



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: 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

Benefits Effective Date: Date of Hire: Job Title:

Mailing Street Address: City, State:

Zip Code: Work #: Cell #:

Personal Email: Work 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. +

(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. =

Administrator
Printed Name: _____

Administrator
Signature: _____

Date: _____