\$14 copay - Generic drugs \$60 copay - Preferred brand drugs \$100 copay - Non-Preferred brand drugs
Specialty Drugs – 30 day supply Exclusive Specialty Network: We only cover specialty drugs when obtained from our exclusive specialty pharmacy network. Covered drugs will be subject to the member's cost-share requirements. If a member obtains specialty drugs from any other provider, they may be responsible for the total cost.	Retail: \$7 copay - Generic drugs \$30 copay - Preferred brand drugs \$50 copay - Non-Preferred brand drugs Mail Order: \$14 copay - Generic drugs \$60 copay - Preferred brand drugs \$100 copay - Non-Preferred brand drugs Members are restricted to a 30 day supply at both retail and mail order and certain specialty drugs are limited to only a 15 day supply for each fill.
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%
Additional Services	
Oral and Injectable Contraceptives	Not Covered
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered

Benefits	Coverage
Impotency Drugs	Covered
Infertility Drugs	Not Covered
Diabetic Supplies	<p>Includes: Select Diabetes Glucose Monitor: \$30 copay</p> <p>Needles/Syringes - Covered at 100% if an injectable prescription drug was filled within the last 120 days under the BCBSM Rx benefit</p> <p>Retail Test Strips and Lancets: \$7 copay - Generic drugs \$30 copay - Preferred brand drugs \$50 copay - Non-Preferred brand drugs</p> <p>Mail Order Test Strips and Lancets: \$14 copay - Generic drugs \$60 copay - Preferred brand drugs \$100 copay - Non-Preferred brand drugs</p>



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Michigan Catholic Conference

Group Number: 71755 Package Code(s): 080

Section Code(s): 1000

Vision Coverage - Blue Signature VSP Exam Only

Effective Date: 01/01/2021

Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Value added discounts

Laser VisionCareSM – VSP has contracted with many of the nation's finest laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers. Visit VSP's Web site at **vsp.com** to learn more about this exciting program.

Prescription glasses – Your plan provides unlimited use of the 20 percent discount on glasses as long as an eye exam has been performed in the last 12 months.

Contact lenses – VSP also offers valuable savings on annual supplies of certain brands of contacts. Visit **vsp.com** or ask your doctor for details.

Locating your VSP network doctor

When you obtain services from a VSP network doctor, you get the most value from your VSP benefit. VSP offers two convenient ways to locate a VSP doctor near your home or office, or to verify your doctor is a VSP network doctor:

- Visit the VSP Web site at **vsp.com**
- Call VSP Member Services at **1-800-877-7195**

Member's responsibility (copayments)

Benefits	VSP Network Doctor	Non-VSP Provider
Eye Exam	\$25 copay	Reimbursement up to \$35 less \$25 copay
Lenses and/or frames	Not applicable	Not applicable

Eye exams

Benefits	VSP Network Doctor	Non-VSP Provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	Covered - \$25 copay	Covered - reimbursement up to \$35 less \$25 copay
	Once every 12 months	

Lenses and frames

Benefits	VSP Network Doctor	Non-VSP Provider
Standard lenses	Not covered Note: If you choose to purchase standard lenses, your plan provides a 20 percent discount off the VSP doctor's fees for prescription lenses (when a complete pair of glasses is purchased). To receive the discount, lenses must be purchased within 12 months of a covered eye exam, and only through the VSP doctor who performed the exam.	Not Covered
Standard frames	Not Covered Note: If you choose to purchase standard frames, your plan provides a 20 percent discount off the VSP doctor's fees for prescription lenses (when a complete pair of glasses is purchased).	Not Covered

Contact Lens Evaluation and Fitting

Benefits	VSP Network Doctor	Non-VSP Provider
Contact lenses: <ul style="list-style-type: none"> • Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary) • Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary) 	Not Covered Note: If you choose to purchase contact lenses, whether medically necessary or elective, your plan provides a 15 percent discount off the cost of your contact lens exam (discount does not apply to eyewear). Your contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts.	Not Covered

Short Term Disability Plan

MICHIGAN CATHOLIC CONFERENCE
SHORT TERM DISABILITY PLAN FOR DIOCESAN PRIESTS

Effective: JULY 1, 2014

MICHIGAN CATHOLIC CONFERENCE
SHORT TERM DISABILITY PLAN

Michigan Catholic Conference (Plan Sponsor) has adopted this restatement of the Michigan Catholic Conference Term Disability Plan (Plan) effective July 1, 2014, for the benefit of its Eligible Employees as shall be or become eligible to participate in the Plan.

RECITALS

The purpose of this Plan is to provide Participants with continuation of salary in the event that they become Disabled.

This Plan is intended to satisfy the requirements of an accident or health plan under Code Sections 104, 105 and 106.

The Plan shall be interpreted and construed in accordance with Code Sections 104, 105 and 106 and the authority promulgated thereunder.

DEFINITIONS

Definitions. As used in this Agreement, the following terms shall have the following meanings.

Administrator shall mean the person or entity designated by the Employer pursuant to Section 6.1 to administer the Plan on behalf of the Employer.

Adopting Employer shall mean a legal entity that is a member in good standing of the Michigan Catholic Conference that has signed an Adoption Agreement for this Plan.

Claimant shall mean the Participant making a claim for benefits or the Participant's authorized representative.

Code shall mean the Internal Revenue Code of 1986, as amended.

Compensation shall mean compensation reported on the Eligible Employee's W-2, box 1. Compensation does not include any elective deferrals made by the Eligible Employee, including those made under Code Sections 125(a), 132(f)(4), 402(e)(3), 402(h)(1)(B), 402(k) or 457(b).

Disability or Disabled shall mean a Participant that because of a medically determinable physical or mental disease, injury or other condition is unable to perform all of the substantial and material duties of his employment after taking into account any reasonable accommodation. For purposes of clarification, the ability of a Participant to celebrate mass shall not, in and of itself, prevent a Participant from being treated as or continuing to be treated as Disabled.

The determination of Disability shall be based on the written opinion of the physician regularly attending the Participant whose Disability is in question. If the Administrator disagrees with the opinion of this physician, it may engage, at its own expense, another physician to examine the

Participant. If these two physicians agree in writing that the Participant is Disabled, their opinion shall be conclusive. If these two physicians disagree on the Disability of the Participant, they shall choose a third physician, whose expenses shall be borne equally by the Administrator and Participant, and the written opinion of the majority of these physicians shall be conclusive as to the Participant's disability.

If there is a conclusive finding that the Participant is not Disabled, the Participant shall have the right to request additional Disability determinations provided the Participant agrees to pay all the expenses of the Disability determination and does not request an additional Disability determination more frequently than once every 28 days.

If there is a conclusive finding that the Participant is Disabled, the Administrator shall have the right to request additional Disability determinations. The Administrator may not request additional Disability determinations more frequently than once every 28 days and shall bear the expense of any additional Disability determinations.

In conjunction with any Disability determination, the Participant consents to any required medical examination, and agrees to furnish any medical information requested by any examining physician and to waive any applicable physician patient privilege that may arise because of such examination.

All physicians, except for the Participant's physician, must be board certified in the specialty most closely related to the nature of the Disability alleged to exist.

Disability Elimination Period shall mean a period of five consecutive calendar days during which the Participant is free from any Disability.

Effective Date of this Plan is July 1, 2014.

Eligible Employee shall mean any Diocesan Priest employed by the Employer or an Adopting Employer who is an individual for whom the Employer is able to obtain or would be able to obtain, if it chose to do so, disability insurance to cover the amount of the maximum benefit provided under this Plan from a licensed insurance company who is in the business of providing disability insurance.

Employer shall mean Michigan Catholic Conference and any successor which shall maintain this Plan.

Entry Date shall mean the date on which such Eligible Employee satisfies the eligibility requirements of Section 2.

Participant shall mean an Eligible Employee who has satisfied the eligibility requirements of Section 2 and entered the Plan.

