



Please e-mail this form to: [acollado@ladiocese.org](mailto:acollado@ladiocese.org)

1

**Information About the Employee**

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      \_\_\_\_\_ Effective Date of Coverage

**Residence**

**Mailing Address**

\_\_\_\_\_ Street

\_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip

\_\_\_\_\_ Home Phone      \_\_\_\_\_ Email

\_\_\_\_\_ Street

\_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip

Male       Clergy       Married       Single

Female       Lay      Date of Marriage: \_\_\_\_\_

2

**Billing Information**

\_\_\_\_\_ Name of Organization

\_\_\_\_\_ Phone      \_\_\_\_\_ Email      \_\_\_\_\_ List Bill ID

\_\_\_\_\_ Street

\_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip

3

**Disability**

**Life**

**Unemployment**

Short-term Disability       Life + AD&D

Long-term Disability

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

**For Administrators:**

Birthdate/s and Social Security Number/s for employee and employee dependent/s must be entered in MY ADMIN PORTAL (MAP) first before sending in this form. Please contact Anilin Collado if you need assistance with entering information in MAP.

