



**EPISCOPAL CHURCH
MEDICAL TRUST**

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www.cpg.org

**Employee Group Medical and
Dental Enrollment Form**

1

Information About the Employee

☐ New Employee

☐ Other _____

Date
Hired _____
Mo/Day/Yr

Coverage
Effective _____
Mo/Day/Yr

Birth
Date _____
Mo/Day/Yr

Soc.
Sec. No. _____

Title First Name M.I. Last Name

Residence

Street

City State Zip

Home Phone Email

Mailing Address (if different)

Street

City State Zip

☐ Male ☐ Married ☐ Clergy
☐ Female ☐ Single ☐ Lay

2

Billing Information for Medical and Dental Plans

Name of Organization

Phone

Email

List Bill ID

Street

City State Zip

Billing Instructions:

Send bill to the attention of _____

3

Active Medical Coverage

Name of Plan Carrier

Plan Name (EPO 80, POS II, etc)

☐ Medical coverage declined

Tier:

☐ Single
☐ Employee + 1 (spouse)
☐ Employee + child
☐ Family

4

Active Dental Coverage

Name of Dental Plan

☐ Dental coverage declined

Tier:

☐ Single
☐ Employee + 1 (spouse)
☐ Employee + child
☐ Family

5

Information About Your Dependents

Coverage	Full Name	Relationship	Soc. Sec. No.	Birth Date (M/D/Y)	Gender
☐ Medical					☐ Male
☐ Dental					☐ Female
☐ Medical					☐ Male
☐ Dental					☐ Female
☐ Medical					☐ Male
☐ Dental					☐ Female

6

Signatures – Employee, Employer, and Sponsoring Diocese or Organization

The employee, employer, and an officer of the sponsoring diocese or organization must sign this form. By signing, the Employer certifies the employee is eligible for all coverages applied for, and, to the best of the employer's knowledge, all information provided is correct.

Employee's Signature*_____
Date_____
Employer's Signature_____
Date_____
Name of Sponsoring Diocese or Organization_____
Officer's Signature_____
Date_____
Street_____
City_____
State Zip_____
Phone_____
Email

*Include Power of Attorney documentation if applicable.

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Enrollment Guidelines

- For Group Medical Benefits, if the Health Insurance Portability and Accountability Act of 1996 (HIPAA) applies, you must include evidence of your prior health coverage with this form.
- New employees must enroll and sign this form within 30 days of hire or eligibility date for Group Medical/Dental insurance.