

2022 Church Pension Group CPG - Benefits Enrollment Form

Member Information

Name

Home Address

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City, State, Zip

Employer Name

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Date of Birth

Social Security #

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

<input type="checkbox"/> Clergy	<input type="checkbox"/> Lay
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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.

Health	Dental	Name	DOB	SSN	Gender	Relation
<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"/>					

2022 Plan Choices

Selection (Check one)

Health (Note 1)

Health (Check one)

Plan	Single	Emp+1	Emp+Child/ren	Family
<input type="checkbox"/> EAP	\$4			
<input type="checkbox"/> CDHP-15/HSA*	\$880	\$1,760	\$1,584	\$2,640
<input type="checkbox"/> CDHP-40/HSA*	\$705	\$1,410	\$1,269	\$2,115
<input type="checkbox"/> PPO80**	\$940	\$1,880	\$1,692	\$2,820
<input type="checkbox"/> PPO90	\$1,036	\$2,072	\$1,865	\$3,108
<input type="checkbox"/> MSP PPO80***	\$752	\$1,504	\$1,354	\$2,256
<input type="checkbox"/> MSP PPO90***	\$828	\$1,656	\$1,490	\$2,484

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

*HSA plan must be funded by the employer to the PPO80 premium (PPO80 - CDHP = HSA funding)

**2021 Diocesan Base Plan

*** for applicants 65 or over, requires MSP SEE enrollment

Selection (Check one)

Dental (Note 1)

Dental (Check one)

Plan Name	Single	Emp+1	Emp+Child(ren)	Family
<input type="checkbox"/> Dent & Ortho	\$60	\$120	\$108	\$180
<input type="checkbox"/> Basic	\$46	\$92	\$83	\$138
<input type="checkbox"/> Preventive	\$38	\$76	\$68	\$114

<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
(Monthly \$ or % employee contribution)

Position Title

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

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. 20 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.