

# 2018 Unified Benefits Enrollment Form

The Episcopal Diocese of Pennsylvania



## Member Information

Name

Address

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City, State, Zip

Employer Name

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DOB

Social Security No

Employer Address

	<input type="checkbox"/> Female <input type="checkbox"/> Male	
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Hire Date

Gender

Employer City, State, Zip

Effective Date

### Dependent 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	Relation to Employee
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<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

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<b>2018 Plan Choices</b>
<b><u>Medical</u></b>

**Selection (Check one)**

**Medical (Check one)**

	<b>Plan Name</b>	<b>Single</b>	<b>Emp+1</b>	<b>mp+Child/ren</b>	<b>Family</b>	
<input type="checkbox"/>	EAP	\$5	\$5	\$5	\$5	<input type="checkbox"/> <b>Single</b>
<input type="checkbox"/>	CDHP-15/HSA	\$717	\$1,434	\$1,291	\$2,151	<input type="checkbox"/> <b>Emp+1</b>
<input type="checkbox"/>	CDHP-40/HSA	\$572	\$1,144	\$1,030	\$1,716	<input type="checkbox"/> <b>Emp+Child/ren</b>
<input type="checkbox"/>	MS PPO90	\$685	\$1,370	\$1,233	\$2,055	<input type="checkbox"/> <b>Family</b>
<input type="checkbox"/>	MS PPO80	\$622	\$1,244	\$1,120	\$1,866	<input type="checkbox"/> <b>Decline</b>
<input type="checkbox"/>	PPO80	\$777	\$1,554	\$1,399	\$2,331	
<input type="checkbox"/>	PPO90	\$857	\$1,714	\$1,543	\$2,571	

**Dental**

**Selection (Check one)**

**Dental (Check one)**

	<b>Plan Name</b>	<b>Single</b>	<b>Emp+1</b>	<b>Emp+Child/ren</b>	<b>Family</b>	
<input type="checkbox"/>	Dent&Ortho	\$54	\$108	\$97	\$162	<input type="checkbox"/> <b>Single</b>
<input type="checkbox"/>	Basic Dent	\$42	\$84	\$76	\$126	<input type="checkbox"/> <b>Emp+1</b>
<input type="checkbox"/>	Preventive	\$28	\$56	\$50	\$84	<input type="checkbox"/> <b>Emp+Child/ren</b>
						<input type="checkbox"/> <b>Family</b>
						<input type="checkbox"/> <b>Decline</b>

**Life Insurance and Disability**

**Group Life Enrollment?**

Yes    No

**LTD Enrollment?**

Yes    No

**STD Enrollment?**

Yes    No

**Annual Salary or Total Compensation\***

<input type="checkbox"/> <b>Clergy</b> <input type="checkbox"/> <b>Lay</b>
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**Life Insurance Amount**

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

## 2018 Unified Benefits Enrollment Form

Sign and return to The Diocesan Benefits Team, [benefitsadmin@diopa.org](mailto:benefitsadmin@diopa.org), 215.621.8311 at the Offices of the Bishop.

Employee Signature and Date

Employer Signature and Date

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 1<sup>st</sup> or July 1<sup>st</sup> 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.