Plan shall mean the short term disability, salary continuation plan established and continued by the Employer in the form of this document, including all amendments, designated as Michigan Catholic Conference Short Term Disability Plan.

Plan Sponsor shall mean Michigan Catholic Conference and any successor that shall maintain this Plan.

Plan Year shall mean the 12 consecutive month period ending each December 31, constituting the fiscal year of the Plan. The Plan Year shall also be the period utilized by the Plan for purposes of filing its Federal Information Returns and for purposes of measuring benefits and contributions.

Qualifying Disability Period shall mean a period of 14 consecutive calendar days during which the Participant continuously suffers from a Disability.

Interpretation. Except as otherwise expressly provided, the following rules of interpretation shall apply to this Plan.

The singular includes the plural and the plural includes the singular except when the context otherwise requires.

The masculine, feminine or neuter gender shall also mean all or any of the other genders except when the context otherwise requires.

Capitalized words and phrases used in this Plan shall have the meaning given to them in Section 1, unless the language or context clearly indicates that a different meaning is intended.

The section headings contained in this Plan are for reference purposes only and shall not in any way affect the meaning or interpretation of this Plan.

The recitals contained in this Plan are incorporated as material terms of this Plan.

A reference to a law includes any amendment or modification to such law and any rules or regulations issued thereunder.

ELIGIBILITY REQUIREMENTS

Initial Eligibility. Any Participant in the Plan as of the Effective Date shall remain eligible.

General Eligibility. An Eligible Employee who is not eligible to participate pursuant to Section 2.1, or any employee employed by the Employer or Adopting Employer after the Effective Date, shall become eligible to participate in the Plan upon becoming an Eligible Employee. An Eligible Employee who satisfies the eligibility requirements of this Section shall become a Participant on the Entry Date, provided the Eligible Employee is employed by the Employer or Adopting Employer on the Entry Date.

Employment Reclassification. If an employee's employment classification is changed, the reclassified Participant shall resume participation in the Plan immediately.

Participation Upon Reemployment. If an employee's employment with the Employer or Adopting Employer is terminated and the employee is rehired, a Participant whose employment terminates will re-enter the Plan as a Participant when the eligibility conditions of Section 2.2 are satisfied.

CONTRIBUTIONS

Employer Contributions. The Employer or Adopting Employer shall contribute amounts deemed necessary and desirable to meet its obligations under the Plan. Contributions to the Plan shall be made to, and all Plan assets shall be held in such accounts or funds as the Employer deems appropriate.

Funding Policy. All contributions under this Section will be applied as soon as administratively feasible to provide benefits under Section 4.

Unfunded Arrangement. All payments made under this Plan shall be payable directly to applicable Participants and solely out of the general assets of Employer. Employer may, but is not required to, establish a trust or fund for the payment of benefits under this Plan.

BENEFITS

Salary Continuation. A Participant shall become eligible to receive benefits in the form of salary continuation payments upon the occurrence of:

A determination that the Participant is Disabled.

The Participant is completion of the Qualifying Disability Period.

Amount. The Participant shall receive salary continuation payments in an amount equal to 60% of the Participant's Compensation immediately preceding the Disability, not to exceed \$400 per week.

Payment. All salary continuation payments paid pursuant to this Plan shall be subject to all applicable Federal, State and local withholding taxes, rules and regulations and the Employer's or Adopting Employer regular payroll practices.

Duration of Benefits. Salary continuation payments shall commence with the first pay period following the approval of a claim for benefits and shall continue until the earliest of the following:

The last day of the week in which the Participant's employment with the Employer or Adopting Employer ceases;

The payment to the Participant of benefits for 26 consecutive weeks;

The Participant's death;

The date of receipt of benefits under the Employer's or Adopting Employer long term disability plan;

The last day of the week following the date the Participant is no longer suffering from a Disability; or

The last day of the month in which the Participant attains age 70.

New Disability. A Participant, after returning to work following a period during which the Participant was absent due to a Disability, shall become eligible for benefits under this Plan upon completion of the Disability Elimination Period.

Maximum Benefit. No Participant shall receive benefit payments under the Plan more than twice during any period of 18 consecutive months.

Certain Leaves of Absence. A Participant who takes an unpaid leave of absence which is qualified under FMLA shall be eligible to continue to participate in the Plan.

Benefits Following Certain Leaves of Absence. The Participant who returns from a leave which is qualified under USERRA or FMLA shall have all of the rights he is entitled to under USERRA or FMLA and an equal right to benefits for the remainder of the Plan Year as a Participant who had been continuously participating during the Plan Year.

CLAIMS PROCEDURES

Claims. Any claim for benefits, other than a casual inquiry about benefits or a determination of eligibility that is not associated with a denial or failure to pay benefits under the Plan, shall be made in writing following the procedures, including deadlines and documentation requirements, and using such forms as are prescribed by the Administrator. Claims which are approved by the Administrator shall be paid as soon as administratively feasible.

Initial Adverse Benefit Determination. If a Claimant's claim for benefits under this Plan is denied, the Administrator shall provide notice to the Participant in writing of the denial within a reasonable time but not later than 10 calendar days after its submission. The notice shall be written in a manner calculated to be understood by the Claimant and shall include:

the specific reason or reasons for denial, including whether an internal rule, guideline, protocol, or other similar criterion was relied upon in the denial;

specific references to the pertinent Plan provisions on which the denial is based, and if applicable, if an internal rule, guideline, protocol, or other similar criterion was relied upon, a statement that a copy of the internal rule, guideline, protocol, or other similar criterion is available free of charge to the Claimant upon written request;

if the denial was based on medical judgment, including determinations with regard to whether a particular treatment, drug, or other item is medically necessary, appropriate or whether it is experimental or investigational, either an explanation of the scientific or medical judgment for the denial or a statement that an explanation will be provided free of charge to the Claimant upon written request;

a description of any additional material or information necessary for the Claimant to perfect the claim and an explanation of why such material or information is necessary; and

an explanation of the Plan's claims review procedures.

Extension of Time Related to Initial Determination. If special circumstances beyond the control of the Plan require an extension of time for processing the initial claim, a written notice of the extension and the reason therefore shall be furnished to the Claimant before the end of the initial 10 calendar day period. In no event shall the extension exceed 10 calendar days.

Insufficient Information. If the initial claim is denied for failure to provide sufficient information to allow the Administrator to determine whether the claim is covered or payable, the notice described in Section 5.2 shall specify the information required to process the claim. In this case the Claimant shall have 10 calendar days to provide the additional information.

Appeal of Adverse Benefit Determination. The following procedures shall apply to a Claimant who desires to appeal a denial of the benefit claim pursuant to Section 5.2.

A Claimant shall have the right to appeal a denial of a benefit claim if a claim for benefits is denied or if the Claimant has not received a response to a claim within ten (10) days of its submission (in which case the claim for benefits shall be deemed to have been denied).

The Claimant, at the Claimant's sole expense, may appeal the denial to the Employer within 20 calendar days of the receipt of written notice of the denial or 20 calendar days from the date such claim is deemed to be denied.

In pursuing the appeal, the Claimant may submit written comments, documents, records and other information relating to the claim for benefits and shall be provided, upon written request and free of charge to the Claimant, reasonable access to and copies of all documents, records and other information relevant to the Claimant's claim for benefits.

The following procedures shall govern the review of the appeal of denial of the claim for benefits:

The Employer shall designate an individual to review the appeal of the initial denial of benefits. The individual may not be the individual who made the initial adverse benefit determination nor a subordinate of that individual. However, the individual may be the supervisor of the person who made the initial determination to deny benefits.

The review shall take into account all comments, documents, records and other information submitted by the Claimant relating to the claim, without regard to whether the information was submitted or considered in the initial denial of benefits.

The review shall not afford any deference to the initial denial of benefits.

In the event that the denial of benefits is based in whole or part upon the reasons cited in Section 5.2(c), the individual appointed pursuant to Section 5.5(d)(1) shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. The health care professional retained for consultation shall be an individual who is

neither the individual who was consulted in connection with the initial determination of disability under Section 1.1(e), the initial denial of benefits, if any, nor the subordinate of the health care professional.

