



EPC

Benefit Resources, Inc.

BILLING SETUP FORM

To get set up through EPC Billing Administration, please complete and return this form to *benefits@epc.org* or fax to 407-930-4492. This form is for invoicing purposes only.

Church/Organization Name _____ Phone (___) _____

City/State/ZIP _____

Billing Contact Person _____ Phone (___) _____

Billing Contact Email Address _____

Billing Address _____

Street Address

City/State/ZIP (required)

Choose one of the following for enrollment status:

- New EPC Church (Date Received into the EPC: _____)
- Existing EPC Church enrolling in coverage for the first time.
- Pastor Out of Bounds* —*Not Eligible Life or LTD*
- Retiree Coverage (Pre-Medicare, under age 65 only)* —*Not Eligible Life or LTD*
- Pastor Without Call* —*Not Eligible Life or LTD*

*EPC presbytery approved ministries only

Effective Date of Coverage _____

Signature of Authorized Church Representative _____ Date _____

..... **Presbytery Use Only**

Presbytery _____

I acknowledge that _____ (individual/church) is in good standing with the EPC to enroll/continue coverage in the EPC Benefit Plan under the status noted.

Signature of Authorized Representative _____ Date _____

..... **Benefit Resources, Inc., Use Only**

Signature of Authorized Representative _____

Date _____ Customer ID _____