

## **2024** Diocese of Central Gulf Coast Benefits Enrollment Form

## **Member Information**

( ) - Marriage: spouse in Email Telephone Number Single/Married/Date		Title		Name					
S or M ? Date of   If Marriage:   spouse is			City State 7:-		omo Addross				
Email  Telephone Number  Single/Married/Date    DOB   Social Security Number   Employer/Church, City, State   Ho   Female   Male     Hire Date   Gender   Effective Date of Policies (1st of Month)   Employee Assistance Program (EAP) - ONLY     Employee Assistance Program ONLY (if not on a Church Medical Trust Plan)  Medical  SELECT ONE √ (REQUIRED or WAIVED* see box below)  Plan Name   Single   Emp+1   Family     Anthem BCBS CDHP 40                 Anthem BCBS CDHP 15               Anthem BCBS BlueCard PPO 80             Anthem BCBS BlueCard PPO 80             Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90           MSP Anthem BCBS BlueCard PPO 90           MSP Anthem BCBS BlueCard PPO 90           MSP Anthem BCBS BlueCard PPO 90           MSP Anthem BCBS BlueCard PPO 90           MSP Anthem BCBS BlueCard PPO 90           MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90             MSP Anthem BCBS BlueCard PPO 90               MSP Anthem BCBS BlueCard PPO 90                 MSP Anthem BCBS BlueCard PPO 90			City, State, 2ip		ome Address				
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Sign a	nd return to Kim Weinste	in ( <u>kim@diocgc.</u>	org or fax 850-43	4-8577) at tl	ne Diocesan Offi	ice.	
Emplo	yee Signature and Date						
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Dioces	san Administrator Signatur	e and Date					

<u>Spouse/Dependent Information</u> You may obtain coverage for your children who are age 30 or younger. If you wish to enroll dependents please complete the following for EACH enrolled dependent below (attach additional sheets, if

**Notes:** Enrollment in benefit plans and Life insurance must be made **within 30 days of hire date**. Short and/or Long Term Disability – First Time Offering Only: Effective dates of coverage are January 1<sup>st</sup> or July 1<sup>st</sup> only. Enrollment forms must be received at CPG between October 15 and November 15 for a January 1 effective date and between April 15 and May 15 for a July 1 effective date.