



## Adding a New Employee to Empower

This form should be completed by new employees who will receive benefits from your organization. Below lists the required fields for adding a new participant through the Empower Plan Service Center.

If you have questions, please contact the Church Benefits Board at [helpdesk@churchbenefits.org](mailto:helpdesk@churchbenefits.org) or (770) 220-1672

- First name \_\_\_\_\_
- Middle Initial \_\_\_\_\_
- Last name \_\_\_\_\_
- Social Security Number \_\_\_\_\_
- Birth Date \_\_\_\_\_
- Marital Status \_\_\_\_\_
- Gender \_\_\_\_\_
- Preferred Language \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_
- Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_
- Work Email \_\_\_\_\_
- Personal Email \_\_\_\_\_
- Participation Date (date eligible for benefits) \_\_\_\_\_
- Hire date \_\_\_\_\_
- Annual Salary Amount \_\_\_\_\_

**This form is for your records and does not need to be returned to CBB.**