



EPC

Benefit Resources, Inc.

If your church wishes to *only* add Supplemental Life to its benefit offerings for 2020, please complete this Addendum Form. If adding other benefits, or making other changes to your EPC benefit elections, you must complete the full Church Benefit Plans Election Form.

Important note: Employees must be enrolled in the Basic Life/AD&D/LTD benefits through The Hartford to be eligible for these benefits.

Church Name	Billing ID
City/State	Phone
Administrator Name	Email

2020 EPC Benefit Plan Choices offered to *EPC ORDAINED STAFF*

	<i>Does your church offer this plan? (Y) or (N)</i>	<i>Plan Name</i>	<i>Church Pays %</i>	<i>Employee Pays %</i>	<i>Comments</i>
ELECTIVE SUPPLEMENTAL LIFE/AD&D		The Hartford Elective Supplemental Life/AD&D/LTD			

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 Name</i>	<i>Church Pays %</i>	<i>Employee Pays %</i>	<i>Comments</i>
ELECTIVE SUPPLEMENTAL LIFE/AD&D		The Hartford Elective Supplemental Life/AD&D/LTD			

2020 EPC Benefit Plan Choices offered to *EPC OTHER STAFF II*

Benefit Class: _____ (Specify: non-EPC ordained, salaried, hourly, management, etc.)

	<i>Does your church offer this plan? (Y) or (N)</i>	<i>Plan Name</i>	<i>Church Pays %</i>	<i>Employee Pays %</i>	<i>Comments</i>
ELECTIVE SUPPLEMENTAL LIFE/AD&D		The Hartford Elective Supplemental Life/AD&D/LTD			



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BENEFIT PLANS ELECTION FORM ADDENDUM

AUTHORIZATION AND SIGNATURE

Name _____

Title _____

Signature _____ Date _____