



The Episcopal Diocese
of Pennsylvania

2020 Unified Benefits Enrollment Form

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

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Email Address

Telephone Number

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Enrollment Effective Date Marital Status Date of Marriage

 Clergy Lay

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
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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"/>					

2020 Plan Choices

Medical (Note 1)

Selection (Check one)

<u>Plan</u>	<u>Single</u>	<u>Emp+1</u>	<u>Emp+Child/ren</u>	<u>Family</u>
<input type="checkbox"/> EAP	\$4			
<input type="checkbox"/> CDHP-15/HSA	\$806	\$1,612	\$1,451	\$2,418
<input type="checkbox"/> CDHP-40/HSA	\$643	\$1,286	\$1,157	\$1,929
<input type="checkbox"/> PPO80	\$865	\$1,730	\$1,557	\$2,595
<input type="checkbox"/> PPO90	\$953	\$1,906	\$1,715	\$2,859
<input type="checkbox"/> MSP PPO80*	\$692	\$1,384	\$1,246	\$2,076
<input type="checkbox"/> MSP PPO90*	\$762	\$1,524	\$1,372	\$2,286

* for applicants 65 or over, requires MSP SEE enrollment

Medical (Check one)

<input type="checkbox"/> Single
<input type="checkbox"/> Emp+1
<input type="checkbox"/> Emp+Child/ren
<input type="checkbox"/> Family
<input type="checkbox"/> Decline

Dental (Note 1)

Selection (Check one)

<u>Plan Name</u>	<u>Single</u>	<u>Emp+1</u>	<u>Emp+Child/ren</u>	<u>Family</u>
<input type="checkbox"/> Dent & Ortho	\$58	\$116	\$104	\$174
<input type="checkbox"/> Basic	\$44	\$88	\$79	\$132
<input type="checkbox"/> Preventive	\$34	\$68	\$61	\$102

Dental (Check one)

<input type="checkbox"/> Single
<input type="checkbox"/> Emp+1
<input type="checkbox"/> Emp+Child/ren
<input type="checkbox"/> Family
<input type="checkbox"/> Decline

Life Insurance and Disability (Note 1 & 2)

Group Life ?

Yes No

Long Term Disability ?

Yes No

Short Term Disability?

Yes No

Annual Salary or Total Compensation*

Projected Annual Hours

Lay 403b or Clergy RSVP Amount (\$ or % employee contribution)

*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 Diocese.

Employee signature and date _____

Employer signature and date _____

Diocesan CPG Benefits Administrator signature and date _____

Notes:

1. Enrollment in the health, dental, group life, and the disability plans is required at 1,500 hours a year (approx. 30 hours a week) of employment and eligible at 1,000 hours a year (approx. 30 hours a week) of employment. There must be a documented decline for any employee with 1,500 hours a year or more not taking any the required coverages.
2. Enrollments in the group life insurance, short and long-term disability plans must be made within 60 days of hire date.