The Episcopal Church Medical Trust
19 East 34th Street
New York, NY 10016
cpg.org

Annual Enrollment

«Dependent_First_Name» «Dependent_Last_Name»
«Address_Line_1»

«City», «State» «Postal_Code»

<Mail Date>

Maximum Age for Benefits Eligibility

The Medical Trust offers medical and dental coverage to eligible dependent children until the end of the calendar year in which they turn 30, unless they became disabled before age 25.

Dear Member:

Our records indicate that you are—or will turn—30 this year and, as a result, will not be eligible for benefits as a dependent through The Episcopal Church Medical Trust (Medical Trust) in 2027.

The Medical Trust allows you to voluntarily continue medical[1] and dental coverage at your own expense for up to 36 months beginning on January 1, 2027, through the Medical Trust's Extension of Benefits (EOB) program. If you want to participate in the EOB program, please fill out and return the enclosed Extension of Benefits enrollment form(s) by November 16, 2026.

Note: If you do not actively elect to participate in the EOB program, your last day of medical and/or dental coverage with the Medical Trust will be December 31, 2026.

Coverage Options

We encourage you to explore all your options for 2027, which may include the following:

- Medical and dental plans offered by your own employer, if applicable
- Qualified health plans available on the federal or state Health Insurance Marketplace (sometimes known as health insurance "exchanges") established under the Affordable Care Act (information at *healthcare.gov*)
- Individual policies offered by private insurance companies
- Medicaid, if you meet certain requirements (details at *medicaid.gov*)

If you have any questions about the termination of your Medical Trust coverage, please contact Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET.

Sincerely,

The Episcopal Church Medical Trust Team

[1] *Medical coverage also includes pharmacy and vision. Check your health plan handbook for a list of all medical benefits included.*

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.

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 Plan 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.

CPG is not responsible for the content, performance, or security of any website referenced herein that is outside the cpg.org *domain or that is not otherwise associated with a CPG entity.*

Extending Your Benefits – Next Steps

If you choose to extend your medical and/or dental coverage, please complete and return the attached Extension of Benefits Enrollment Form(s) as soon as possible in one of the following ways.

- In the enclosed envelope:
  Church Pension Group
  Medical Trust Client Services
  19 East 34th Street
  New York, NY 10016
- By email: *mtcustserv@cpg.org*
- By fax: 877-432-9274

We must receive your enrollment materials no later than November 16, 2026. Your option to extend your benefits will automatically expire on that date.

If you choose to extend your benefits, please retain this letter for your records.

You Must Pay Benefits Bills Online

Your benefits bill(s) will be accessible and payable only via a Benefits Bill Pay link in ***MyCPG Accounts***. The link will be activated following receipt of your EOB acceptance and the completion of your enrollment. Accessing the link will enable you to view and pay invoice(s) by bank transfer or debit card and track your payment history.

Billing notifications will be sent to your personal email address from The Episcopal Church Medical Trust (Group Health, Life, Disability) ***(powered by Paymentus)***. You must ensure that we have a valid personal email address on file for you in MyCPG Accounts (***cpg.org/mycpg***). Otherwise, 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 for viewing and paying, simply sign in to ***MyCPG Accounts*** and select the Benefits Bill Pay link. If you forgot your password, select Forgot Password, and follow the prompts. If you do not have an account in ***MyCPG Accounts***, select Create Account and follow the prompts. Setting up an account takes just a few minutes.

Don't Miss the Deadline!

We must receive your enrollment materials by November 16, 2026, so please return them as soon as possible. The option to extend your benefits will automatically expire if we receive your form(s) after the expiration date. After confirmation of enrollment, you should access your newly created account and update your email.

Your EOB rates will be the same as those billed to your group (see enrollment form for your current plan, tier, and rates). We will bill you electronically for the cost of the extended coverage. Rates may be adjusted periodically. You will receive a notice about the new rates and/or plan changes during our annual enrollment period.

Once you are enrolled, payment will be due upon receipt of your monthly invoice. Please note that failure to remit payment within 30 days of the due date may result in termination of your coverage.

Participation in the EOB program is voluntary. If you elect to continue coverage, you will be responsible for all payments beginning on January 1, 2027.

Questions?

Please contact Client Services at 800-480-9967, Monday to Friday, 8:30 AM to 8:00 PM ET

Sincerely,

The Episcopal Church Medical Trust Team

EPISCOPAL CHURCH
MEDICAL TRUST
19 East 34th Street
New York, NY 10016

Extension of Benefits—Medical Enrollment Form

Please return this form following the instructions on the accompanying letter.

November 26, 2026

Participating Group:	«Group_Name»
Association Number:	«Association_Package_ID»
Client Number:	«Dependent_Client_Number_PIN»//DAO
Current Medical Plan:	«Medical_Plan_Name»
Offer Expiration Date:	November 16, 2026

Eligibility Dates for Extension of Benefits
From January 1, 2027, to December 31, 2029

☐ Please extend my medical coverage at «SINGLE_MED_RATE» per month

I understand that I am electing to continue my medical benefits in their current form. I am eligible to continue these benefits at my own expense from January 1, 2027, to December 31, 2029. I understand that I will be responsible for paying the monthly premium within 30 days of my monthly billing date, or my benefits may be terminated. Following the completion of my enrollment, I understand that I will begin to receive monthly invoices from The Episcopal Church Medical Trust (Group Health, Life, Disability). I may cancel coverage at any time upon 30 days prior written notice.

«Dependent_First_Name» «Dependent_Last_Name» _____

Print Name Date

_____ _____

Signature Date

EPISCOPAL CHURCH
MEDICAL TRUST
19 East 34th Street
New York, NY 10016

Extension of Benefits—Dental Enrollment Form

Please return this form following the instructions on the accompanying letter.

Participating Group:	«Group_Name»
Association Number:	«Association_Package_ID»
Client Number:	«Dependent_Client_Number_PIN»//DAO
Current Dental Plan:	«Dental_Plan_Name1»
Dental Plan Offered:	«Dental_Plan_Name1»
Offer Expiration Date:	November 16, 2026

Eligibility Dates for Extension of Benefits
From January 1, 2027, to December 31, 2029

☐ Please extend my dental coverage at $**«SINGLE_Den_RATE»**.00 per month

I understand that I am electing to continue my dental benefits in their current form. I am eligible to continue these benefits at my own expense from **January 1, 2027, to December 31, 2029.** I understand that I will be responsible for paying the monthly premium within 30 days of my monthly billing date, or my benefits may be terminated. Following the completion of my enrollment, I understand that I will begin to receive monthly invoices from The Episcopal Church Medical Trust (Group Health, Life, Disability). I may cancel coverage at any time upon 30 days prior written notice.

«Dependent_First_Name» «Dependent_Last_Name» _____
Print Name Date

_____ _____
Signature Date