



ENROLLMENT AND/OR CHANGE FORM
IMPORTANT: Please print or type neatly.
 Incomplete or unclear information will delay enrollment.

60 Boulevard of the Allies, 5th Floor
 Pittsburgh, PA 15222
 Email: EPC@cadsadmin.com
 Fax: 412-224-4465
 Phone: 877-578-8707

For information regarding your Plan of Benefits, eligibility or the effective date of coverage please refer to www.epc.org/benefits
Participant Information: All fields must be completed by the Participant and verified by the Church except for those unaffiliated with a Church.

Last Name	First Name	M.I.	Gender	Birth date	Social Security Number	Day Time Phone Number
Address					City	State Zip Code
E-Mail Address		Classification: <input type="checkbox"/> 1. EPC Ordained Minister <input type="checkbox"/> 2. Other EPC Ordained <input type="checkbox"/> 3. Mgmt-non-Ordained <input type="checkbox"/> 4. Salary Emp <input type="checkbox"/> 5. Hourly Emp Job Title:				
Reason for Enrollment:						
<input type="checkbox"/> New Hire <input type="checkbox"/> Add Dependent		<input type="checkbox"/> Transfer from another EPC Church			<input type="checkbox"/> Enrollment for loss of other coverage <i>Please provide proof of loss of creditable coverage with this form</i>	
<input type="checkbox"/> Open Enrollment		Name of Prior EPC Church:			<input type="checkbox"/> Transfer from another Denomination	
Reason for Change:						
<input type="checkbox"/> Termination of Employment		<input type="checkbox"/> Retirement <input type="checkbox"/> Voluntary Termination			<input type="checkbox"/> Transfer to another Church Name and Billing PIN of new Church:	
<input type="checkbox"/> Death <input type="checkbox"/> Address Change		<input type="checkbox"/> Electing other coverage				

LIST ALL DEPENDENTS TO BE COVERED BY THIS ENROLLMENT (provide a second form for additional dependents)
 *(The Plan must be notified within 30 days of qualified event for new dependents)

Relationship	First Name	Middle Initial	Last Name (if different than the Participant)	Social Security Number	Sex		Birthdate Mo/Day/Yr	Dependent 19 or older	
					M	F		FTS	DD
Spouse					<input type="checkbox"/>	<input type="checkbox"/>			
*Dependent					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
*Dependent					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
*Dependent					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Medical Plan - I decline the Medical Plan Coverage

<input type="checkbox"/> Platinum	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
<input type="checkbox"/> Gold	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
<input type="checkbox"/> Silver	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
<input type="checkbox"/> Gold HSA	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children

Dental Plan - I decline the Dental Plan Coverage

<input type="checkbox"/> Low Plan	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
<input type="checkbox"/> High Plan	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children

Vision Plan - I decline the Vision Plan Coverage

<input type="checkbox"/> Vision	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> EE & Children
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Life Insurance and Long-Term Disability - Elect Decline

TO BE COMPLETED BY CHURCH OFFICER	
EE Date of Hire:	Effective Date of Change: Employee Salary:
Customer Number from Invoice (Existing EPC Churches only) :	
Church Name (Employer):	
Church City, State, Zip Code:	
Church Daytime Phone Number:	Church Contact Email:
Church Officer Signature:	
Date:	

Employee Signature _____ **Date** _____