The Episcopal Diocese of Pennsylvania 2025 Church Pension Group - CPG - Benefits Enrollment Form

Employee Information

Name (Title, First, Midd	dle Initial, Last)							
Home Address								
City, State, Zip			Employer Name					
Date of Birth	Social Security #	Employ	Employer Address					
	□ Female □ Ma	le						
Hire Date	Gender		yer City, Sta	ate, Zip				
	- / č /							
Employee Email Address		Employ	Employee Telephone Number					
	ш			□ Cler	gy 🗆 Lay			
Enrollment Effecti	ve Date Marital S	tatus Date of	Marriage		5/ ==/			
			L \$1					
Spouse Name	Spouse Date	of Birth Sp	ouse Social	Security #	Spouse Telephone Nur	nber		
	- Lu		र्घ ।					
Spouse Address			Spouse Cit	y, State, Zip				
Dependent Inform	mation You may	obtain coverag	ge for your o	hildren who	are 30 or younger. If yo	u wish to enroll		
		-			red box indicates no cov	/erage); and fill		
in dependent's nam	ne, date of birth, Socia	al Security num	nber, gende	r, and relation	n to eligible employee.			
Health Dental Nam	e	DOB	SSN	Gender	Relation			
						1		
						-		
						_		

2025 Plan Choices

Selection (Check one)		<u>Health</u> (Note 1)		Health (Check one)			
<u>Plan</u>	Single	Emp+Spse	Emp+Child/ren	<u>Family</u>	□ Single		
	* .				□ Emp+Spouse		
□ EAP	\$4	4	4	40.00	□ Emp+Child(ren)		
□ CDHP-15/HSA*	\$977	\$1,954	\$1,759	\$2,931	□ Family		
□ CDHP-40/HSA*	\$790	\$1,580	\$1,422	\$2,370			
□ PPO80**	<u>\$1,043</u>	\$2,086	\$1,877	<u>\$3,129</u>	□ Decilie		
□ PPO90	\$1,229	\$2,458	\$2,212	\$3,687			
☐ MSP PPO80***	\$835	\$1,670	\$1,503	\$2,505			
□ MSP PPO90***	\$982	\$1,964	\$1,768	\$2,946			
*** 2025 Diocesan Base *** for applicants 65 or	Plan Parishes over, requires	must at least offer MSP SEE enrollm	ent.		oremium going to the HSA card		
Selection (Check one)		<u>Dental</u> (Note 1)			Dental (Check one)		
Plan Name	Single	Emp+Spse	Emp+Child(ren)	<u>Family</u>	□ Single		
□ Premium	\$62	\$124	\$112	\$186	□ Emp+Spouse		
□ Comprehensive	\$47	\$94	\$85	\$141	□ Emp+Child(ren)		
□ Basic	\$39	\$78	\$70	\$117	□ Family		
	,	/3//	/ + + _ \\				
	<u>Life Insu</u>	rance and Disab	ility (see Notes 2 & 3)	181	- Decime		
Group Life		Long-Term Disability**		Short-Term D	Short-Term Disability**		
□Yes □No □Decline			□Yes □No □Decline		□Decline		
				□Yes □No			
			134	1151			
Annual Salary or Tot	al Compensa	ation*	Projected	d Annual Hours			
		3	25	// ġ /			
Lay DC 403b or Cler	gy RSV/D Emr	olovee Contribut	tion Position	Title			
(Monthly \$ or % emp							
(SECA) reimbursement). If ho	ousing is provided	by the parish, CPG ass	ted to the Church Pension Fu esses an additional 30% of To pal Medical Trust. Parishes do	otal Compensation for per			
Sign and return to The Diocese.	ne Diocesan I	Benefits Team, b	enefitsadmin@diopa	ı.org, 215.621.831	11 at the Offices of the		
Employee signature	and date				_		
Employer signature a	and date				_		

Notes:

- 1. Enrollment in the health & dental plans is required at 1,500 hours a year or more (approx. 30 hours a week) of employment and eligible at 1,000 hours a year (approx. 20 hours a week) of employment. There must be a documented decline for any employee not taking any of the required coverages.
- 2. Group life insurance enrollment is required at 1,000 hours a year or more (approx. 20 hours a week) of employment. Disability plan enrollment is required at 1,500 hours a year or more (approx. 30 hours a week) of employment. Disability plans for Clergy are provided by the Episcopal Medical Trust no enrollment for disability plans is necessary for clergy. There must be a documented decline for any employee not taking any of the required coverages.
- 3. Enrollments in the group life insurance and the disability plans must be made within 60 days of hire date.

Diocesan CPG Benefits Administrator signature and date_