

**Section 1—Employee Information**

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Legal Name

First  MI  Last

Mailing Address

Street

City  State  Zip  Country

Home Phone  Mobile Phone

Email

Social Security # / TIN  Date of Birth

Gender  Male  Female Status  Active  Retired

Employee information updated?  Yes  No

**Section 2—Employer Information**

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Employer Name

Mailing/Billing Address

City  State  ZIP  Country

Phone Number  Email Address

Diocese  Effective Date of Change

**Section 3—Compensation**

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Other than for a one-time payment, list all amounts on an **annual basis**. For explanations, see [cpg.org](http://cpg.org).

\$

Base salary (excluding housing) and scheduled taxable cash payments

\$

Cash housing allowance and/or utilities

Employer-provided housing?  Yes  No  
(Check Yes if employer provides **physical housing** for the employee)

\$

Employer contributions to a qualified or non-qualified plan

\$

One-time payments

## Section 4—Enrollment or Coverage Change

Transaction Type:  New Enrollment  Late Enrollment  Termination of Coverage\*  Change of Coverage Status

Please complete the section(s) below for the product(s) you are enrolling the employee in or updating.

### Group Life Term Insurance

Life Insurance Amount \_\_\_\_\_ Effective Date for Enrollment or Change \_\_\_\_\_

Billing Organization Name \_\_\_\_\_ Account # (List Bill ID) \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

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

Use this Billing Organization for all Group Term Life Insurance and Disability Coverage  Yes  No

*Enrollment deadline:*

- *Enrollments in Group Life Term Insurance must be made **within 30 days** of the employee's hire date. The plans do not allow for waiting periods.*

### Long-Term Disability Coverage

Policy Selected  Employer-Paid (Non-Contributory)  Employee-Paid (Voluntary) 25%  Employee-Paid (Voluntary) 50%

Billing Organization Name \_\_\_\_\_ Account # (List Bill ID) \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

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

- *Enrollment in an Employee-Paid (Voluntary) Long-Term Disability plan must be made **within 30 days** of the employee's hire date. The plans do not allow for waiting periods.*
- *Enrollment in the Employer-Paid (Non-Contributory) Long Term Disability plan must be made as of employee's hire date or Employer's plan adoption date.*

*\*Terminated employees who have been enrolled in either the Employee-Paid (Voluntary) or Employer-Paid (Non-Contributory) Long-Term Disability Plans for 12 or more consecutive months can convert their LTD coverage if they apply directly through Lincoln Financial within 30 days of their termination date. Forms are available at [www.cpg.org](http://www.cpg.org).*

### Short-Term Disability Coverage

Policy Selected  Employer-Paid (Non-Contributory)  Employee-Paid (Voluntary)

Billing Organization Name \_\_\_\_\_ Account # (List Bill ID) \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

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

*Enrollment deadline:*

- *Enrollments in a Short-Term Disability plan must be made within 30 days of the employee's hire date. The plans do not allow for waiting periods.*

## Section 5 — Acknowledgment and Signatures

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The employee and employer 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's Signature

Date

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\* Employee signature is not required for termination of coverage

Employer's Signature

Date

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Print Name

Title

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### Submit the completed and signed form to:

The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services or email to [admin-assist@cpf.org](mailto:admin-assist@cpf.org).  
If you have any questions, call us at (866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET (excluding holidays).

# Instructions for Employee Enrollment Form

## Group Term Life Insurance Long-Term and Short-Term Disability Coverage

Use this form to enroll clergy or lay employees in:

- Employer-Paid Group Life Term Insurance
- Employer or Employee-Paid Short-Term Disability Plan (Lay only)
- Employer or Employee-Paid Long-Term Disability Plan (Clergy optional)

Who should complete the form:

- Administrators or representatives of employers offering the products mentioned above.  
**Please note:** employers using the online Medical/Life Participant System (MLPS) should use that system to enroll employees and NOT use this form.
- The employee's signature is required for enrollments and changes with the exception of terminations

When to complete the form:

- As part of initial employment. Employees are covered on their first active day of work.
- If your organization adopts one of the plans. The coverage effective date will be the first of the month following the date coverage is requested.
- If an employee's employment status changes or coverage status changes.

### Instructions

#### Section 1 — Employee Information

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Complete using the current information for the cleric or lay employee and indicate whether this change is an update.

#### Section 2 — Employer Information

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Complete the information about the employer, and the effective date of the change.

- **Effective Date of Change:** The effective date of the new position, status change, termination, retirement, and/or compensation change

#### Section 3 — Compensation

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Compensation is used to determine the disability benefit for an employee. See [www.cpg.org](http://www.cpg.org) for details on compensation fields.

#### Section 4 — Employment or Coverage Change

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Complete the sections pertaining to the products you are enrolling the employee in or updating coverage for.

- **Transaction Type:** Indicate if this is for a new enrollment, late enrollment, termination of coverage, or change of coverage status
- **Group Life Term Insurance:** Provide the coverage amount and information about the Billing Organization.
  - Enrollments in Group Life Term Insurance must be made **within 30 days** of the employee's hire date. The plans do not allow for waiting periods.
- **Long-Term Disability Coverage:** Check the appropriate box for the coverage being purchased. If the Billing Organization is different than the Billing Organization for the Group Term Life Insurance, provide the information.
  - Enrollment in an Employee-Paid (Voluntary) Long-Term Disability plan must be made **within 30 days** of the employee's hire date. The plans do not allow for waiting periods.
  - Enrollment in the Employer-Paid (Non-Contributory) Long Term Disability plan must be made as of employee's hire date or Employer's plan adoption date.

Terminated employees who have been enrolled in either the Employee-Paid (Voluntary) or Employer-Paid (Non-Contributory) Long-Term Disability Plans for 12 or more consecutive months can convert their LTD coverage if they apply directly through Lincoln Financial within 30 days of their termination date. Forms are available at [www.cpg.org](http://www.cpg.org).

- **Short-Term Disability Coverage:** Check the appropriate box for the coverage being purchased. If the Billing Organization is different than the Billing Organization for the Group Term Life Insurance, provide the information.
- Enrollment in a Short-Term Disability plan must be made within 30 days of the employee's hire date. The plans do not allow for waiting periods.

## Section 5 — Acknowledgement and Signatures

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Provide the required signatures to complete the form.

### Submit the completed and signed form to:

The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services or email to [admin-assist@cpf.org](mailto:admin-assist@cpf.org). If you have any questions, call us at (866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET (excluding holidays).

*Please note that this Employee Enrollment Form is provided to you for informational purposes only and should not be viewed as investment, tax or other advice. In the event of a conflict between the information contained on this form and the official plan document, the official plan document will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate or modify the terms of any benefit plans described on this form at any time, without notice and for any reason.*

*Life insurance and annuities are offered by or through Church Life Insurance Corporation, 19 East 34th Street, New York, NY 10016*