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New York, NY 10016
800-480-9967
877-432-9274 fax
cpg.org

2027 Group Medicare Advantage & Dental Enrollment Form

Member Information

Title				
First		MI	Last	Suffix
Street Address or PO Box*				
City		State		Zip
Home Phone		Cell Phone		Email
Date of Birth (mm/dd/yyyy)			Social Security Number	
Gender (select one) ☐ Male ☐ Female Employee Type (select one) ☐ Clergy ☐ Lay Marital Status (select one) ☐ Married ☐ Single				
☐ Surviving spouse/dependent or former spouse of:				

***If you list a PO Box above, one of the following conditions must apply to you. If none applies to you, you must list a street address to enroll in the plans.**

- ☐ You are in the Address Confidentiality Program.
- ☐ You are in the Witness Protection Program.
- ☐ You are currently unhoused.
- ☐ You certify that you also have a permanent address in the US or in a US territory.
- ☐ You live in a rural area without a traditional street address. If this is the case, please include a tax record, utility bill, voter registration record, or driver's license that specifies the county in which you live.

Spouse/Dependent Information (if applicable)

Title				
First		MI	Last	Suffix
Date of Birth (mm/dd/yyyy)			Social Security Number	

Medical Coverage

Plans and monthly premiums are subject to change every January 1.

Please check the box(es) below to indicate type of coverage and who will be receiving coverage.

Group Medicare Advantage (GMA) Plan (PPO) and Prescription Drug Plan (PDP)	2027 Monthly Cost Per Person*	Member	Spouse/Dependent
☐ GMA Comprehensive and PDP Comprehensive	\$459	☐	☐
☐ GMA Premium and PDP Premium	\$593	☐	☐

*These costs don't reflect any subsidy you may be eligible to receive from The Church Pension Fund or from your former employer. Some dioceses subsidize costs for their retirees. Check with your diocese to determine the actual cost for each set of plans.

☐ I Decline Medical Coverage

Coverage Effective Date (must be the first day of the month)

Note:

- Enrollment in the PDP Comprehensive or PDP Premium may automatically disenroll you from any other Medicare Part D plan not provided through The Episcopal Church Medical Trust (Medical Trust), as Medicare allows enrollment in only one Part D plan at a time.
- Proof of enrollment in Medicare Part A and Part B is required to participate in a UnitedHealthcare GMA plan. Please attach a copy of your Medicare ID card or a letter from the Social Security Administration confirming your enrollment in Medicare Parts A and B. If applicable, please also provide the same documentation for your spouse and/or dependent(s).
- Retirees enrolled in TRICARE For Life can also be enrolled in the UnitedHealthcare GMA plan offered through the Medical Trust.
- If the member is not enrolled in a Medical Trust plan, the spouse/dependent(s) will not be eligible for coverage under the UnitedHealthcare GMA plan. Eligibility requirements may vary for surviving and former spouses.
- Call Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET, if
 - you're 65 or older, but your eligible spouse or dependent is under 65 and not enrolled in Medicare Part A or Part B, or
 - you're not 65, but your eligible spouse or dependent is 65 or over and enrolled in Medicare Part A and Part B.

Dental Coverage

Plans and monthly premiums are subject to change every January 1. Please check the box(es) below to indicate who will be receiving coverage.

Dental Plan	2027 Monthly Cost Per Person*	Member	Spouse/ Dependent
☐ Delta Dental Basic	\$64	☐	☐
☐ Delta Dental Comprehensive	\$78	☐	☐
☐ Delta Dental Premium	\$94	☐	☐

*These costs don't reflect any subsidy you may be eligible to receive from The Church Pension Fund or from your former employer. Some dioceses subsidize costs for their retirees. Check with your diocese to determine the actual cost for each plan.

☐ I Decline Dental Coverage

Coverage Effective Date (must be the first day of the month)

Note:

- If the member is not enrolled in a Medical Trust plan, the spouse/dependent will not be eligible for coverage under the Delta Dental plan. Eligibility requirements may vary for surviving and former spouses.
- Plan rates for a spouse/dependent under age 65 may vary. Please call the Medical Trust at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

Billing Information

If you receive a pension from The Church Pension Fund and the monthly pension benefit covers the full cost of your medical and/or dental benefits, the cost of coverage will be deducted from your monthly pension. Otherwise, you will be billed directly. If your employer covers the full cost of your medical and/or dental benefits, complete the information below so we can bill the institution.

☐ My Episcopal institution covers the full cost of my medical and/or dental coverage	If an Episcopal institution will be billed, that institution must complete the section below.		
	☐ Bill for Medical ☐ Bill for Dental		
	Name of Institution		
	List Bill ID #	Phone	
	Street Address		
	City	State	Zip
	Approval Signature		
	Title		

If you receive a monthly pension from The Church Pension Fund that covers the full cost of your medical and/or dental benefits, you agree to the following pension deduction agreement and authorization.

