

Enrollment Form Group Term Life Insurance

Section 1—Employee Information

| | | |
|--|--|----------|
| Legal Name | First | MI |
| | Last | |
| Mailing Address | Street | |
| | City | |
| | State | Zip Code |
| | Country | |
| | Home Phone | |
| | Mobile Phone | |
| | Personal Email | |
| | Social Security # / TIN | |
| | Date of Birth | |
| | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Is employee actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Does employee work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Work Location | | |
| Work Phone | | |
| Scheduled number of work hours per week | | |

Section 2—Employer Information

| | | |
|-------------------------|-------------|----------|
| Employer Name | | |
| | Client ID # | |
| Mailing/Billing Address | Street | |
| | City | |
| | State | Zip Code |
| | Country | |
| | Phone | |
| | Diocese | |
| | List Bill | |

Section 3—Enrollment or Coverage Change

Transaction Type

New Hire

Late Enrollee

Newly Eligible

Group Term Life Insurance

Life Insurance Amount _____

Effective Date _____

Note: Enrollment in Group Life Term Insurance must be made **within 31 days** of the employee's hire date. (Waiting periods are not permitted under the plans.)

Section 4—Acknowledgment, Signatures, and Notices

Employer Signature

- By signing below, the employer certifies the employee is eligible for group life coverage applied for, and, to the best of the employer's knowledge, all information provided above is correct.
- By signing below, the employer certifies the employee is no longer eligible for group life coverage.

Employer Signature _____

Date _____

Submit the completed
and signed form to:

The Episcopal Church Clergy and Employees' Benefit Trust, 19 East 34th Street, New York, NY 10016, Attn: Client Services or email to admin-assist@cpg.org. If you have any questions, call us at (866) 802-6333, Monday to Friday, 8:30AM to 8:00PM ET.

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