



**EPC**

Benefit Resources, Inc.

**BENEFITS ELECTION FORM**

Please complete the following information to choose which benefits you will offer to your staff. Once you have decided what you will offer, choose whether it will be a church-paid benefit, employee-paid, or a combination of both. To assist you in these decisions, a video and rates for our benefits are available at [www.epc.org/benefits](http://www.epc.org/benefits).

<b>Church Name</b>	<b>City, State</b>	
<b>Phone</b>	<b>Billing ID#</b>	<b>Date</b>
<b>Contact Person for Benefits</b>	<b>Email</b>	

**EPC Benefit Plan Choices**

<i>Benefit Plans offered by EPC to employee working 30+ hours/week</i>	<i>Offer this plan (Y/N)</i>	<i>Plan types</i>	<i>Church pays full amount (Y/N)</i>	<i>% church pays if less than full amount</i>	<i>Employee pays full amount (Y/N)</i>	<u><i>Comments</i></u>
<b>Medical</b> (Any combination of Medical Plans may be offered)		<b>Platinum</b>				
		<b>Gold</b>				
		<b>Gold HSA</b>				
		<b>Silver</b>				
<b>Dental</b>		<b>Low Plan</b>				
		<b>High Plan</b>				
<b>Vision Plan</b>						
<b>Basic Life, AD&amp;D, Long-Term Disability</b>						

<b>403(b)(9) Retirement Plan</b>		<b>An Adoption Agreement Form (available at <a href="http://www.epc.org/benefits/retirement">www.epc.org/benefits/retirement</a>) needs to be completed and on file with the EPC Benefits office. For more information, or if you have any questions, email <a href="mailto:benefits@epc.org">benefits@epc.org</a></b>
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<b>Colonial Life Voluntary Insurance Options</b>  <b>Requirement: 20+ hours per week</b>		<b>Employee and Dependent Life</b>				
		<b>Short-Term Disability</b>				
		<b>Accident Coverage</b>				

Email to [epc@cdsadmin.com](mailto:epc@cdsadmin.com) or fax to 412-224-4465