

Zurich American Life Insurance Company of New York

Enrollment or Termination Form Employer-Paid Short-Term and Long-Term Disability Coverage

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 Number	
Mailing/Billing Address	Street	
	City	
	State	Zip Code
	Country	
	Phone	
	Diocese	
	List Bill	

Section 3—Enrollment, Coverage Change or Termination

Transaction Type New Hire Newly Eligible Annual Enrollment
 Late Enrollee Employee Termination
of Coverage* (proceed
to Section 4B)

Effective Date of Change _____

Short-Term Disability Coverage

Policy Selected**

- STD 26 Weeks 60%
- STD 26 Weeks 66.67%
- STD 13 Weeks 60%
- STD 13 Weeks 66.67%

Long-Term Disability Coverage

Policy Selected**

- LTD 180 Days 40%
- LTD 180 Days 60%
- LTD 180 Days 66.67%
- LTD 90 Days 40%
- LTD 90 Days 60%
- LTD 90 Days 66.67%

Enrollment deadline:

Enrollments in a Short-Term and/or Long-Term Disability plan must be made within 31 days of the employee's hire date. The plans do not allow for waiting periods.

** Terminated employees who have been enrolled in any of the Employer-Paid (Voluntary) Long-Term Disability Plans for 12 or more consecutive months can convert their LTD coverage if they apply directly through Zurich American Life Insurance Company of New York within 31 days of their termination date. Forms are available at cpg.org.*

*** Coverage subject to elimination period and maximum amount.*

Section 4A —Acknowledgment, Signatures, and Notices

Employer Signature

By signing below, the employer certifies the employee is eligible for all coverages applied for, and, to the best of the employer's knowledge, all information provided above is correct.

Employer Signature _____ Date _____

Section 4B—Acknowledgment, Signatures, and Notices for Termination

Employer Signature

By signing below, the employer certifies the employee is no longer eligible for Disability Coverage, and, to the best of the employer's knowledge, all information provided above is correct.

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.

Please note that 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, the official plan documents or insurance policies will govern. In New York, the terms and conditions for the Group Short-Term and Long-Term Disability Income Insurance policies are set forth in policy form number 1000-ZAGP-DS-NY-01. The policies are issued by Zurich American Life Insurance Company of New York, domestic life insurance company, located at its registered home address of 150 Greenwich Street, Four World Trade Center, 54th Floor, New York, NY 10007-2366.

This notice is only applicable for Accidental Death and Dismemberment and Long- and Short-Term Disability coverage. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.