

The Episcopal Diocese of Pennsylvania 2025 Church Pension Group - CPG - Benefits Enrollment Form

Employee Information

Name (Title, First, Middle Initial, Last)

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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Employee Email Address

Employee Telephone Number

			<input type="checkbox"/> Clergy <input type="checkbox"/> Lay
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Enrollment Effective Date

Marital Status

Date of Marriage

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Spouse Name

Spouse Date of Birth

Spouse Social Security #

Spouse Telephone Number

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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"/>					

2025 Plan Choices

Selection (Check one)

Health (Note 1)

Health (Check one)

<u>Plan</u>	<u>Single</u>	<u>Emp+Spse</u>	<u>Emp+Child/ren</u>	<u>Family</u>
<input type="checkbox"/> EAP	\$4			
<input type="checkbox"/> CDHP-15/HSA*	\$977	\$1,954	\$1,759	\$2,931
<input type="checkbox"/> CDHP-40/HSA*	\$790	\$1,580	\$1,422	\$2,370
<input type="checkbox"/> PPO80**	\$1,043	\$2,086	\$1,877	\$3,129
<input type="checkbox"/> PPO90	\$1,229	\$2,458	\$2,212	\$3,687
<input type="checkbox"/> MSP PPO80***	\$835	\$1,670	\$1,503	\$2,505
<input type="checkbox"/> MSP PPO90***	\$982	\$1,964	\$1,768	\$2,946

<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) HSA plan required.
 **2025 Diocesan Base Plan Parishes must at least offer this or a CDHP plan with the difference in premium going to the HSA card
 *** for applicants 65 or over, requires MSP SEE enrollment.

Selection (Check one)

Dental (Note 1)

Dental (Check one)

<u>Plan Name</u>	<u>Single</u>	<u>Emp+Spse</u>	<u>Emp+Child(ren)</u>	<u>Family</u>
<input type="checkbox"/> Premium	\$62	\$124	\$112	\$186
<input type="checkbox"/> Comprehensive	\$47	\$94	\$85	\$141
<input type="checkbox"/> Basic	\$39	\$78	\$70	\$117

<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 (see Notes 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 assessment.

**Short- & Long-Term Disability for clergy are covered by the Episcopal Medical Trust. Parishes do not need to enroll clergy in disability coverage.

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 plans 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.