



Employee Life, AD&D & Disability Insurance Enrollment & Beneficiary Form



This form is to enroll the following participant in The Church Benefits Board Employer paid Life, AD&D, & Disability Insurance through The Hartford Insurance Company. The Beneficiary designation will apply to the following insurance coverage(s) available through your Employer: Life Insurance, Life with accidental Death & Dismemberment (AD&D) Insurance and GLT Disability Insurance. Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to the Employer during your lifetime.

EMPLOYER INFORMATION

Employer Name: Existing Employer? YES NO If Yes, enter 4 digit account #:

Mailing Street Address: City, State, Zip:

Primary Billing Contact: Job Title:

Email: Phone Number:

EMPLOYEE INFORMATION

First Name: Middle Initial: Last Name:

SSN: Date of Birth:

Gender: Male Female Date of Hire: Job Title:

Mailing Street Address: City, State, Zip:

Work #: Cell #: Email:

EMPLOYEE COMPENSATION INFORMATION

Life Insurance Premiums are figured on 2% of Annual Compensation, including Salary, Housing and Social Security/Medicare Tax offset if applicable. Complete the table below for processing.

(A) Annual Salary Amount Taxable Income in Box 1 of W2. Include amounts to be withheld for per year Employee Payroll Contribution and Flexible Spending Account

(B) Housing Allowance Amount Indicate if your employer is eligible to designate a portion of your compensation as housing allowance or rental value of parsonage, plus utilities, which would not be reported as taxable income. Designated in Box 14 of W2. YES NO +

(C) Social Security/Medicare Tax Offset Amount Did your employer provide additional compensation to help offset social security/medicare tax? YES NO +

Total Annual Compensation (A+B+C) Does not include Life & Disability premiums or retirement contribution, medical premiums, or ministry - related expenses such as car expenses, continuing education, convention expenses, books, etc. =



EMPLOYEE BENEFICIARY INFORMATION

STATEMENT OF MARITAL STATUS

Married Participant Naming Spouse as Sole Beneficiary

By checking this box, I hereby certify to the Church Benefits Board, that I am married and intend to name my spouse as the beneficiary of any benefits payable upon my death. (Complete Beneficiary Information below)

Married Participant Naming Primary Beneficiary other than Spouse

By checking this box, I hereby certify to the Church Benefits Board that I am married and intend to name my primary beneficiary as someone other than my spouse. (Complete Beneficiary Information below and Spousal Consent Form, pg. 3)

Unmarried Participant

By checking this box, I hereby certify to the Church Benefits Board that I am unmarried. (Complete Beneficiary information below)

PRIMARY BENEFICIARY (IES)

NAME	ADDRESS	SOCIAL SECURITY #	RELATIONSHIP	% OF BENEFITS

*NOTE: If you choose someone other than, or in addition to, your spouse as primary beneficiary, a signed, notarized Spousal Consent Form must be presented to waive the survivor benefit provided by the Plan. If you are married, in some states it is required your spouse be your primary beneficiary unless spousal consent is provided. If this applies, complete page 3, Spousal Consent Form.

CONTINGENT BENEFICIARY (IES)

If none of my primary beneficiary(ies) survive me, I designate the following as secondary beneficiary(ies).

NAME	ADDRESS	SOCIAL SECURITY #	RELATIONSHIP	% OF BENEFITS

If no beneficiary survives me or if no beneficiary is named, my account balance will be payable in accordance with the provisions of the Church Benefits Board Plan Document.

I authorize the Plan Administrator to execute my directions as set forth above. I understand these directions will be in effect until a subsequent election is submitted, or as required by law or the Plan. Furthermore, I understand that all benefits and rights to which I am entitled under the Plan will be determined only in accordance with the Plan and Trust Agreement, all amendments thereto, and regulations thereunder. I agree, if more than one beneficiary is designated, payments will be made in equal shares to those persons designated as beneficiaries who survive me, unless indicated otherwise.

Employee Printed Name: Employee Signature: Date:

Administrator Name: Administrator Signature: Date:



Employee Life, AD&D & Disability Insurance
SPOUSAL CONSENT FORM

The Spousal Consent form only needs completed if you are married and have named your primary beneficiary as someone other than your spouse.

EMPLOYEE INFORMATION

First Name: [] Middle Initial: [] Last Name: []
SSN: [] Date of Birth: []

YOUR SPOUSE'S INFORMATION

SPOUSAL CONSENT (IF SPOUSE IS NOT DESIGNATED AS THE SOLE BENEFICIARY)

I, the undersigned, being the spouse of the above-named Plan participant, consent to the Non-Spouse Primary Beneficiary designated and to any distribution made pursuant thereto in accordance with the terms of the Plan. I understand that any Plan benefits payable upon the death of the above-named Participant shall be payable to the primary beneficiary(ies) named in the Plan Beneficiary Designation Form in the percentages designated on such form and not to myself, and I hereby consent to the designation and payment to such non-spouse.

First Name: [] Middle Initial: [] Last Name: []
SSN: [] Date of Birth: []

Spouse's Signature: [] Date: []

Notarized by:
Name of Employer or Church Administrator Signature Date

Please keep a copy of this form for your records and email to helpdesk@churchbenefits.org to submit for processing.

Church Benefits Board
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