



## Health Benefits

Because health benefit options differ state-to-state and city-to-city, the Church Benefits Board has partnered with World Insurance Association, Inc. (WIA) to provide the best available solution to meet your needs.

CBB now has a medical benefits consultant who is licensed in all 50 states and can help you find the best plans in your area. Working with WIA, we can find solutions for individuals as well as small or large churches and organizations.

Here are some helpful facts:

- Medical benefits are secured through highly-rated, nationally-recognized carriers.
- Medical plans, through WIA, are flexible. You choose the coverage options. And, participation in one CBB plan, such as retirement or disability insurance, is not a requirement to obtain medical benefits.
- WIA has worked with numerous CBF churches to find the best medical solutions for them. Devoted exclusively to the medical benefits needs of churches and Christian schools, WIA is a leading national consultant.

### How do I find the best medical benefits?

Attached is a short medical questionnaire and survey form to determine the type of coverage needed. Please fill it out and fax it to: 1-770-220-1661. A medical benefits coordinator will contact you to discuss specific plans available to you.

The staff of the Church Benefits Board is committed to helping you find the best available benefits. If you have benefits questions, call us toll free at 1-800-352-8741 or e-mail CBB at [churchbenefits@churchbenefits.org](mailto:churchbenefits@churchbenefits.org) and we'll work hard to find the best answers for you!

# EMPLOYEE BENEFITS QUESTIONNAIRE

In order to serve you better, please complete the following information in as much detail as possible. Information may be faxed to CBB at 770.220.1661.

## ORGANIZATION INFORMATION

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Contact Person for Employee Benefit Questions

\_\_\_\_\_  
Pastor Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Total Number of Church Staff

\_\_\_\_\_  
Full time

\_\_\_\_\_  
Part time

\_\_\_\_\_  
Total Number of School Staff

\_\_\_\_\_  
Full time

\_\_\_\_\_  
Part time

## BENEFITS SECTION

Check box when Applicable for Employee Benefits  
Currently Have Coverage      Would Like a Quote

Group Life/AD&D	<input type="checkbox"/>	<input type="checkbox"/>
Disability Coverage	<input type="checkbox"/>	<input type="checkbox"/>
International Medical	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Benefits	<input type="checkbox"/>	<input type="checkbox"/>
HRA & HSA Plans	<input type="checkbox"/>	<input type="checkbox"/>
Vision Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Dental Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Medical Plan Options	<input type="checkbox"/>	<input type="checkbox"/>

Other \_\_\_\_\_

Current Health Insurance Carrier \_\_\_\_\_

Renewal Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are there any pre-existing conditions in the group? Please circle. **Yes** **No**

Please attach copy of your current invoice from each carrier by product as well as a copy of your current plan design for Major Medical (if applicable). Fax information to 770.220.1661.



Church Benefits Board  
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