



ENROLLMENT AND/OR CHANGE FORM

IMPORTANT: Please print or type neatly.
Incomplete or unclear information will delay enrollment.

60 Boulevard of the Allies, 5th Floor
Pittsburgh, PA 15222
Email: EPC@cadsadmin.com
Fax: 412-224-4465
Phone: 877-578-8707

For information regarding your Plan of Benefits, eligibility or the effective date of coverage please refer to www.epc.org/benefits

Participant Information: All fields must be completed by the Participant and verified by the Church except for those unaffiliated with a Church.

Last Name	First Name	M.I.	Gender	Birth date	Social Security Number	Daytime Phone Number
Address					City	State Zip Code
E-Mail Address		Classification: <input type="checkbox"/> 1. EPC-Ordained Minister <input type="checkbox"/> 2. Other EPC-Ordained <input type="checkbox"/> 3. Mgmt (non-Ordained) <input type="checkbox"/> 4. Salaried Employee <input type="checkbox"/> 5. Hourly Employee				
Reason for Enrollment:						
<input type="checkbox"/> New Hire <input type="checkbox"/> Add Dependent		<input type="checkbox"/> Transfer from another EPC Church*		<input type="checkbox"/> Enrollment for loss of other coverage <i>Please provide proof of loss of creditable coverage with this form</i>		<input type="checkbox"/> Transfer from another Denomination
<input type="checkbox"/> Open Enrollment		Name of Prior EPC Church:				
Reason for Change:						
<input type="checkbox"/> Termination of Employment <input type="checkbox"/> Death <input type="checkbox"/> Address Change		<input type="checkbox"/> Retirement <input type="checkbox"/> Voluntary Termination		<input type="checkbox"/> Transfer to another Church Name and Billing Pin of new Church:		<input type="checkbox"/> Electing other coverage

LIST ALL DEPENDENTS TO BE COVERED BY THIS ENROLLMENT (provide a second form for additional dependents)
(The Plan must be notified within 30 days of qualified event for new dependents)

Relationship	First Name	Middle Initial	Last Name (if different than the Participant)	Social Security Number	Sex		Birthdate Mo/Day/Yr
					M	F	
Spouse					<input type="checkbox"/>	<input type="checkbox"/>	
*Dependent					<input type="checkbox"/>	<input type="checkbox"/>	
*Dependent					<input type="checkbox"/>	<input type="checkbox"/>	
*Dependent					<input type="checkbox"/>	<input type="checkbox"/>	

Medical Plan - I decline the Medical Plan Coverage

<input type="checkbox"/> Platinum	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
<input type="checkbox"/> Gold	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
<input type="checkbox"/> Gold HSA	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
<input type="checkbox"/> Silver	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
<input type="checkbox"/> Bronze HSA	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children

Dental Plan - I decline the Dental Plan Coverage

<input type="checkbox"/> Low Plan	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
<input type="checkbox"/> High Plan	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children

Vision Plan - I decline the Vision Plan Coverage

<input type="checkbox"/> Vision	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
---------------------------------	--

Life Insurance and Long-Term Disability - Elect Decline

TO BE COMPLETED BY CHURCH OFFICER		
EE Date of Hire:	Effective Date of Enrollment or Change:	Employee Salary:
Customer Number from Invoice (Existing EPC Churches only) :		
Church Name (Employer):		
Church City, State, Zip Code:		
Church Daytime Phone Number:	Church Contact Email:	
Church Officer Signature:		
Date:		

Employee Signature _____ **Date** _____

*Please be sure to submit termination form from prior church if employee is transferring from another EPC church