2025 New Enrollment/Change Form

Medical, Dental, EAP, Group Life, Short & LT 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 _____	**Phone** _____ **Email Address** _____

Marital Status ❑ Single ❑ Married ❑ Divorced	**Yearly Salary** _____	**Congregation, 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	_____	**SSN:**_____ **Phone:**_____ **Email:**_____	_____	____	❑ Dental ❑ Medical
❑ Continue ❑ Add ❑ Delete	Spouse / Domestic Partner	_____	**SSN:**_____ **Phone:**_____ **Email:**_____	_____	____	❑ Dental ❑ Medical
❑ Continue ❑ Add ❑ Delete	Dep	_____	**SSN:**_____	_____	____	❑ Dental ❑ Medical
❑ Continue ❑ Add ❑ Delete	Dep	_____	**SSN:**_____	_____	____	❑ 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	☐ $46.20	☐$87.27	☐$109.55	☐$169.25

❑ I **decline** Dental coverage

2025 Medical Plan Selections Episcopal Medical Trust	2025 Monthly Rates

	Single	Single Plus One	Family
Anthem BCBS BlueCard PPO 100	1406	2531	3937
Anthem BCBS BlueCard PPO 90	1256	2261	3517
Anthem BCBS BlueCard PPO 80	*1077	1939	3016
Anthem BCBS CDHP-15/HSA**	994	1789	2783
Anthem BCBS CDHP-20/HSA**	883	1589	2472

*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

EyeMed Vision Benefits are an included benefit with all Medical Trust health care plans

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

☐ Employees must work a minimum of 1000 average annual hours to enroll in the EAP. 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) – OPTIONAL FOR CLERGY

☐ 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)

_____ I work an average of 1500 hours or more annually.
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)

_____ I work an average of 1500 hours or more annually.
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.

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, 2026 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