



EPC

Benefit Resources, Inc.

BENEFIT PLANS ELECTION FORM

Please provide information on the 2020 Benefit Plan Elections you offer to your employees. BRI uses this for tracking purposes, and does not limit you as the employer from providing additional benefits to your employees in the future. For information on our benefits, see www.epc.org/benefits.

Church Name	Billing ID
City/State	Phone
Administrator Name	Email

2020 EPC Benefit Plan Choices offered to <i>EPC ORDAINED STAFF</i>					
	<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>
MEDICAL Any combination of Medical Plans may be offered		Platinum			
		Gold			
		Gold HDHP			
		Silver			
		Bronze HDHP			
DENTAL		DeltaDental (High Plan)			
		DeltaDental (Low Plan)			
VISION		EyeMed			
LIFE/AD&D/LONG-TERM DISABILITY (LTD)		The Hartford Life/AD&D/LTD			
ELECTIVE SUPPLEMENTAL LIFE/AD&D		The Hartford Elective Supplemental Life/AD&D/LTD			
403(b)(9) Retirement Plan (Required for Ordained)		Adoption Agreement (available at www.epc.org/benefits/retirement) needs to be completed and on file with the BRI office. Email completed form to benefits@epc.org			
Voluntary Insurance through Colonial Life		Employee/Dependent Life			
		Short-Term Disability			
		Accident Coverage			
		Critical Illness Coverage			
Amplifon Hearing Aid Discount Program		This program provides participants with discounted hearing aids and services throughout the country.			



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2020 EPC Benefit Plan Choices offered to EPC OTHER STAFF I

Benefit Class: _____ (Specify: non-EPC ordained, 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>
MEDICAL Any combination of Medical Plans may be offered		Platinum			
		Gold			
		Gold HDHP			
		Silver			
		Bronze HDHP			
DENTAL		DeltaDental (High Plan)			
		DeltaDental (Low Plan)			
VISION		EyeMed			
LIFE/AD&D/LONG-TERM DISABILITY (LTD)		The Hartford Life/AD&D/LTD			
ELECTIVE SUPPLEMENTAL LIFE/AD&D		The Hartford Elective Supplemental Life/AD&D/LTD			
403(b)(9) Retirement Plan (Required for Ordained)		Adoption Agreement (available at www.epc.org/benefits/retirement) needs to be completed and on file with the BRI office. Email completed form to benefits@epc.org			
Voluntary Insurance through Colonial Life		Employee/Dependent Life			
		Short-Term Disability			
		Accident Coverage			
		Critical Illness Coverage			
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2020 EPC Benefit Plan Choices offered to <i>EPC OTHER STAFF II</i>					
Benefit Class: _____ (Specify: non-EPC ordained, salaried, hourly, management, etc.)					
	Does your church offer this plan? (Y) or (N)	Plan types	Church Pays %	Employee Pays %	Comments
MEDICAL Any combination of Medical Plans may be offered		Platinum			
		Gold			
		Gold HDHP			
		Silver			
		Bronze HDHP			
DENTAL		DeltaDental (High Plan)			
		DeltaDental (Low Plan)			
VISION		EyeMed			
LIFE/AD&D/LONG-TERM DISABILITY (LTD)		The Hartford Life/AD&D/LTD			
ELECTIVE SUPPLEMENTAL LIFE/AD&D		The Hartford Elective Supplemental Life/AD&D/LTD			
403(b)(9) Retirement Plan (Required for Ordained)		Adoption Agreement (available at www.epc.org/benefits/retirement) needs to be completed and on file with the BRI office. Email completed form to benefits@epc.org			
Voluntary Insurance through Colonial Life		Employee/Dependent Life			
		Short-Term Disability			
		Accident Coverage			
		Critical Illness Coverage			
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2020 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.

	<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>
403(b)(9) Retirement Plan (Required for Ordained)		Adoption Agreement (available at www.epc.org/benefits/retirement) needs to be completed and on file with the BRI office. Email completed form to benefits@epc.org			
Voluntary Insurance through Colonial Life		Employee/Dependent Life			
		Short-Term Disability			
		Accident Coverage			
		Critical Illness Coverage			
Amplifon Hearing Aid Discount Program		This program provides participants with discounted hearing aids and services throughout the country.			

AUTHORIZATION AND SIGNATURE

Name _____

Title _____

Signature _____ Date _____