

# 2024 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"/>					

**2024 Plan Choices**

**Selection (Check one)**

**Health** (Note 1)

**Health (Check one)**

<b>Plan</b>	<b>Single</b>	<b>Emp+Spse</b>	<b>Emp+Child/ren</b>	<b>Family</b>
<input type="checkbox"/> EAP	\$4			
<input type="checkbox"/> CDHP-15/HSA*	\$949	\$1,898	\$1,708	\$2,847
<input type="checkbox"/> CDHP-40/HSA*	\$767	\$1,534	\$1,381	\$2,301
<input type="checkbox"/> <b>PPO80**</b>	<b>\$1,013</b>	<b>\$2,026</b>	<b>\$1,823</b>	<b>\$3,039</b>
<input type="checkbox"/> PPO90	\$1,117	\$2,234	\$2,011	\$3,351
<input type="checkbox"/> MSP PPO80***	\$811	\$1,622	\$1,460	\$2,433
<input type="checkbox"/> MSP PPO90***	\$893	\$1,786	\$1,607	\$2,679

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

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

\*\*2024 Diocesan Base Plan

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

**Selection (Check one)**

**Dental** (Note 1)

**Dental (Check one)**

<b>Plan Name</b>	<b>Single</b>	<b>Emp+Spse</b>	<b>Emp+Child(ren)</b>	<b>Family</b>
<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"/> <b>Single</b>
<input type="checkbox"/> <b>Emp+Spouse</b>
<input type="checkbox"/> <b>Emp+Child(ren)</b>
<input type="checkbox"/> <b>Family</b>
<input type="checkbox"/> <b>Decline</b>

**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, and social security (SECA) reimbursement). If housing is provided by the parish, CPG assesses an additional 30% of Total Compensation for pension.

**Sign and return to The Diocesan Benefits Team, [benefitsadmin@diopa.org](mailto: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 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.