

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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