



**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>Contact Person for Benefits</b> | <b>Date</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) or (N)</i> | <i>Plan types</i> | <i>Church pays full amount (Y) or (N)</i> | <i>% church pays if less than full amount</i> | <i>Employee pays full amount (Y) or (N)</i> | <i>Comments</i> |
|--|-----------------------------------|-------------------|---|---|---|-----------------|
| <b>Medical:</b><br>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 &amp; AD&amp;D</b>                                       |                                   |                   |   |   |   |                 |
| <b>Long-Term Disability</b>  |                                   |                   |   |   |   |                 |

|                                |  |
|--------------------------------|--|
| <b>403 (b) Retirement Plan</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:diane.pray@epc.org">diane.pray@epc.org</a> |
|--------------------------------|--|

|   |                                    |  |  |  |  |
|---|------------------------------------|--|--|--|--|
| <b>Colonial Life Voluntary Insurance Options:</b><br><br><b>Requirement: 20+ hours per week</b> | <b>Employee and Dependent Life</b> |  |  |  |  |
|   | <b>Short-Term Disability</b>       |  |  |  |  |
|   | <b>Accident Coverage</b>           |  |  |  |  |