Episcopal DIOCESE OF MICHIGAN

2024 Open Enrollment
New Enrollment/Change Form
Medical, Dental, EAP, Group Life, Short- & Long-Term Disability

(Please complete only if you are a new enrollee, or have changes to report for Open Enrollment)

CLERGY/LAY EMPLOYEE INFORMATION

Name	**SSN**
Address ☐ **Check if Change**	**Home Phone** **Email Address**

Marital Status ❑ Single ❑ Married ❑ Divorced	**Yearly Salary**	**Congregation/Agency Name & City/Position**	**Date of Birth**	**Date of Hire**

ENROLLMENT INFORMATION - Please list those you wish to cover under each plan and indicate coverage selected.

Action	**Relation**	**Name**	**Social Security # / Phone Number / Email**	**Date of Birth**	**Gender**	**Coverage**
❑ Continue ❑ Add ❑ Delete	Employee					❑ Dental ❑ Medical
❑ Continue ❑ Add ❑ Delete	Spouse / Domestic Partner					❑ Dental ❑ Medical
❑ Continue ❑ Add ❑ Delete	Dep					❑ Dental ❑ Medical
❑ Continue ❑ Add ❑ Delete	Dep					❑ Dental ❑ Medical

COORDINATION OF BENEFITS

Are you or your dependents covered by any other group health or dental plan? ❑ YES ❑ NO

DENTAL PLAN SELECTIONS (DELTA DENTAL OF MICHIGAN)

The Insurance Carrier rates are illustrated for your information.

	Single	Employee & Spouse/Partner	Employee & Child	Family
Delta Dental	☐ $42.04	☐$79.41	☐$99.68	☐$154.00

❑ I decline Dental coverage

2023 Medical Plan Selections
Episcopal Medical Trust

	2024 Monthly Rates		
	Single	**Single Plus One**	**Family**
Anthem BCBS BlueCard 100	**1244**	**2239**	**3483**
Anthem BCBS BlueCard 90	**1147**	**2065**	**3212**
Anthem BCBS Blue Card 80	***1041**	**1874**	**2915**
CDHP 20**	**853**	**1535**	**2388**
CDHP 15**	**960**	**1728**	**2688**

*Rate for monthly annuity in lieu of medical insurance

**Plans must be combined with contributions to a Health Savings Account (HSA)

Medical Plan Selected _____ ___Single ___ Plus One ___ Family

EMPLOYEE ASSISTANCE PROGRAM (EAP) ENROLLMENT - $4.00 MONTHLY PREMIUM

☐ All employees, regardless of number of hours worked, are invited to enroll in this plan. **The EAP is an included benefit with all Medical Trust health care plans. If you are already enrolled in a Medical Trust plan, you will not need this stand alone EAP.**

BASIC LIFE / ACCIDENTAL DEATH & DISMEMBERMENT (ADD) INSURANCE (LINCOLN LIFE)

☑ Basic Life / AD&D Insurance amount equal to 2x your base annual earnings up to a maximum of $100,000 is provided at no cost to you. The premiums are paid by your employer.

☐ You may insure your spouse and dependents with a benefit of $5,000 each. The monthly premium is an additional $2.89 total, regardless of the number of dependents. Children must be under age 19, or age 26, if a full-time student.

	Enroll	Decline	
Basic Life – Spouse	❑	❑	Name_____ DOB _____
Basic Life Child(ren)	❑	❑	Name_____ DOB_____
			Name_____ DOB_____

Use additional sheet if necessary.

BASIC LIFE INSURANCE BENEFICIARY

I designate the person(s) named below as beneficiary of any life insurance benefits payable upon my death as outlined under the terms of the plan. If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the associate. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

Life Insurance Primary Beneficiary - Individual or Trust				**Percentage Share (must total 100%)**
Name	Date of Birth	Relationship		
Name	Date of Birth	Relationship		
Life Insurance Secondary Beneficiary- Individual or Trust				
Name	Date of Birth	Relationship		
Name	Date of Birth	Relationship		

SHORT TERM DISABILITY (STD) INSURANCE (LINCOLN LIFE)

☑ Lay employees working 1500 hours or more annually are provided a STD benefit insured by Lincoln Life. The benefit amount is equal to 70% of your base weekly earnings to a maximum of $1,500 per week.

LONG TERM DISABILITY (LTD) INSURANCE (LINCOLN LIFE)

☑ Lay employees working 1500 hours or more annually are provided a LTD benefit equal to 60% of your base monthly earnings to a maximum of $6,000 per month. Benefit begins on the 91st day of disability. Please see your Lincoln Life booklet for more details.

Please note: All active diocesan clergy are covered for short-term and long-term disability through the Church Pension Fund. Please contact Crystal Ramirez (cramirez@edomi.org) for clarification.

AUTHORIZATION

I have read the enrollment materials and I have indicated my elections on this form. I understand that should I waive coverage my next opportunity to enroll in the benefit plans will be November 1, 2024 unless I have a qualified family status change as addressed in the benefit guide. Please sign and date below and make a copy for your records.

Signature: Date:

Please return form to cramirez@edomi.org