Episcopal Diocese of Los Angeles

Feeding Hungry Hearts

2023 Employee Enrollment & Change Form

To protect everyone's information, your designated Benefits Administrator must first enter the employee/employee dependent(s) information in the Church Pension Group's MY ADMIN PORTAL (MAP), formerly know as the Employee Roster

1 Information About the Employee

Do not provide birth date and social security number on this form, but you must enter them in MY ADMIN PORTAL (MAP)

☐ New Employee (Complete section 1 through 8)

☐ Termination (Complete section 1, 2, 6 & 7 – employer signature)*

☐ Other Status (Note below) _____

Status details (Address change, new dependent, deceased, marriage, divorce, etc. (Complete all necessary sections)

☐ Salary Change $_____

(Complete sections 1, 2 and 7 (employee & employer signature)

Title First Name MI Last name

Hire/Term Date SSN

Birthdate Effective Date

Residence

Street

City State Zip

Home Phone Email

Mailing Address

Street

City State Zip

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

Date of Marriage: _____

2 Billing Information

Name of Organization Phone Email List Bill ID

Street City State Zip

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Disability

☐ Short-term Disability

☐ Long-term Disability

Life

☐ Life + AD&D

Unemployment

Does the employee participate in the Diocesan Unemployment Plan? ☐ Yes ☐ No

Employee's annual salary _____

4 Active Medical Coverage

Regular Plans

☐ Kaiser EPO High Plan

☐ Kaiser EPO 80 Plan

☐ Kaiser CDHP-20/HSA

☐ Anthem CDHP – 15/HSA

☐ Anthem CDHP – 20/HSA

☐ Anthem CDHP – 40/HSA

☐ Anthem BCBS BlueCard PPO 100

☐ Anthem BCBS BlueCard PPO 90

☐ Anthem BCBS BlueCard PPO 80

☐ Anthem BCBS BlueCard PPO 70

☐ EAP Only

☐ **Medical coverage declined**

Medicare Secondary Payer (additional forms required)

For employees 65 and older enrolled in Medicare and actively working (Only available to employers with no more than 19 employees)

☐ Anthem BCBS BlueCard MSP PPO 100

☐ Anthem BCBS BlueCard MSP PPO 90

☐ Anthem BCBS BlueCard MSP PPO 80

☐ Anthem BCBS BlueCard MSP PPO 70

Tier

☐ Single

☐ Employee + Spouse

☐ Employee + Child (ren)

☐ Family

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Active Dental Coverage ☐ **Add Coverage** ☐ **Terminate Coverage**

☐ Preventive Dental Plan
☐ Basic Dental Plan
☐ Dental & Ortho Plan

☐ **Dental coverage declined**

Tier

☐ Single
☐ Employee + Spouse
☐ Employee + Child (ren)
☐ Family

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Information About Your Dependents ☐ Add Coverage ☐ Terminate Coverage

Do not provide birth date and social security number on this form, but you must enter them in MY ADMIN PORTAL (MAP)

Coverage	Full Name	Relationship	SSN	Birthdate (M/D/Y)	Gender
☐ Medical ☐ Dental					☐ Male ☐ Female
☐ Medical ☐ Dental					☐ Male ☐ Female
☐ Medical ☐ Dental					☐ Male ☐ Female

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Signature — 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 Signature ** Date

Employer Signature Date

Name of Sponsoring Diocese or Organization

Officer's Signature Date

Street City State Zip Phone Email

*Employee's signature is not required for termination of coverage due to termination of employment.
Employee's signature is required for employee's voluntary termination of employee and/ or employee dependent(s) coverage.
Please complete section 6 for termination of dependent(s) coverage.

**Include Power of Attorney documentation if applicable.

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Please return your enrollment within 30 days from your date of hire or date of eligibility.
*Note that your coverage is effective the first of the month following your date of hire or date of eligibility. (If your date of hire or eligibility is the first working day of the month and the first calendar day of the month (e.g., Monday, June 1) coverage begins on the first of that month)

For questions about the form, please contact: Canon Anilin Collado at 213-482-2040, ext. 250 or via email: acollado@ladiocese.org

Please submit this form via secured e-mail: acollado@ladiocese.org or by mail:

Canon Anilin Collado
840 Echo Park Avenue
Los Angeles, CA 90026