Upon the written request by the Claimant, the Plan shall identify any medical or vocational expert from whom the Plan obtained advice in connection with a benefit determination, even if the Plan did not rely on the advice in making a benefit determination.

The decision on review shall be made within 10 calendar days of receipt of the request for review. If the decision on review is not furnished within the time specified in this subsection or as extended, as provided in Section 5.6, the claim shall be deemed denied on review. The decision on review shall be made in writing, shall be written in a manner calculated to be understood by the claimant, and shall include the following:

the specific reason or reasons for denial of the appeal, including whether an internal rule, guideline, protocol, or other similar criterion was relied upon in the denial;

specific references to the pertinent Plan provisions on which the denial is based, and if applicable, if an internal rule, guideline, protocol, or other similar criterion was relied upon, a statement that a copy of the internal rule, guideline, protocol, or other similar criterion is available free of charge to the Claimant, upon written request;

A statement that the Claimant is entitled to receive, upon written request and free of charge to the Claimant, reasonable access to and copies of all documents, records and other information relevant to the Claimant's appeal.

In the event that the denial of the appeal is based in whole or part upon the reasons cited in Section 5.2(c), the Claimant shall receive either an explanation of the scientific or medical judgment for the determination or a statement that an explanation will be provided free of charge to the Claimant, upon written request.

Extension of Time on Appeal. If special circumstances require an extension of time for processing the appeal, a written notice of the extension and the reason therefore shall be furnished to the Claimant before the end of the initial 10 calendar day period. In no event shall the extension exceed 10 calendar days from the end of the initial appeal determination period.

No Estoppel of Plan. No person is entitled to any benefit under this Plan or Benefit Plan except and to the extent expressly provided under this Plan and the Benefit Plan.

The fact that a claim has been paid from this Plan does not:

establish the validity of the claim;

provide any right to have the benefit continue for any additional period, or

prevent the Plan from recovering the benefits paid to the extent the Administrator determines there was no right to the payment of the benefits under this Plan.

If a benefit is paid under this Plan and it is thereafter determined that the payment of the benefit should not have been paid (whether or not attributable to an error by the Participant, Administrator, Employer or any other person) then the Administrator may take such action as the Administrator deems necessary or appropriate to remedy the situation, including without limitation:

deducting the amount of any overpayment made to or on behalf of a Participant from any succeeding payments to or on behalf of the Participant or from any amounts due and owing to the Participant by the Employer, or from any other plan, program or arrangement benefiting the Participant, or

otherwise recovering such overpayment from whoever has benefited from it.

If the Administrator determines that an underpayment of benefits has been made, the Administrator shall take such action as it deems necessary or appropriate to remedy such situation.

Claims Limitation Period. No claim for benefits or action brought against the Plan, Administrator or Employer shall be valid if the claim or action is brought later than the later of:

one year after the date of the last action upon which the claim or action is based, or

six months after the earliest date on which the Claimant or plaintiff knew or should have known of the action upon which the claim or action is based.

ADMINISTRATION OF PLAN

Appointment. The Employer shall appoint an Administrator. If no Administrator is selected, the Administrator shall be the Director of Human Resources of Employer.

In the event that one or more persons serve at the same time as Administrator, the Administrators may allocate among themselves by unanimous written consent specific administrative duties, responsibilities and functions in the management of the Plan as they deem appropriate under the circumstances.

In the event that specific administrative duties, responsibilities or functions are not allocated among the Administrators, the Administrators shall act by a majority vote at a meeting at which a majority of the Administrators are present or by unanimous written consent in lieu of a meeting.

Resignation or Removal. The Administrator may resign at any time by delivering its written resignation to the Employer. The Employer within 60 calendar days after receipt of the resignation shall appoint a successor Administrator. The Employer may remove any Administrator at any time and appoint a successor Administrator. In either event, on the appointment of the successor Administrator, the Administrator shall promptly turn over to the successor Administrator all records in the possession of the Administrator. The successor Administrator shall in no event be responsible for any act or omission of the Administrator. Any successor Administrator shall have and may exercise all the rights, powers and duties of the Administrator as fully and to the same extent as if it had originally been named the Administrator.

Authority. The primary responsibility of the Administrator is to administer the Plan, subject to the terms of the Plan. The Administrator shall have the full discretionary authority and power to administer the Plan. For this purpose, the Administrator's power will include, but will not be limited to, the following authority, in addition to all other powers provided by this Plan:

to determine eligibility for participation, right to benefits and to exercise discretion in interpreting the terms and conditions of the Plan;

to make and enforce such rules and regulations as the Administrator deems necessary or proper for the efficient administration of the Plan, including the establishment of any claims procedures that may be required by applicable provisions of law;

to establish procedures, correct any defect, supply any information, or reconcile any inconsistency in such a manner and to such extent as shall be deemed necessary or advisable to carry out the purpose of the Plan;

to appoint such agents, counsel, accountants, consultants and other persons as may be required to assist in administering the Plan; and

to allocate and delegate its responsibilities under the Plan and to delegate to or designate other persons to carry out any of its responsibilities under the Plan, any such allocations, delegation or designation to be in writing.

Reliance. In administering the Plan, the Administrator will be entitled, to the extent provided by law, to rely conclusively on all opinions and reports which are furnished by the agents, counsel, accountants, consultants and other persons as may be required to assist in administering the Plan which are employed or engaged by the Administrator.

Review. Any determination by the Administrator shall be conclusive and binding upon all persons. Any exercise of authority or power by the Administrator shall be reviewed under the arbitrary and capricious standard.

Nondiscriminatory Exercise of Authority. Whenever, in the administration of the Plan, any discretionary action by the Administrator is required, the Administrator shall exercise its authority in a nondiscriminatory manner so that all persons similarly situated will receive substantially the same treatment.

Indemnification. The Employer and Adopting Employers agree to indemnify and hold the Administrator harmless to the fullest extent permitted by law against any and all claims, losses, damages, expenses and liabilities, including reasonable attorneys' fees and costs, which he or she may incur in the exercise and performance of his or her powers and duties hereunder, provided that such exercise or performance is made in good faith.

Fiduciary. The Administrator shall be a fiduciary to the Plan and shall be responsible for the management and control of the operation and administration of the Plan.

Books and Records. The Administrator will make available to each Participant such of his or her records under the Plan as pertain to him or her, for examination at reasonable times during normal business hours.

AMENDMENT AND TERMINATION OF PLAN

Amendment. The Employer shall have the right to amend this Plan at any time. However, any amendment which affects the rights, duties or responsibilities of the Administrator may only be made with the Administrator's written consent. Any such amendment shall become effective as provided therein.

Termination. The Employer is establishing this Plan with the intent that it will be maintained indefinitely. Notwithstanding the forgoing, the Employer shall have the right to terminate this Plan at any time. Such termination shall become effective as designated by the Board of Directors of the Employer.

Adopting Employers. Adopting Employers have agreed to participate in the Plan, but do not have any authority to amend, terminate or otherwise amend the Plan.

MISCELLANEOUS

Participant's Rights. This Plan shall not be deemed to constitute a contract between the Employer or Adopting Employer and any Participant or to be a consideration or an inducement for the employment of any Participant or Eligible Employee. Nothing contained in this Plan shall be deemed to give any Participant or Eligible Employee the right to be retained in the service of the Employer or Adopting Employer or to interfere with any right of the Employer or Adopting Employer to discharge any Participant or Eligible Employee at any time regardless of the effect which such discharge shall have upon him or her as a Participant of this Plan.

Information to be Furnished. Participants shall provide the Employer, Adopting Employer or Administrator with such information and evidence and shall sign such documents as may reasonably be requested from time to time for the purpose of administration of the Plan.

