

2023 Church Pension Group CPG - Benefits Enrollment Form

Employee Information

Name (Title, First, Middle Initial, Last)

Home Address

City, State, Zip

Employer Name

Date of Birth

Social Security #

Employer Address

Hire Date

Female Male

Gender

Employer City, State, Zip

Employee Email Address

Employee Telephone Number

Enrollment Effective Date

Marital Status

Date of Marriage

Clergy Lay

Spouse Name

Spouse Date of Birth

Spouse Social Security #

Spouse Telephone Number

Spouse Address

Spouse City, State, Zip

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"/>					

2023 Plan Choices

Selection (Check one)

Health (Note 1)

Health (Check one)

Plan	Single	Emp+Spse	Emp+Child/ren	Family
<input type="checkbox"/> EAP	\$4			
<input type="checkbox"/> CDHP-15/HSA*	\$904	\$1,808	\$1,627	\$2,712
<input type="checkbox"/> CDHP-40/HSA*	\$724	\$1,448	\$1,303	\$2,172
<input type="checkbox"/> PPO80**	\$965	\$1,930	\$1,737	\$2,895
<input type="checkbox"/> PPO90	\$1,064	\$2,128	\$1,915	\$3,192
<input type="checkbox"/> MSP PPO80***	\$772	\$1,544	\$1,390	\$2,316
<input type="checkbox"/> MSP PPO90***	\$850	\$1,700	\$1,530	\$2,550

<input type="checkbox"/> Single
<input type="checkbox"/> Emp+Spouse
<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)

**2023 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+Spse	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+Spouse
<input type="checkbox"/> Emp+Child(ren)
<input type="checkbox"/> Family
<input type="checkbox"/> Decline

Life Insurance and Disability (Note 2 & 3)

Group Life

Yes No Decline

Long Term Disability

Yes No Decline

Short Term Disability

Yes No Decline

Annual Salary or Total Compensation*

Projected Annual Hours

Lay DC 403b or Clergy RSVP Employee Contribution
(Monthly \$ or % employee contribution form payroll)

Position Title

*Total Compensation for clergy is their Total Compensation as reported to the Church Pension Fund (including salary, housing allowance, 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 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 not taking any of the required coverages.
2. Group life, and disability plans enrollment is required at the 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.
3. Enrollments in the group life insurance, short and long-term disability plans must be made within 60 days of hire date.