



THE EPISCOPAL DIOCESE OF MARYLAND

2023 Benefits Enrollment Form

Member Information

_____ Employee's Full Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Street Address	_____ Employee's Date of Birth
_____ City, State, ZIP	_____ Employee's Social Security No.
_____ Employer Name and City	_____ Date of Hire
_____ Employer Street Address	_____ Date Benefits Effective
_____ Employer City, State, Zip	_____ Cell Phone Number
_____ Position Title <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	_____ Hours worked per week

Dependent Information

You may obtain coverage for your children who are 30 or younger. If you wish to enroll dependents, please complete the following for each. ***For spouses, please also list the date of marriage.***

_____ Dependent's Name	_____ Gender	_____ Birth Date	_____ Soc. Sec No.	_____ Relationship to Employee
_____ Dependent's Name	_____ Gender	_____ Birth Date	_____ Soc. Sec No.	_____ Relationship to Employee
_____ Dependent's Name	_____ Gender	_____ Birth Date	_____ Soc. Sec No.	_____ Relationship to Employee
_____ Dependent's Name	_____ Gender	_____ Birth Date	_____ Soc. Sec No.	_____ Relationship to Employee
_____ Dependent's Name	_____ Gender	_____ Birth Date	_____ Soc. Sec No.	_____ Relationship to Employee

If more space for dependents is needed, use the bottom of page 3.

2023 Medical Plan Choices

Check with your employer to verify which of the Anthem plans are available to you.

Selection with monthly rates (check one):

	Plan Name	Single	Emp + Spouse	Emp + Child/ren	Family
<input type="checkbox"/>	EAP	\$4	\$4	\$4	\$4
<input type="checkbox"/>	PPO 90 (includes EAP)	\$979	\$1,958	\$1,762	\$2,937
<input type="checkbox"/>	PPO 80 (includes EAP)	\$903	\$1,806	\$1,625	\$2,709

Coverage (check one): ☐ Single ☐ Emp + Spouse ☐ Emp + Child/ren ☐ Family

Note: Some employers may qualify to offer the above plans at a reduced rate for employees who are Medicare eligible.

2023 Dental Plan Choices

Selection with monthly rates (check one):

	Plan Name	Single	Emp + Spouse	Emp + Child/ren	Family
<input type="checkbox"/>	Ortho	\$65	\$130	\$117	\$195
<input type="checkbox"/>	Basic	\$48	\$96	\$86	\$144

Coverage (check one): ☐ Single ☐ Emp + Spouse ☐ Emp + Child/ren ☐ Family

If you wish to decline either medical or dental benefits, please write "declined" across that section

Life Insurance and Disability

Group Life Enrollment?	If lay employee, Long-term Disability Enrollment?	If lay employee, Short-term Disability Enrollment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\$ _____
Life Insurance Amount

☐ Clergy ☐ Lay

\$ _____
Annual Salary or TAC*

* TAC for clergy is their Total Assessable Compensation as reported to the Church Pension Fund (includes salary, housing, utilities, SECA)

Other notes

1. Enrollments in the group life insurance plan must be made within 60 days of hire date.
2. Enrollments in the Short and Long-term Disability plans must be made within 30 days of hire date. (The plans do not allow for waiting periods.)
3. Enrollment in the non-contributory (employer-paid) Long-term Disability plan must be made within 30 days of hire date.
4. Employer-provided Short- and/or Long-term Disability: new policies are made effective on the 1st of the month.

Employee's Email Address

Sign and return to Adam Barner or Stuart Wright at 4 E. University Pkwy, Baltimore, MD 21218. After signing, you may choose to email a PDF of all three pages to abarner@episcopalmaryland.org.

Employee Signature

Date

Employer Signature

Date

Diocesan Administrator's Signature

Date