Alienation. No benefit which shall be payable to any Participant shall be subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, or charge and any attempt to anticipate, alienate, sell, transfer, assign, pledge, encumber, or charge the same shall be void. No such benefit provided under this Plan shall in any manner be liable for or subject to, the debt, contracts, liabilities, engagements or torts of any Participant, nor shall it be subject to attachment or legal process for or against such person, and the same shall not be recognized by the Administrator, except to such extent as may be required by law.

Construction. This Plan shall be construed and enforced according to the laws of the State of Michigan, to the extent that Federal law does not control.

Computation of Time. Whenever any determination is to be made or action to be taken on a date specified in this Plan, days shall refer to business days, except if such date falls on a legal holiday of the United States or the state whose laws govern this Plan, then the date for such determination or action shall be extended to the next business day immediately thereafter. In computing any time, the day of the

act or event from which the designated period begins to run shall not be included, but the time shall begin to run on the next succeeding day. The last day of the period so computed shall be included, unless it is a legal holiday, in which event the period shall run until the next business day which is not a legal holiday.

Severability. If any provision of this Plan shall be held by any court of competent jurisdiction to be invalid or unenforceable, the remaining provisions hereof shall continue to be fully effective, unless the removal of the invalid or unenforceable provision would substantially defeat the basic intent, purpose and spirit of this Plan.

Limitation of Rights. Neither the establishment of this Plan nor any amendment, nor the payment of any benefit, will be construed as giving to any Participant or other person any legal or equitable right against the Employer, Adopting Employer or Plan Administrator.

Exclusive Benefit. This Plan shall be maintained for the exclusive benefit of the Eligible Employees who participate in the Plan. The Plan terms are intended to be legally enforceable.

Tax Consequences. Neither the Administrator nor the Employer makes any commitment or guarantee that any amount paid to or for the benefit of a Participant under the Plan will be excludable from the Participant's gross income for federal, state or local income tax purposes, or that any other federal, state or local tax treatment will apply to or be available to any Participant.

Counterparts. This Plan may be executed in multiple counterparts all of which shall be deemed originals.

SIGNATURES

This Plan document is signed [DATE], but is effective on the Effective Date.

EMPLOYER:
Michigan Catholic Conference

By: _____

Name: _____

Its: _____

Long Term Disability Plan

MICHIGAN CATHOLIC CONFERENCE
LONG TERM DISABILITY PLAN FOR DIOCESAN PRIESTS

Effective: July 1, 2014

Michigan Catholic Conference (Plan Sponsor) has adopted this restatement of the Michigan Catholic Conference Long Term Disability Plan (Plan) effective July 1, 2014, for the benefit of its Eligible Employees as shall be or become eligible to participate in the Plan.

RECITALS

The purpose of this Plan is to provide Participants with continuation of salary in the event that they become Disabled.

This Plan is intended to satisfy the requirements of an accident or health plan under Code Sections 104, 105 and 106.

The Plan shall be interpreted and construed in accordance with Code Sections 104, 105 and 106 and the authority promulgated thereunder.

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Adopting Employer shall mean a legal entity that is a member in good standing of the Michigan Catholic Conference that has signed an Adoption Agreement for this Plan.

Claimant shall mean the Participant making a claim for benefits or the Participant's authorized representative.

Code shall mean the Internal Revenue Code of 1986, as amended.

Compensation shall mean compensation reported on the Eligible Employee's W-2, box 1. Compensation does not include any elective deferrals made by the Eligible Employee, including those made under Code Sections 125(a), 132(f)(4), 402(e)(3), 402(h)(1)(B), 402(k) or 457(b).

Disability or Disabled shall mean a Participant that because of a medically determinable physical or mental disease, injury or other condition is unable to perform all of the substantial and material duties of his employment after taking into account any reasonable accommodation. For purposes of clarification, the ability of a Participant to celebrate mass shall not, in and of itself, prevent a Participant from being treated as or continuing to be treated as Disabled.

The determination of Disability shall be based on the written opinion of the physician regularly attending the Participant whose Disability is in question. If the Administrator disagrees with the opinion of this physician, it may engage, at its own expense, another physician to examine the Participant. If these two physicians agree in writing that the Participant is Disabled, their opinion shall be conclusive. If these two physicians disagree on the Disability of the Participant, they shall choose a third physician, whose expenses shall be borne equally by the Administrator and Participant, and the written opinion of the majority of these physicians shall be conclusive as to the Participant's disability.

If there is a conclusive finding that the Participant is not Disabled, the Participant shall have the right to request additional Disability determinations provided the Participant agrees to pay all the expenses of the Disability determination and does not request an additional Disability determination more frequently than once every 28 days.

If there is a conclusive finding that the Participant is Disabled, the Administrator shall have the right to request additional Disability determinations. The Administrator may not request additional Disability determinations more frequently than once every 28 days and shall bear the expense of any additional Disability determinations.

In conjunction with any Disability determination, the Participant consents to any required medical examination, and agrees to furnish any medical information requested by any examining physician and to waive any applicable physician patient privilege that may arise because of such examination.

All physicians, except for the Participant's physician, must be board certified in the specialty most closely related to the nature of the Disability alleged to exist.

Disability Elimination Period shall mean a period of five consecutive calendar days during which the Participant is free from any Disability.

Effective Date of this Plan is July 1, 2014.

Eligible Employee shall mean any Diocesan Priest employed by the Employer or an Adopting Employer who is an individual for whom the Employer is able to obtain or would be able to obtain, if it chose to do so, disability insurance to cover the amount of the maximum benefit provided under this Plan from a licensed insurance company who is in the business of providing disability insurance.

Employer shall mean Michigan Catholic Conference and any successor which shall maintain this Plan.

Entry Date shall mean the date on which such Eligible Employee satisfies the eligibility requirements of Section 2.

Insurance Policy shall mean the policy procured by Employer to cover the expense of providing long term disability benefits. In the event there is no current policy, Insurance Policy refers to the most recent policy.

Participant shall mean an Eligible Employee who has satisfied the eligibility requirements of Section 2 and entered the Plan.

Plan shall mean the long term disability, salary continuation plan established and continued by the Employer in the form of this document, including all amendments, designated as Michigan Catholic Conference Long Term Disability Plan.

Plan Sponsor shall mean Michigan Catholic Conference and any successor that shall maintain this Plan.

Plan Year shall mean the 12 consecutive month period ending each December 31, constituting the fiscal year of the Plan. The Plan Year shall also be the period utilized by the Plan for purposes of filing its Federal Information Returns and for purposes of measuring benefits and contributions.

Qualifying Disability Period shall mean a period of 180 consecutive calendar days during which the Participant continuously suffers from a Disability.

Interpretation. Except as otherwise expressly provided, the following rules of interpretation shall apply to this Plan.

The singular includes the plural and the plural includes the singular except when the context otherwise requires.

The masculine, feminine or neuter gender shall also mean all or any of the other genders except when the context otherwise requires.

Capitalized words and phrases used in this Plan shall have the meaning given to them in Section 1, unless the language or context clearly indicates that a different meaning is intended.

The section headings contained in this Plan are for reference purposes only and shall not in any way affect the meaning or interpretation of this Plan.

The recitals contained in this Plan are incorporated as material terms of this Plan.

A reference to a law includes any amendment or modification to such law and any rules or regulations issued thereunder.

ELIGIBILITY REQUIREMENTS

Initial Eligibility. Any Participant in the Plan as of the Effective Date shall remain eligible.

General Eligibility. An Eligible Employee who is not eligible to participate pursuant to Section 2.1, or any employee employed by the Employer or Adopting Employer after the Effective Date, shall become eligible to participate in the Plan upon becoming an Eligible Employee. An Eligible Employee who satisfies the eligibility requirements of this Section shall become a Participant on the Entry Date, provided the Eligible Employee is employed by the Employer or Adopting Employer on the Entry Date.

Employment Reclassification. If an employee's employment classification is changed, the reclassified Participant shall resume participation in the Plan immediately.

Participation Upon Reemployment. If an employee's employment with the Employer or Adopting Employer is terminated and the employee is rehired, a Participant whose employment terminates will re-enter the Plan as a Participant when the eligibility conditions of Section 2.2 are satisfied.

