

Diocese of La Crosse  
Lay Ministry Benefits  
Employer & Participant Information  
**Benefits 2025 - Keep or Waive**

Group # L06588

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*Employer Information*

Employer Name (Parish-School-Institution)                      DOL Location #                      City

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*Participant Information*

Participant First Name    Participant Last Name    Participant MI

Street Address    City    State

Zip                      Phone Number    Personal Email

Birth Date    Social Security Number

Gender    Status  
Male                      Female    Single                      Married

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**Benefits 2025 - Keep or Waive**

Please check one box below, sign and date. Please check with your HR department if you do not know your current elections.

I am electing to keep the exact same benefits for plan year 2025.

I am waiving all benefits.

Signature

Date

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Please Return To Your HR Department

- Procedure Check List
1. Verify Information Is Correct
  2. Submit Copy To Payroll
  3. Submit Copy To St. Ambrose
  4. Retain Original In The Employee File