

Employer Enrollment Form for the Congregational Employee Plan (CEP) for The Brethren in Christ Church Health Plan

1. Congregation _____
Telephone number _____
Address _____
Street City State ZIP code
2. Conference _____
3. Contact person _____ Birth date _____
Address (if different from the congregation's) _____
City State ZIP code Telephone number _____

Declaration of enrollment

4. I understand that our congregation has been given a limited-time offer to enroll our pastor and other church workers in the Congregational Employee Plan for The Brethren in Christ Church.
- We are choosing to enroll in the Congregational Employee Plan for The Brethren in Christ Church and have checked the appropriate category below.**
- We have eligible employees and each employee will complete and submit an Employee Enrollment Form (Form B). *If you check this box, complete questions 5, 6, and 7, then sign and date the form.*
- We do not have eligible employees at this time. We understand that by completing and returning this Employer Enrollment Form (Form A), we are reserving our congregation's access to the Congregational Employee Plan for The Brethren in Christ Church at a future date without underwriting should we have eligible employees. We understand that current employees who become eligible due to a change in employment status and new employees who are eligible must enroll within the 90-day enrollment period that follows their eligibility date. *If you check this box, skip to the end of this form and sign and date it.*
- We believe that all eligible employees of the congregation receive their health coverage through a spouse's employer provided group health plan or Medicare. Each employee will submit an Employee Enrollment Form (Form B) indicating their intent to waive coverage. We understand that by completing and returning this Employer Enrollment Form (Form A), we are reserving our congregation's access to the Congregational Employee Plan for The Brethren in Christ Church at a future date without underwriting if we have new employees who are eligible or if a waived employee loses eligibility for their current health coverage. We understand that newly eligible employees must enroll within the 90-day enrollment period that follows their eligibility date. *If you check this box, skip to the end of this form and sign and date it.*
- We are choosing not to enroll in the Congregational Employee Plan for The Brethren in Christ Church.** We understand that with this choice, we are closing the door to our congregation's access to the plan at a future date without underwriting of our congregation, which could result in our congregation being denied enrollment in the plan. *If you check this box, skip to the end of this form and sign and date it.*

To enroll in the Congregational Employee Plan for The Brethren in Christ Church

5. How many pastors does your congregation have who are paid for at least 24 hours a week? _____
How many staff does your congregation have who are paid for at least 36 hours a week? _____
Are they all covered by worker's compensation? yes no

6. If you want the bill sent to someone other than the contact person:
Name _____
Address _____

City State ZIP code

7. Congregational Employee Plan health benefit packages offered by your denomination:

Single (self-only) coverage

Deductible \$2,000 \$3,000 \$4,000

Family coverage

Deductible \$4,000 \$6,000 \$8,000

After deductible, the plan pays 100% of eligible expenses.

Which one of the above health benefit packages is your congregation offering its employees?

\$2,000/\$4,000 deductible \$3,000/\$6,000 deductible \$4,000/\$8,000 deductible

8. If you are providing HRAs or HSAs for your employees, please indicate your choice:

HSA – Contact Kimberly Lehman at the Brethren in Christ Foundation at (800) 726-1448, Ext. 5420, for assistance in setting up HSAs for employees.

HRA – Complete the *HRA Employer Enrollment and EFT Authorization* form. Each eligible employee must complete the *HRA Employee Direct Submission Authorization* form. Return the completed employer and employee forms to TPA Services, MMA Insurance Company, P.O. Box 483, Goshen IN 46527, Attn: Barb Jones.

9. Effective date of coverage for your employees: _____

As the contact person between MMA and the employees of my congregation, I understand:

- A. All benefits: Premiums must be paid when due (allowing for a 30-day grace period) to ensure that the employees' coverage is continuous. Failing to do this will result in coverage being canceled.
- B. New employees and dependents must enroll in CEP within 90 days of when they become eligible for coverage. This ensures that they will receive the full benefits of belonging to a group plan. Employees and their families who do not enroll within eligibility guidelines will not be eligible to enroll in the plan later unless they experience a special enrollment qualifying event.
- C. Enrollment in the Congregational Employee Plan for The Brethren in Christ Church is dependent on my congregation meeting participation requirements.

I, the contact person, have read and understand my responsibilities as outlined above.

Signature of contact person

Date

Please mail this enrollment form to: Joy Sider
Keystone Financial Associates, LLC
4225 Molly Pitcher Hwy., Suite 100
Chambersburg, PA 17202
Fax: (717) 375-2307
joy.sider@mmapartners.org