CONTRIBUTIONS

Employer Contributions. The Employer or Adopting Employer shall contribute amounts deemed necessary and desirable to meet its obligations under the Plan. Contributions to the Plan shall be made to, and all Plan assets shall be held in such accounts or funds as the Employer deems appropriate.

Participant Contributions. Participants may be required to make contributions to the Plan.

Unfunded Arrangement. All payments made under this Plan shall be payable directly to applicable Participants and solely out of the general assets of Employer. Employer may, but is not required to, establish a trust or fund for the payment of benefits under this Plan.

BENEFITS

Salary Continuation. A Participant shall become eligible to receive benefits in the form of salary continuation payments upon the occurrence of:

A determination that the Participant is Disabled.

The Participant is completion of the Qualifying Disability Period.

Amount. The Participant shall receive salary continuation payments in an amount equal to the amount specified in the Insurance Policy, but in no event more than \$2,000 per month.

Payment. All salary continuation payments paid pursuant to this Plan shall be subject to all applicable Federal, State and local withholding taxes, rules and regulations and the Employer's or Adopting Employer regular payroll practices.

Duration of Benefits. Salary continuation payments shall commence with the first pay period following the approval of a claim for benefits and shall continue until the earliest of the following:

The last day of the week in which the Participant's employment with the Employer or Adopting Employer ceases;

The last payment to the Participant of benefits for the period specified in the Insurance Policy;

The Participant's death;

The last day of the week following the date the Participant is no longer suffering from a Disability; or

The last day of the month in which the Participant attains age 70.

New Disability. A Participant, after returning to work following a period during which the Participant was absent due to a Disability, shall become eligible for benefits under this Plan upon completion of the Disability Elimination Period.

Maximum Benefit. No Participant shall receive benefit payments under the Plan more than twice during any period of 18 consecutive months.

Certain Leaves of Absence. A Participant who takes an unpaid leave of absence which is qualified under FMLA shall be eligible to continue to participate in the Plan.

Benefits Following Certain Leaves of Absence. The Participant who returns from a leave which is qualified under USERRA or FMLA shall have all of the rights he is entitled to under USERRA or FMLA and an equal right to benefits for the remainder of the Plan Year as a Participant who had been continuously participating during the Plan Year.

CLAIMS PROCEDURES

Claims. Any claim for benefits, other than a casual inquiry about benefits or a determination of eligibility that is not associated with a denial or failure to pay benefits under the Plan, shall be made in writing following the procedures, including deadlines and documentation requirements, and using such forms as are prescribed by the Administrator. Claims which are approved by the Administrator shall be paid as soon as administratively feasible.

Initial Adverse Benefit Determination. If a Claimant's claim for benefits under this Plan is denied, the Administrator shall provide notice to the Participant in writing of the denial within a reasonable time but not later than 10 calendar days after its submission. The notice shall be written in a manner calculated to be understood by the Claimant and shall include:

the specific reason or reasons for denial, including whether an internal rule, guideline, protocol, or other similar criterion was relied upon in the denial;

specific references to the pertinent Plan provisions on which the denial is based, and if applicable, if an internal rule, guideline, protocol, or other similar criterion was relied upon, a statement that a copy of the internal rule, guideline, protocol, or other similar criterion is available free of charge to the Claimant upon written request;

if the denial was based on medical judgment, including determinations with regard to whether a particular treatment, drug, or other item is medically necessary, appropriate or whether it is experimental or investigational, either an explanation of the scientific or medical judgment for the denial or a statement that an explanation will be provided free of charge to the Claimant upon written request;

a description of any additional material or information necessary for the Claimant to perfect the claim and an explanation of why such material or information is necessary; and

an explanation of the Plan's claims review procedures.

Extension of Time Related to Initial Determination. If special circumstances beyond the control of the Plan require an extension of time for processing the initial claim, a written notice of the extension and the reason therefore shall be furnished to the Claimant before the end of the initial 10 calendar day period. In no event shall the extension exceed 10 calendar days.

Insufficient Information. If the initial claim is denied for failure to provide sufficient information to allow the Administrator to determine whether the claim is covered or payable, the notice described in Section 5.2 shall specify the information required to process the claim. In this case the Claimant shall have 10 calendar days to provide the additional information.

Appeal of Adverse Benefit Determination. The following procedures shall apply to a Claimant who desires to appeal a denial of the benefit claim pursuant to Section 5.2.

A Claimant shall have the right to appeal a denial of a benefit claim if a claim for benefits is denied or if the Claimant has not received a response to a claim within ten (10) days of its submission (in which case the claim for benefits shall be deemed to have been denied).

The Claimant, at the Claimant's sole expense, may appeal the denial to the Employer within 20 calendar days of the receipt of written notice of the denial or 20 calendar days from the date such claim is deemed to be denied.

In pursuing the appeal, the Claimant may submit written comments, documents, records and other information relating to the claim for benefits and shall be provided, upon written request and free of charge to the Claimant, reasonable access to and copies of all documents, records and other information relevant to the Claimant's claim for benefits.

The following procedures shall govern the review of the appeal of denial of the claim for benefits:

The Employer shall designate an individual to review the appeal of the initial denial of benefits. The individual may not be the individual who made the initial adverse benefit determination nor a subordinate of that individual. However, the individual may be the supervisor of the person who made the initial determination to deny benefits.

The review shall take into account all comments, documents, records and other information submitted by the Claimant relating to the claim, without regard to whether the information was submitted or considered in the initial denial of benefits.

The review shall not afford any deference to the initial denial of benefits.

In the event that the denial of benefits is based in whole or part upon the reasons cited in Section 5.2(c), the individual appointed pursuant to Section 5.5(d)(1) shall consult with a health care

professional who has appropriate training and experience in the field of medicine involved in the medical judgment. The health care professional retained for consultation shall be an individual who is neither the individual who was consulted in connection with the initial determination of disability under Section 1.1(e), the initial denial of benefits, if any, nor the subordinate of the health care professional.

Upon the written request by the Claimant, the Plan shall identify any medical or vocational expert from whom the Plan obtained advice in connection with a benefit determination, even if the Plan did not rely on the advice in making a benefit determination.

The decision on review shall be made within 10 calendar days of receipt of the request for review. If the decision on review is not furnished within the time specified in this subsection or as extended, as provided in Section 5.6, the claim shall be deemed denied on review. The decision on review shall be made in writing, shall be written in a manner calculated to be understood by the claimant, and shall include the following:

the specific reason or reasons for denial of the appeal, including whether an internal rule, guideline, protocol, or other similar criterion was relied upon in the denial;

specific references to the pertinent Plan provisions on which the denial is based, and if applicable, if an internal rule, guideline, protocol, or other similar criterion was relied upon, a statement that a copy of the internal rule, guideline, protocol, or other similar criterion is available free of charge to the Claimant, upon written request;

A statement that the Claimant is entitled to receive, upon written request and free of charge to the Claimant, reasonable access to and copies of all documents, records and other information relevant to the Claimant's appeal.

In the event that the denial of the appeal is based in whole or part upon the reasons cited in Section 5.2(c), the Claimant shall receive either an explanation of the scientific or medical judgment for the determination or a statement that an explanation will be provided free of charge to the Claimant, upon written request.

Extension of Time on Appeal. If special circumstances require an extension of time for processing the appeal, a written notice of the extension and the reason therefore shall be furnished to the Claimant before the end of the initial 10 calendar day period. In no event shall the extension exceed 10 calendar days from the end of the initial appeal determination period.

No Estoppel of Plan. No person is entitled to any benefit under this Plan or Benefit Plan except and to the extent expressly provided under this Plan and the Benefit Plan.

The fact that a claim has been paid from this Plan does not:

establish the validity of the claim;

provide any right to have the benefit continue for any additional period, or

prevent the Plan from recovering the benefits paid to the extent the Administrator determines there was no right to the payment of the benefits under this Plan.

