



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      \_\_\_\_\_ Street

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

\_\_\_\_\_ Home Phone      \_\_\_\_\_ Email       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      Does the employee participate in the Diocesan Unemployment Plan?  Yes

Long-term Disability       No

Employee’s annual salary \_\_\_\_\_

4

**Active Medical Coverage**

**Regular Plans**      **Medicare Secondary Payer (additional forms required)**      **Tier**

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

Kaiser EPO 80 Plan       Anthem BCBS BlueCard MSP PPO 100       Employee + Spouse

Kaiser CDHP-20/HSA       Anthem BCBS BlueCard MSP PPO 90       Employee + Child (ren)

Anthem CDHP – 15/HSA       Anthem BCBS BlueCard MSP PPO 80       Family

Anthem CDHP – 20/HSA       Anthem BCBS BlueCard MSP PPO 70

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

**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.

