



CHURCH PENSION GROUP

445 Fifth Avenue
 New York, NY 10016
 Active Member Services: 800.480.9967
 Retiree Member Services: 866.273.4545
 Fax (both): 212.592.9499
 www.cpg.org

Church Life Insurance Corporation

Group Life Insurance Enrollment and Change Form

1 Information About the Employee

New Enrollments

- New employee
- Late enrollment

Enrollment Deadlines for New Employees: For group life insurance, new employees must enroll and sign this form within 30 days of their hire or eligibility date for group life insurance.

Title _____ First Name _____ M.I. _____ Last Name _____
 (The Rev., Mr., Mrs., Ms., etc.)

Residence (if new enrollment or change of address)

Street _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

- Active
- Retired
- Male
- Female
- Married
- Single

Change to Existing Coverage

- Change in billing information
- Employee terminated
- Employee deceased
- Change in dependents
- Change of address
- Age 65+ retirement
- Early retirement
- Marriage* ***Attach copies of legal marriage or divorce documents.**
- Divorce* ***Attach copies of legal marriage or divorce documents.**
- Transferred from another parish within same diocese
- Change in amount of insurance (see Section 3)

Date Hired _____ / _____ / _____ Soc. Sec. No. _____ - _____ - _____

Birth Date _____ / _____ / _____ Coverage/Change Effective _____ / _____ / _____

(To be completed by underwriter for late enrollment only)

Mailing Address (if different)

Street _____

City _____ State _____ Zip _____

- Clergy
- Lay
- Seminarian

2 Billing Information

Name of Episcopal Organization _____

Street _____

Phone _____ E-mail _____ List Bill ID _____

City _____ State _____ Zip _____

3 Amount of Coverage

Amount of Group Life Insurance: \$ _____

The amount of insurance coverage is determined by the group life insurance contract your diocese or other institution has with Church Life. *This contract may or may not offer dependent coverage.* Group life insurance over \$500,000 is subject to approval and underwriting standards.

Total compensation or annual salary: \$ _____

Total compensation for clergy is their Total Compensation as reported to The Church Pension Fund (including cash stipend, housing, utilities, and Social Security (SECA) offset). For lay employees, it is their annual salary plus bonus.

4 Information About Dependents (complete only if the Group Life Contract covers dependents)

Dependents age 19-25 are eligible only if they are full-time students or physically or mentally handicapped. Include documentation with this form.

Amount of Group Life Insurance

Amount of Group Life Insurance	Full Name	Relationship	Soc. Sec. No.	Birth Date (M/D/Y)	Gender
\$ _____ <input type="checkbox"/> Add <input type="checkbox"/> Cancel	_____	_____	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
\$ _____ <input type="checkbox"/> Add <input type="checkbox"/> Cancel	_____	_____	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
\$ _____ <input type="checkbox"/> Add <input type="checkbox"/> Cancel	_____	_____	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F

5 Important Information

Early Benefits: The Group Life policy contains provisions that permit the payment of benefits in the event of terminal illness of the insured(s). Receipt of accelerated death benefits may affect eligibility for public assistance programs, and may be taxable. If the insured elects to receive accelerated death benefits, a lien is placed against the portion of the policy's death benefits associated with the accelerated benefits.

Consent of Biological Parent: Stepchildren may be covered as dependents only with the consent of the biological parent. Attach the completed Biological Parent consent form to this form, for any dependent stepchildren to be enrolled.

Beneficiaries: Attach a completed *original* Beneficiary Designation Form to this enrollment form. Contact Active Member Services for the Beneficiary Designation Form, or download it from www.cpg.org.

Change of Beneficiaries: If you wish to change beneficiaries, complete a new Beneficiary Designation Form. This can be downloaded from www.cpg.org

6 Signatures – Employee, Employer, and Sponsoring Diocese or Organization

The employee, employer, and an officer of the sponsoring diocese or organization must sign this form. By signing, the employer certifies the employee is eligible for Group Life Insurance and, to the best of the employer's knowledge, all information provided is correct.

Employee's Signature _____	Date _____	Employer's Signature _____	Date _____
Name of Sponsoring Diocese or Organization _____	Officer's Signature _____	Date _____	
Street _____	City _____	State _____	Zip _____
		Phone _____	E-mail _____