**The Episcopal Diocese of Pennsylvania**

  
**Member Information**

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**Name**

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**Address**

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**City, State, Zip Employer Name**

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**DOB Social Security No Employer Address**

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|  | **□ Female □ Male** |  |

**Hire Date Gender Employer City, State, Zip**

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**Email Address Telephone Number**

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| **□ Clergy □ Lay** |

**Effective Date Marital Status**

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| **Dependant Information** |

You may obtain coverage for your children who are 30 or younger. If you wish to enroll dependents please choose what coverage you would like for each (a non-checked box indicates no coverage); and fill in dependent’s name, Date Of Birth, Social Security Number, Gender, and relation to eligible employee.

**Medical Dental** Name DOB SSN Gender Relationship to Employee

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| **2019 Plan Choices** |

**Medical**

**Selection (Check one) Medical (Check one)**

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| **□ Single** |
| **□ Emp+1** |
| **□ Emp+Child/ren** |
| **□ Family** |
| **□ Decline** |

**Plan Name Single Emp+1 Emp+Child/ren Family**

□ EAP $5 $5 $5 $5

□ CDHP-15/HSA $764 $1,528 $1,375 $2,292

□ CDHP-40/HAS $609 $1,218 $1,096 $1,827

□ MS PPO90 $726 $1,452 $1,307 $2,178

□ MS PPO80 $659 $1,318 $1,186 $1,977

□ PPO80 $824 $1,648 $1,483 $2,472

□ PPO90 $908 $1,816 $1,634 $2,724

**Dental**

**Selection (Check one) Dental (Check one)**

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| **□ Single** |
| **□ Emp+1** |
| **□ Emp+Child/ren** |
| **□ Family** |
| **□ Decline** |

**Plan Name Single Emp+1 Emp+Child/ren Family**

□ Dent&Ortho $56 $112 $101 $168

□ Basic Dent $43 $86 $77 $129

□ Preventive $31 $62 $56 $93

**Life Insurance and Disability**

**Group Life Enrollment? LTD Enrollment? STD Enrollment?**

□Yes □No □Yes □No □Yes □No

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**Annual Salary or Total Compensation\* Projected Hours**

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**Lay 403b or Clergy RSVP Amount (Dollar or %)**

\*Total Compensation for clergy is their Total Compensation as reported to the Church Pension Fund (including cash stipend, housing, utilities,social security (SECA) offset).

**Sign and return to The Diocesan Benefits Team, benefitsadmin@diopa.org, ​ 215.621.8311 at the Offices of the Bishop.**

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Employee Signature and Date

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Employer Signature and Date

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Diocesan Administrator Signature and Date

**Notes:**

* Enrollments in the group life insurance plan must be made within 60 days of hire date.
* Enrollments in the Short and Voluntary Long-Term disability plans must be made within 60 days of hire date. (The plans do not allow for waiting periods.)
* Enrollment in the Non-Contributory (employer-paid) Long Term Disability plan must be made as of employee’s hire date or Employer’s plan adoption date.
* Employer-provided Short and/or Long Term Disability – First Time Offering Only: Effective dates of coverage are January 1st or July 1st only. Enrollment forms must be received at CPG between October 15 for a January effective date and between April 15 and May 15 for a July effective date.