



Employee Life, AD&D & Long-Term Disability Insurance Enrollment Form



This form is to enroll the following participant in The Church Benefits Board Employer paid Life, AD&D, & Long-Term Disability Insurance through The Hartford Insurance Company.

After a signed enrollment form is received, The Church Benefits Board will send the employee an enrollment link via email to enter their beneficiary and dependent information.

EMPLOYER INFORMATION

Employer Name:	<input type="text"/>	Existing Employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>
Mailing Street Address:	<input type="text"/>	City, State, Zip:	<input type="text"/>	
Primary Billing Contact:	<input type="text"/>	Job Title:	<input type="text"/>	
Email:	<input type="text"/>	Phone Number:	<input type="text"/>	

EMPLOYEE INFORMATION

First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>	Last Name:	<input type="text"/>
SSN:	<input type="text"/>	Date of Birth:	<input type="text"/>		
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Hire:	<input type="text"/>	Job Title:	<input type="text"/>
Mailing Street Address:	<input type="text"/>	City, State, Zip:	<input type="text"/>		
Work #:	<input type="text"/>	Cell #:	<input type="text"/>	Email:	<input type="text"/>

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	<input type="text"/>
(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.	+ <input type="text"/>
(C) Social Security/Medicare Tax Offset Amount	Did your employer provide additional compensation to help offset social security/medicare tax? If so, please indicate the amount to the right.	+ <input type="text"/>
Total Annual Compensation (A+B+C)		= <input type="text"/>
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.		

Administrator
Printed Name: _____

Administrator
Signature: _____

Date: _____