



**EPC**

Benefit Resources, Inc.

2019 BENEFIT ELECTION FORM

Please provide information on what you currently offer to your employees. The information you provide in this form is used for tracking purposes by our office and does not limit you as the employer from providing additional benefits to your employee, in the future. For information on our benefits, please refer to our website [www.epc.org/benefits](http://www.epc.org/benefits).

<b>Church Name</b>	<b>Billing ID</b>
<b>City/State</b>	<b>Phone</b>
<b>Administrator Name</b>	<b>Email</b>

2019 EPC Benefit Plan Choices offered to <i>EPC ORDAINED STAFF</i>					
	<u>Does your church offer this plan? (Y) or (N)</u>	<u>Plan types</u>	<u>Church Pays %</u>	<u>Employee Pays %</u>	<u>Comments</u>
<b>MEDICAL</b> Any combination of Medical Plans may be offered		<b>Platinum</b>			
		<b>Gold</b>			
		<b>Gold HDHP</b>			
		<b>Silver</b>			
		<b>Bronze HDHP</b>			
<b>DENTAL</b>		<b>Principal (High Plan)</b>			
		<b>Principal (Low Plan)</b>			
<b>VISION PLAN</b>		<b>EyeMed</b>			
<b>BASIC LIFE/AD&amp;D/LTD (Bundled)</b>		<b>The Hartford</b>			
<b>403(b) Retirement Plan (Required for Ordained)</b>		An Adoption Agreement (available at <a href="http://www.epc.org/benefits/retirement">www.epc.org/benefits/retirement</a> ) needs to be completed and on file with the EPC Benefit Resources, Inc. office. Email completed form to <a href="mailto:benefits@epc.org">benefits@epc.org</a>			
<b>Voluntary Insurance Benefits through Colonial Life</b>		<b>Employee and Dependent Life</b>			<u>Comments</u>
		<b>Short-Term Disability</b>			
		<b>Accident Coverage</b>			
<b>Amplifon Hearing Aid Discount Program</b>		This program provides participants with discounted hearing aids and services throughout the country.			



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**2019 EPC Benefit Plan Choices offered to *OTHER STAFF II***

**Benefit Class:** \_\_\_\_\_ (Please specify: salaried, hourly, management, etc.)

	<i>Does your church offer this plan? (Y) or (N)</i>	<i>Plan types</i>	<i>Church Pays %</i>	<i>Employee Pays %</i>	<i>Comments</i>
<b>MEDICAL</b> Any combination of Medical Plans may be offered		<b>Platinum</b>			
		<b>Gold</b>			
		<b>Gold HDHP</b>			
		<b>Silver</b>			
		<b>Bronze HDHP</b>			
<b>DENTAL</b>		<b>Principal (High Plan)</b>			
		<b>Principal (Low Plan)</b>			
<b>VISION PLAN</b>		<b>EyeMed</b>			
<b>BASIC LIFE/AD&amp;D/LTD (Bundled)</b>		<b>The Hartford</b>			
<b>403(b) Retirement Plan (Required for Ordained)</b>		An Adoption Agreement (available at <a href="http://www.epc.org/benefits/retirement">www.epc.org/benefits/retirement</a> ) needs to be completed and on file with the EPC Benefit Resources, Inc. office. Email completed form to <a href="mailto:benefits@epc.org">benefits@epc.org</a>			
<b>Voluntary Insurance Benefits through Colonial Life</b>		<b>Employee and Dependent Life</b>			<i>Comments</i>
		<b>Short-Term Disability</b>			
		<b>Accident Coverage</b>			
<b>Amplifon Hearing Aid Discount Program</b>		This program provides participants with discounted hearing aids and services throughout the country.			



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2019 BENEFIT ELECTION FORM

**2019 EPC Benefit Plan Choices offered to *OTHER STAFF I***

**Benefit Class:** \_\_\_\_\_ (Please specify: salaried, hourly, management, etc.)

	<u>Does your church offer this plan? (Y) or (N)</u>	<u>Plan types</u>	<u>Church Pays %</u>	<u>Employee Pays %</u>	<u>Comments</u>
<b>MEDICAL</b> Any combination of Medical Plans may be offered		<b>Platinum</b>			
		<b>Gold</b>			
		<b>Gold HDHP</b>			
		<b>Silver</b>			
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<b>DENTAL</b>		<b>Principal (High Plan)</b>			
		<b>Principal (Low Plan)</b>			
<b>VISION PLAN</b>		<b>EyeMed</b>			
<b>BASIC LIFE/AD&amp;D/LTD (Bundled)</b>		<b>The Hartford</b>			
<b>403(b) Retirement Plan (Required for Ordained)</b>		An Adoption Agreement (available at <a href="http://www.epc.org/benefits/retirement">www.epc.org/benefits/retirement</a> ) needs to be completed and on file with the EPC Benefit Resources, Inc. office. Email completed form to <a href="mailto:benefits@epc.org">benefits@epc.org</a>			
<b>Voluntary Insurance Benefits through Colonial Life</b>		<b>Employee and Dependent Life</b>			<u>Comments</u>
		<b>Short-Term Disability</b>			
		<b>Accident Coverage</b>			
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**2019 EPC Benefit Plan Choices offered to PART-TIME CHURCH STAFF**

Employees working less than 30 hours per week are not eligible for the Health and Basic Life/ AD&D/LTD Plans.

	<u>Does your church offer this plan? (Y) or (N)</u>	<u>Plan types</u>	<u>Church Pays %</u>	<u>Employee Pays %</u>	
<b>403(b) Retirement Plan</b> (Required for Ordained)		An Adoption Agreement (available at <a href="http://www.epc.org/benefits/retirement">www.epc.org/benefits/retirement</a> ) needs to be completed and on file with the EPC Benefit Resources, Inc. office. Email completed form to <a href="mailto:benefits@epc.org">benefits@epc.org</a>			
<b>Voluntary Insurance Benefits through Colonial Life</b>		<b>Employee and Dependent Life</b>			<u>Comments</u>
		<b>Short-Term Disability</b>			
		<b>Accident Coverage</b>			
<b>Amplifon Hearing Aid Discount Program</b>		This program provides participants with discounted hearing aids and services throughout the country.			

**AUTHORIZATION AND SIGNATURE**

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_