



Employee Life, STD, LTD & AD&D Insurance Enrollment Form



This form is to enroll the following participant in The Church Benefits Board Employer paid Life, STD, LTD & AD&D Insurance through Reliance Matrix.

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

EMPLOYER INFORMATION

Table with 2 columns: Employer/Church information and Name/Job/Contact info.

EMPLOYEE INFORMATION

Table with 4 columns: Personal info, Gender, Job Title, and Contact info.

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? 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: \_\_\_\_\_