If a benefit is paid under this Plan and it is thereafter determined that the payment of the benefit should not have been paid (whether or not attributable to an error by the Participant, Administrator, Employer or any other person) then the Administrator may take such action as the Administrator deems necessary or appropriate to remedy the situation, including without limitation:

deducting the amount of any overpayment made to or on behalf of a Participant from any succeeding payments to or on behalf of the Participant or from any amounts due and owing to the Participant by the Employer, or from any other plan, program or arrangement benefiting the Participant, or

otherwise recovering such overpayment from whoever has benefited from it.

If the Administrator determines that an underpayment of benefits has been made, the Administrator shall take such action as it deems necessary or appropriate to remedy such situation.

Claims Limitation Period. No claim for benefits or action brought against the Plan, Administrator or Employer shall be valid if the claim or action is brought later than the later of:

one year after the date of the last action upon which the claim or action is based, or

six months after the earliest date on which the Claimant or plaintiff knew or should have known of the action upon which the claim or action is based.

ADMINISTRATION OF PLAN

Appointment. The Employer shall appoint an Administrator. If no Administrator is selected, the Administrator shall be the Director of Human Resources of Employer.

In the event that one or more persons serve at the same time as Administrator, the Administrators may allocate among themselves by unanimous written consent specific administrative duties, responsibilities and functions in the management of the Plan as they deem appropriate under the circumstances.

In the event that specific administrative duties, responsibilities or functions are not allocated among the Administrators, the Administrators shall act by a majority vote at a meeting at which a majority of the Administrators are present or by unanimous written consent in lieu of a meeting.

Resignation or Removal. The Administrator may resign at any time by delivering its written resignation to the Employer. The Employer within 60 calendar days after receipt of the resignation shall appoint a successor Administrator. The Employer may remove any Administrator at any time and appoint a successor Administrator. In either event, on the appointment of the successor Administrator, the Administrator shall promptly turn over to the successor Administrator all records in the possession of the Administrator. The successor Administrator shall in no event be responsible for any act or omission of the

Administrator. Any successor Administrator shall have and may exercise all the rights, powers and duties of the Administrator as fully and to the same extent as if it had originally been named the Administrator.

Authority. The primary responsibility of the Administrator is to administer the Plan, subject to the terms of the Plan. The Administrator shall have the full discretionary authority and power to administer the Plan. For this purpose, the Administrator's power will include, but will not be limited to, the following authority, in addition to all other powers provided by this Plan:

to determine eligibility for participation, right to benefits and to exercise discretion in interpreting the terms and conditions of the Plan;

to make and enforce such rules and regulations as the Administrator deems necessary or proper for the efficient administration of the Plan, including the establishment of any claims procedures that may be required by applicable provisions of law;

to establish procedures, correct any defect, supply any information, or reconcile any inconsistency in such a manner and to such extent as shall be deemed necessary or advisable to carry out the purpose of the Plan;

to appoint such agents, counsel, accountants, consultants and other persons as may be required to assist in administering the Plan; and

to allocate and delegate its responsibilities under the Plan and to delegate to or designate other persons to carry out any of its responsibilities under the Plan, any such allocations, delegation or designation to be in writing.

Reliance. In administering the Plan, the Administrator will be entitled, to the extent provided by law, to rely conclusively on all opinions and reports which are furnished by the agents, counsel, accountants, consultants and other persons as may be required to assist in administering the Plan which are employed or engaged by the Administrator.

Review. Any determination by the Administrator shall be conclusive and binding upon all persons. Any exercise of authority or power by the Administrator shall be reviewed under the arbitrary and capricious standard.

Nondiscriminatory Exercise of Authority. Whenever, in the administration of the Plan, any discretionary action by the Administrator is required, the Administrator shall exercise its authority in a nondiscriminatory manner so that all persons similarly situated will receive substantially the same treatment.

Indemnification. The Employer and Adopting Employers agree to indemnify and hold the Administrator harmless to the fullest extent permitted by law against any and all claims, losses, damages, expenses and liabilities, including reasonable attorneys' fees and costs, which he or she may incur in the exercise and performance of his or her powers and duties hereunder, provided that such exercise or performance is made in good faith.

Fiduciary. The Administrator shall be a fiduciary to the Plan and shall be responsible for the management and control of the operation and administration of the Plan.

Books and Records. The Administrator will make available to each Participant such of his or her records under the Plan as pertain to him or her, for examination at reasonable times during normal business hours.

AMENDMENT AND TERMINATION OF PLAN

Amendment. The Employer shall have the right to amend this Plan at any time. However, any amendment which affects the rights, duties or responsibilities of the Administrator may only be made with the Administrator's written consent. Any such amendment shall become effective as provided therein.

Termination. The Employer is establishing this Plan with the intent that it will be maintained indefinitely. Notwithstanding the forgoing, the Employer shall have the right to terminate this Plan at any time. Such termination shall become effective as designated by the Board of Directors of the Employer.

Adopting Employers. Adopting Employers have agreed to participate in the Plan, but do not have any authority to amend, terminate or otherwise amend the Plan.

MISCELLANEOUS

Participant's Rights. This Plan shall not be deemed to constitute a contract between the Employer or Adopting Employer and any Participant or to be a consideration or an inducement for the employment of any Participant or Eligible Employee. Nothing contained in this Plan shall be deemed to give any Participant or Eligible Employee the right to be retained in the service of the Employer or Adopting Employer or to interfere with any right of the Employer or Adopting Employer to discharge any Participant or Eligible Employee at any time regardless of the effect which such discharge shall have upon him as a Participant of this Plan.

Information to be Furnished. Participants shall provide the Employer, Adopting Employer or Administrator with such information and evidence and shall sign such documents as may reasonably be requested from time to time for the purpose of administration of the Plan.

Alienation. No benefit which shall be payable to any Participant shall be subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, or charge and any attempt to anticipate, alienate, sell, transfer, assign, pledge, encumber, or charge the same shall be void. No such benefit provided under this Plan shall in any manner be liable for or subject to, the debt, contracts, liabilities, engagements or torts of any Participant, nor shall it be subject to attachment or legal process for or against such person, and the same shall not be recognized by the Administrator, except to such extent as may be required by law.

Construction. This Plan shall be construed and enforced according to the laws of the State of Michigan, to the extent that Federal law does not control.

Computation of Time. Whenever any determination is to be made or action to be taken on a date specified in this Plan, days shall refer to business days, except if such date falls on a legal holiday of the United States or the state whose laws govern this Plan, then the date for such determination or action shall be extended to the next business day immediately thereafter. In computing any time, the day of the act or event from which the designated period begins to run shall not be included, but the time shall begin to run on the next succeeding day. The last day of the period so computed shall be included, unless it is a legal holiday, in which event the period shall run until the next business day which is not a legal holiday.

Severability. If any provision of this Plan shall be held by any court of competent jurisdiction to be invalid or unenforceable, the remaining provisions hereof shall continue to be fully effective, unless the removal of the invalid or unenforceable provision would substantially defeat the basic intent, purpose and spirit of this Plan.

Limitation of Rights. Neither the establishment of this Plan nor any amendment, nor the payment of any benefit, will be construed as giving to any Participant or other person any legal or equitable right against the Employer, Adopting Employer or Plan Administrator.

Exclusive Benefit. This Plan shall be maintained for the exclusive benefit of the Eligible Employees who participate in the Plan. The Plan terms are intended to be legally enforceable.

Tax Consequences. Neither the Administrator nor the Employer makes any commitment or guarantee that any amount paid to or for the benefit of a Participant under the Plan will be excludable from the Participant's gross income for federal, state or local income tax purposes, or that any other federal, state or local tax treatment will apply to or be available to any Participant.

Counterparts. This Plan may be executed in multiple counterparts all of which shall be deemed originals.

SIGNATURES

This Plan document is signed [DATE], but is effective on the Effective Date.

