



# Probationary Period Certification

## Rules and Form for Employer-Designated Probationary Period Regarding Concordia Plans Enrollment

If an employer has a probationary policy for new workers, enrollment of such workers in the Concordia Plans can be delayed until the completion of a probationary period. However, a copy of the Probationary Period Designation form (see page 2 of this document) must be on file with Concordia Plans.

If Concordia Plans does not have a copy of the employer's Probationary Period Designation form on file, it will be assumed that no probationary policy applies regarding Concordia Plans enrollment.

### **Concordia Plans has established the following rules regarding the delayed enrollment of a new worker due to a probationary period requirement:**

- If an employer does not complete and return a Probationary Period Designation form to Concordia Plans the first day of the calendar month following or coinciding with the date of full-time employment. If an employer wishes to apply a probationary period for its lay workers, it will be effective for all designated workers hired on or after the first of the month following receipt of the Probationary Period Designation form by Concordia Plans.
- The maximum probationary period for purposes of enrollment in the Concordia Plans is 60 days. For example, if you have elected a 90-day probationary period for other employment issues such as performance reviews, salary increases, etc., the probationary period for purposes of enrollment in the Concordia Plans will only be 60 days.

### **Probationary Period Exclusions**

Probationary periods may not be applied to:

- Ordained or commissioned ministers of religion who are on the roster of The Lutheran Church—Missouri Synod.
- Workers employed by employers participating in the Concordia Retirement Savings Plan (CRSP) that are considered Non-Qualified Church-Controlled Organizations by the IRS (e.g., universities, colleges, and most social service organizations).

### **Important Dates Regarding Probationary Periods**

The probationary period begins on the date the worker is hired or becomes eligible for benefits due to hours worked.

The worker will be enrolled on the first day of the calendar month following or coinciding with their full-time employment date.

For example: If a worker begins employment on April 15 and completes a 60-day probationary period on June 13, the date of full-time employment for Concordia plans purposes is June 14. The worker is enrolled in the Concordia Plans effective July 1, which is his/her initial eligibility date.

A completed Enrollment Form must be received by Concordia Plans within 60 days of the worker's initial eligibility date; otherwise, enrollment in the Concordia Health Plan will not be available to the worker until the next Annual Open Enrollment Period unless the worker meets special enrollment requirements. Enrollment Forms available at [ConcordiaPlans.org/Enroll](http://ConcordiaPlans.org/Enroll).

If you designate a probationary period, workers begin earning benefits and have a right to benefits under any Concordia Plan only after that probationary period expires. There is no accrual of creditable service toward a future retirement benefit, no payment of a death or disability benefit, and no coverage for medical, vision, or dental expenses during a probationary period.

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Probationary Period Designation

A	Employer Information
<div>Employer Name<div>Concordia Plan Services Employer Account Number (if known)</div></div> <div>Address</div> <div><div>City</div><div>State</div><div>Zip Code</div><div>Employer Phone Number</div></div> <div><div>Employer Email Address</div><div>Employer Fax Number</div></div>	
B	Probationary Period Certification
<p>I, _____, an officer of the employer named above, do <i>Print Name of Authorized Employer Representative and Title held at Employer</i></p> <p>herby certify to Concordia Plans that at a meeting of the Governing Body of this participating employer - as authorized by the Consitution and Bylaws of this organization - the following probationary period designation was adopted.</p> <p>Meeting Date: _____</p> <p>The employer hereby designates a Concordia Plans probationary period of (Please check the appropriate box):      30 Days      60 Days</p> <p><b>Please initial each of the following statements:</b></p> <p>_____ A probationary period has been established by this organization.</p> <p>_____ The probationary period shall be applicable for the designated period and, for purposes of the Concordia Plans, shall not exceed sixty (60) days from the worker’s initial date of hire, including part-time employment.</p> <p>_____ Upon completion of the applicable probationary period, the worker will be enrolled in the Concordia Plans that have been adopted by this employer if he/she meets all other requirements for eligibility.</p> <p>_____ This policy shall be equally applied to all workers regardless of age, sex, or faith, hired on or after the first day of the month following the state that CPS receives this form.</p> <p>_____ Probationary periods shall not apply to ordained or commissioned ministers of religion who are on the roster of The Lutheran Church – Missouri Synod or to any workers at a Non-Qualified Church-Controlled organization (e.g. a university, college, or social service organization) participating in the CRSP.</p>	
C	Employer Representative Signature
<div>X<div>Signature of Authorized Employer Representative<div>Date (MM/DD/YYYY)</div></div></div> <div><div>Printed Name of Authorized Employer Representative</div><div>Title or Office Held</div></div> <div><div>E-mail Address of Authorized Employer Representative</div><div>Daytime Telephone Number</div></div> <div><div>Submit one copy of completed form to:</div><div>Concordia Plans, Attn: Enrollment Services, P.O. Box 229007, St. Louis, MO 63122-9007 or FAX to: 314-996-1127</div></div>	