Pension Deduction Agreement and Authorization

As a condition of my enrollment in the health coverage(s) I have selected, I hereby authorize The Church Pension Fund to deduct the amount(s) indicated from my pension benefit and to pay such amount(s) to The Episcopal Church Clergy and Employees' Benefit Trust in respect of my and, if applicable, any eligible dependent's monthly contribution for the health coverage(s) selected on this enrollment form. I acknowledge that participation in this retiree medical program is optional and that I authorize this deduction from my pension benefit voluntarily and without any duress or undue influence by The Episcopal Church Medical Trust or any of its affiliates. I acknowledge that this deduction is for my benefit and that I have received written notice of all terms and conditions of the payment and/or its benefits and the details of the manner in which deductions will be made.

I understand that future cost increases will automatically be withheld from my pension benefit, as long as I remain in the same plan(s) or am defaulted to replacement plan(s), without additional authorization. I understand that whenever there is a substantial change in the terms or conditions of payment, including but not limited to any change in the amount of the deduction, or a substantial change in the benefits of the deduction or the details in the manner in which deductions are made, I will be notified prior to the implementation of the change.

I understand that if I am enrolling with The Episcopal Church Medical Trust for the first time, the first pension deduction may include more than one month's premium.

For Members Who Will Be Billed Directly

You Must Pay Benefits Bills Online

If you will be billed directly, your benefits bill(s) will be accessible and payable only via a Benefits Bill Pay link in [MyCPG Accounts](https://mycpg.org/mycpg) ([cpg.org/mycpg](https://mycpg.org/mycpg)). The link will be activated following receipt of your acceptance offer and the completion of your enrollment. Accessing the link will enable you to view and pay your invoice(s) by bank transfer or debit card and easily track payment history.

Billing notifications will be sent to your **personal** email address from "The Episcopal Church Medical Trust (Group Health, Life, Disability) <noreply@paymentus.com>" (powered by Paymentus). It's important that you ensure we have a valid **personal** email address on file for you in [MyCPG Accounts](https://mycpg.org/mycpg). If we don't have a valid personal email address for you, you will not receive notifications about your benefits bill(s), which may cause you to fall behind on your payments and your coverage to be terminated.

When you receive a notification that your monthly invoice is ready to view and pay, simply sign in to [MyCPG Accounts](https://mycpg.org/mycpg) and

select the “Benefits Bill Pay” link. If you forgot your password, select “Forgot Password” and follow the prompts. If you don’t have an account in [MyCPG Accounts](#), select “Create Account” and follow the prompts. Setting up an account takes just a few minutes.

Future Invoices

Each month, you will receive a billing notification from “The Episcopal Church Medical Trust” at your personal email address, notifying you that your invoice is ready for viewing and paying.

Please Sign Below

By signing below, I understand and agree that:

- All of the information provided on this form is complete and accurate.
- I have reviewed the benefit plan information, understand the benefit choices available, and elect the options above.
- On behalf of my dependents and myself, I agree to abide by the terms of the benefit plans.
- I understand that I cannot change my election during the plan year unless the change is due to a Significant Life Event or HIPAA Special Enrollment Event.
- I understand that the plans and premiums will remain in effect from my date of enrollment through the end of the calendar year.
- I agree to the terms and conditions of the Billing Information selection above.
- I am not currently incarcerated in a correctional facility.

Member Signature

Include Power of Attorney documentation if applicable

Signature

Date

Spouse/Dependent Signature (if applicable)

Include Power of Attorney documentation if applicable

Signature

Date

This material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, any official plan documents or insurance policies will govern. The Church Pension Fund (CPF) and its affiliates (collectively, CPG) retain the right to amend, terminate, or modify the terms of any benefit plan and/or insurance policy described in this material at any time, for any reason, and, unless otherwise required by applicable law, without notice.

CPF currently offers a postretirement health subsidy to eligible clergy and spouses. However, CPF is required to maintain sufficient liquidity and assets to pay its pension and other benefit plan obligations. Given uncertain financial markets and their impact on assets, CPF has reserved the right, at its discretion, to modify or discontinue the postretirement health subsidy at any time.

Church Pension Group Services Corporation (CPGSC), doing business as The Episcopal Church Medical Trust, maintains a series of health and welfare plans (the Plans) for eligible employees of The Episcopal Church (the Church) and their eligible dependents. The Medical Trust serves only eligible Episcopal employers. The Plans that are self-funded are funded by the Episcopal Church Clergy and Employees’ Benefit Trust, a voluntary employees’ beneficiary association within the meaning of Section 501(c)(9) of the Internal Revenue Code.

The Plans are church plans within the meaning of Section 3(33) of the Employee Retirement Income Security Act of 1974, as amended, and Section 414(e) of the Internal Revenue Code. Not all Plans are available in all areas of the United States or outside the United States, and not all Plans are available on both a self-funded and fully insured basis. Additionally, the Plans may be exempt from federal and state laws that may otherwise apply to health insurance arrangements. The Plans do not cover all healthcare expenses, so members should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations, and procedures.