EMPLOYER:
Michigan Catholic Conference

By: _____

Name: _____

Its: _____

Retirement Plan

SUMMARY PLAN DESCRIPTION

OF THE

DIOCESE OF SAGINAW

PRIESTS' RETIREMENT PLAN

This Summary Plan Description gives a general explanation in non-technical language of what the Plan is and how it works for you. It does not give full details of the Plan, nor does it cover every part of the Plan. **This Summary Plan Description is not meant to interpret, extend or change the Plan in any way. In case of a conflict between this Summary and the actual provisions of the formal Plan Document, the provisions of the Plan Document will govern your rights and benefits.**

APRIL 2014

Summary Plan Description of the Diocese of Saginaw Priests' Retirement Plan

1) Introduction

The purpose of the Plan is to provide financial assistance during your retirement years. Eligibility for Plan benefits requires satisfaction of certain service requirements which are described in this Summary Plan Description. The Plan is a defined benefit plan that provides a normal retirement benefit based on Years of Credited Service, providing a retirement benefit that recognizes and rewards your service to the Diocese of Saginaw. (The Diocese of Saginaw is frequently referred to in this Summary as the "Employer.") Effective as of January 1, 2006, the Plan has replaced the retirement program maintained under the Constitution and By-Laws and Sickness, Disability and Retirement Plan of the Clergy Benefit Society of the Diocese of Saginaw (the "Prior Plan"), and all obligations of the Prior Plan pertaining to retirement benefits have been assumed by this new qualified Plan.

This Summary of the Plan is written in nontechnical language. It does not give full details of the Plan, nor does it cover every part of the Plan. The actual rules of the Plan are stated in the formal document entitled "Diocese of Saginaw Priests' Retirement Plan and Trust Agreement" which will be referred to in this Summary as the "Plan Document." The Plan Document is the legal agreement that controls all of your rights and benefits under the Plan. Answers to questions not found in this Summary Plan Description may be obtained from the Plan Sponsor whose name and address are indicated below.

2) Basic Plan Information

- a) **Name of Plan:** Diocese of Saginaw Priests' Retirement Plan.
- b) **Name and address of Employer/Plan Sponsor:** Diocese of Saginaw, 5800 Weiss Street, Saginaw, Michigan 48603-2799.
- c) **Type of Plan:** Defined Benefit Pension Plan.
- d) **Name and address of Plan Trustee:** Board of Directors of the Priests' Retirement Association of the Diocese of Saginaw, 5800 Weiss Street, Saginaw, Michigan 48603-2799.

3) Plan Participation

- a) **Who is eligible to participate in the Plan?**

You are eligible to participate in the Plan if you are a priest who is ordained or incardinated in the Diocese of Saginaw and serve the Employer as a priest, even if you served the Employer before January 1, 2006 and terminated service before January 1, 2006. If you terminated service to the Diocese of Saginaw prior to January 1, 2006, to be a participant in this Plan, you must be vested in a pension under the Prior Plan.

b) May I elect not to participate in the Plan?

Subject to the approval of the Bishop, you may elect not to participate in the Plan. This election is irrevocable and will prevent you from receiving any benefits under the Plan.

4) Rules for Earning Credited Service

a) What is Credited Service?

For time you provide service to the Employer as a priest or a transitional deacon, including service before January 1, 2006, you will earn Credited Service. This Credited Service will be calculated in years and months, with a full month credited for each month of service. You will also earn Credited Service for any period of time in which you are on an approved leave of absence for a set period of time that is formally approved in advance by the Bishop, provided that the required contributions to fund this Credited Service are timely paid to the Plan, and provided further that your monthly Plan benefit will be reduced by the amount of monthly retirement benefits paid to you by another retirement system attributable to service earned under that system while you were on the approved leave of absence. If you are granted such an approved leave of absence, you must acknowledge in writing to the Bishop that you are responsible for securing payment of the required contributions to fund the Credited Service attributable to the period you are on leave of absence. The Board of Directors of the Priests' Retirement Association of the Diocese of Saginaw (the "Board of Directors") will award Credited Service to a priest who is incardinated from outside the Diocese of Saginaw in accordance with the Board of Director's Policy on Incardination of Priests from Outside the Diocese. Additionally, effective December 12, 1994, contributions, benefits and service credit with respect to qualified military service will be provided in accordance with the Internal Revenue Code.

b) May I purchase additional Credited Service?

You may purchase additional Credited Service, but you must request such purchase from the Michigan Catholic Conference and pay the true cost of such Credited Service to the Plan with after-tax dollars in an amount determined by the Plan actuary. This purchased Credited Service will not be considered in determining your eligibility for a Normal Retirement Benefit or a Deferred Withdrawal Retirement Benefit, but it will be considered in determining the amount of your benefit, if you become eligible for a Plan benefit. If you purchase Credited Service under this Section and cease to participate in the Plan for reasons other than death or Disability before you are vested in a benefit under the Plan, your payment will be refunded.

5) Eligibility for Retirement Benefits

a) When am I eligible for a Normal Retirement Benefit under the Plan?

You are eligible for a Normal Retirement Benefit after you reach Normal Retirement Age and have completed ten or more years of Credited Service after July 1, 1978. Your Normal Retirement Age is age 65; provided however, if you were ordained or incardinated as a priest in the Diocese of Saginaw on or after January 1, 2006, your Normal Retirement Age is age 70. Your rights to a Normal Retirement Benefit will be nonforfeitable on and after the date you are eligible for a Normal Retirement Benefit.

b) When am I eligible for a Deferred Withdrawal Retirement Benefit under the Plan?

If you are not eligible for any other benefit under the Plan, you are eligible for a Deferred Withdrawal Retirement Benefit if you complete ten or more years of Credited Service after July 1, 1978 and terminate employment with the Employer (other than as a result of death) before your Normal Retirement Age. This benefit will commence on or after the first day of the month following your Normal Retirement Age.

c) Does the Plan provide a benefit in the event that I terminate employment on account of my Disability?

If you terminate service with the Employer due to Disability, you are eligible for a Disability Retirement Benefit under the Plan. A Disability is a physical or mental disability that renders you totally and permanently incapacitated for duty as a priest, as determined by the Board of Directors based on a written opinion of a licensed physician or for internal forum reasons so stipulated by the Bishop. The Board of Directors may at reasonable times request that you submit to one or more medical examinations, to be made by or under the direction of a physician designated by the Board of Directors. If you refuse, the Board of Directors may suspend your Disability Retirement Benefit until you agree to the medical examination. If your refusal continues for one year or more, the Board of Directors may terminate and revoke your rights to a Disability Retirement Benefit. If upon a medical examination it is determined that you have recovered from your Disability, your Disability Retirement Benefit will be terminated. If you do not again become a Participant within 90 days after your benefit is terminated, you will be eligible for a Deferred Withdrawal Retirement Benefit without regard to the service requirement for that benefit.

6) Amount of Retirement Benefits

a) What is my Normal Retirement Benefit under the Plan?

The Plan is intended to provide you with a source of income when you retire from Employer on or after your Normal Retirement Age. This benefit will be a monthly benefit for your lifetime in the amount set forth on Schedule A to the Plan (a copy of which is attached to this Summary), as amended from time to time by action initiated by the Board of Directors and approved by the Bishop.

b) What is my Deferred Withdrawal Retirement Benefit under the Plan?

Your Deferred Withdrawal Retirement Benefit under the Plan is a monthly benefit for your lifetime in an amount equal to the Normal Retirement Benefit payable under Schedule A based on your number of years of Credited Service.

c) What is the amount of Disability Retirement Benefit provided under the Plan?

If you terminate employment with Employer due to Disability, your Disability Retirement Benefit will be a monthly benefit for your lifetime in an amount equal to the Normal Retirement Benefit payable to a Participant who retires five years after Normal Retirement Age with 25 years of Credited Service.

7) Distribution of Benefits

a) In what form will my Plan benefit be distributed?

All benefits payable under the Plan will be paid as a monthly benefit for the lifetime of the Participant. The last payment will be the one falling due on the first day of the month in which you die. The Plan does not provide any death benefits.

b) How do I apply for benefits under the Plan?

