



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 Reliance Matrix.

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/Church CBB Account Number:	Name of Person Completing the Form:
Employer/Church Name:	Job Title:
Employer/Church Address:	Contact Phone Number:
Date Form Completed:	Email Address:

EMPLOYEE INFORMATION

First Name:	Middle Name:	Last Name:	Date of Birth:
SSN:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Job Title:	Date of Hire:
Works at least avg. 20 hrs/week <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Email:	Personal Email:	Benefits Effective Date:
Mailing Street Address:	City, State:	Zip Code:	Cell Phone Number:

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 +
If so, please indicate the amount to the right.

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: _____