To begin receiving benefits, you must submit a written application for benefits with the Bishop, and the appropriate forms must be completed and filed with the Board of Directors. Applications should be filed not less than 60 days before your benefits are to commence. You may be required to provide the Board of Directors any information reasonably necessary for the proper administration of the Plan, and if you fail to provide such information, the Board of Directors may compute your benefits on any reasonable basis. You will not receive benefits for any period before the Board of Directors receives your application, unless the delay was not due to your negligence.

c) When will my benefits begin?

The date your benefits begin will depend upon which type of retirement you seek and whether you properly apply and are eligible for the benefit. Your Normal Retirement Benefit will commence as of the first day of the month following the later of (1) your Normal Retirement Age, or (2) the earlier of (a) your termination date, or (b) your birthday which is five years following your Normal Retirement Age. Your Deferred Withdrawal Retirement Benefit will commence as of the first day of the month following your Normal Retirement Age. Your Disability Retirement Benefit will commence on the first day of the month determined by the Board of Directors, but not earlier than the first day of the month following the completion of thirty days after the onset of the Disability.

Your retirement benefits may not begin later than April 1 of the calendar year after the calendar year in which you reach age 70 ½, or, if later, the calendar year in which you retire.

After you retire, you may accept temporary assignments from the Employer without loss of your benefits. However, if you are retired and you return to active duty with the Employer as a priest before you attain the age which is five years following your Normal Retirement Age, your Plan benefits will be suspended, and you will earn additional Credited Service for such service.

8) Funding of Retirement Benefits

a) How is the Plan financed?

The Plan actuary will make an annual actuarial valuation of the Plan's assets and liabilities and determine the total amount of employer contributions necessary to provide the benefits promised under the Plan and to maintain the Plan in sound financial condition. From the information provided by the Plan actuary, the Bishop will determine the amount each employer that is part of the Diocese of Saginaw must contribute to the Plan for each plan year.

9) Prohibition on Alienation of Plan Benefits

a) Can my Benefit under the Plan be alienated?

Your interest in your Plan benefit may not be alienated. This means that your interest in the Plan may not be sold, used as collateral for a loan, given away, or otherwise transferred. In addition, your creditors may not attach, garnish or otherwise interfere with your Plan benefit. Any attempt to alienate your Plan benefit will be void.

10) Plan Amendment or Termination

a) Can the Plan be terminated?

The Bishop expects to continue the Plan indefinitely, but he reserves the right to terminate it at any time, subject to the written consent of the Board of Directors. Upon termination of the Plan, your rights to your accrued benefits under the Plan (to the extent funded) as of the Plan termination date will be nonforfeitable.

b) **Can the terms of the Plan be amended?**

The Bishop may amend the Plan in any manner and at any time, with the written consent of the Board of Directors. An amendment to the Plan must be made in writing signed by the Bishop and an authorized officer of the Board of Directors. The Bishop may amend the Plan to keep the Plan qualified under federal tax laws.

11) Retiree Health Benefits

a) **Who is eligible for a Retiree Health Benefit?**

You are eligible for a Retiree Health Benefit (including dental benefits) made available through the Michigan Catholic Conference if (1) you have retired from active duty as a priest on or after reaching Normal Retirement Age and you are eligible for a Normal Retirement Benefit or (2) you are eligible for a Disability Retirement Benefit. Payments of Retiree Health Benefits under this section will be determined under the guidelines in the Plan.

b) **How are Retiree Health Benefits funded?**

The employers within the Diocese of Saginaw will make contributions to the Retiree Health Accumulation Fund maintained as part of the Plan's trust in such amounts and at such times as determined by the Board of Directors and approved by the Bishop. Prior to January 1, 2016, and on later dates to the extent the assets of the Retiree Health Accumulation Fund are not sufficient, Retiree Health Benefits will be paid from the Priests' Retirement Association of the Diocese of Saginaw or the general assets of the Employer.

c) **Can the Retiree Health Benefit be changed or terminated?**

The Retiree Health Benefit may be changed or terminated under the same procedures as apply to amending the Plan.

12) Plan Administration

a) **How is the Plan administered?**

The Plan is administered by the Board of Directors. The decisions of the Board

in matters within its jurisdiction are final, binding and conclusive upon each Participant and Retirant. The Plan Administrator is responsible for interpreting the Plan, deciding disputes that arise under the Plan, maintaining records of the Plan and its Participants, recommending changes to the terms of the Plan to the Bishop, and, in general, directing the administration of the Plan. The Plan gives the Plan Administrator all power and authority (including the ability to use its discretion in the exercise of that power and authority) which are necessary or convenient to enable it to carry out its duties under the Plan.

b) **Who serves on the Board of Directors?**

The Board of Directors is constituted in accordance with the terms of the Constitution and By-Laws of the Priests' Retirement Association of the Diocese of Saginaw.

c) **Who holds the assets of the Plan?**

The assets of the Plan are held in trust by the Trustee, which is the Board of Directors. The Trustee is authorized under the Plan to invest all of the assets of the Plan in the Michigan Catholic Conference Master Pension Trust created under a Master Trust Agreement with the Pension Board of the Michigan Catholic Conference as the trustee of that Master Trust. The provisions of the Master Trust Agreement supersede the trust provisions of the Plan, to the extent of any conflict.



DECREE

Norms for Priestly Support and Compensation

In nomine Domini. Amen.

The Code of Canon Law requires that each incardinated priest of the Diocese of Saginaw receive decent support and/or remuneration for ecclesiastical ministry² and social assistance benefits³ (cann. 274, 281 and 384). The Diocese will provide these benefits in the following manner:

- 1) Those priests with ministerial assignments shall receive their priestly support, from the Diocese of Saginaw Clergy scale as clarified and defined in the priest compensation manual salary chart
- 2) Senior priests shall draw their priestly support from the Diocese of Saginaw Priests Retirement Plan, social security benefits, and personal savings.
- 3) In those instances where senior priests continue in active priestly ministry after age 70, their support, remuneration and social assistance benefits shall be provided by the parish or institution where the service is provided. In addition, they shall receive benefits in accord with the Diocese of Saginaw Priest Retirement Plan.

¹ For purposes of this document, decent support (can. 384) is considered to be an amount based on the Diocese of Saginaw Priests Retirement Plan.

² For purposes of this document, remuneration (can. 281) is considered to be the amount between decent support and social assistance.

³ Social Assistance (can. 384) is understood to mean health insurance, pension and other benefits determined by the Diocese, e.g. auto insurance.

- 4) Those priests without a ministerial assignment shall receive their priestly support and social assistance benefits on a case by case basis but based upon benefits provided to senior priests.
- 5) Priests on an approved medical leave but not eligible for retirement benefits because of age shall receive their priestly support and social assistance based on benefits provided to senior priests.
- 6) Priests who have been suspended or removed from ministry pending the resolution of issues of clergy misconduct shall receive full compensation up to six months and after that support and social assistance based on benefits provided senior priests.
- 7) Priests who are unassigned shall receive support and benefits based on benefits provided senior priests.
- 8) Priests who have abandoned or removed themselves from priestly ministry shall not be entitled to benefits provided other incardinated priests unless otherwise qualified in the Pension Plan for Priests of the Diocese of Saginaw Retirement Plan.

These norms will guide the Diocese in providing decent support, remuneration for ecclesiastical ministry and social benefits to incardinated priests in the Diocese unless they are otherwise provided for in special assignments.

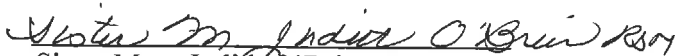
Particular situations and exceptions will be considered on a case by case basis by the Bishop.

These norms shall be effective May 1, 2019.

Given on this 22nd day of April in the Year of our Lord 2019 at the Chancery of the Diocese of Saginaw.



Most Rev. Walter A. Hurley
Apostolic Administrator of Saginaw



Sister Mary Judith O'Brien, RSM
Chancellor

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