

Enrollment Form Group Term Life Insurance

Section 1—Employee Information

Legal Name	First	MI
	Last	
Mailing Address	Street	
	City	
	State	Zip Code
	Country	
	Home Phone	
	Mobile Phone	
	Personal Email	
	Social Security # / TIN	
	Date of Birth	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Is employee actively at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does employee work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Work Location	
	Work Phone	
	Scheduled number of work hours per week	

Section 2—Employer Information

Employer Name		
	Client ID #	
Mailing/Billing Address	Street	
	City	
	State	Zip Code
	Country	
	Phone	
	Diocese	
	List Bill	

Section 3—Enrollment or Coverage Change

Transaction Type

New Hire

Late Enrollee

Newly Eligible

Group Term Life Insurance

Life Insurance Amount

Effective Date

Note: Enrollment in Group Life Term Insurance must be made **within 31 days** of the employee's hire date. (Waiting periods are not permitted under the plans.)

Section 4—Acknowledgment, Signatures, and Notices

Employer Signature

- By signing below, the employer certifies the employee is eligible for group life coverage applied for, and, to the best of the employer's knowledge, all information provided above is correct.
- By signing below, the employer certifies the employee is no longer eligible for group life coverage.

Employer Signature

Date

Submit the completed
and signed form to:

The Episcopal Church Clergy and Employees' Benefit Trust, 19 East 34th Street, New York, NY 10016, Attn: Client Services or email to admin-assist@cpg.org. If you have any questions, call us at (866) 802-6333, Monday to Friday, 8:30AM to 8:00PM ET.

This material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, any official plan documents or insurance policies will govern. The Church Pension Fund ("CPF") and its affiliates (collectively, "CPG") retain the right to amend, terminate, or modify the terms of any benefit plan and/or insurance policy described in this material at any time, for any reason, and, unless otherwise required by applicable law, without notice.

Church Life Insurance Corporation, NAIC No. 61875, a New York life insurance company, with its home office located at 19 East 34th Street, New York, New York 10016 ("Church Life"), offers group and, in certain circumstances, individual life insurance and annuities to clergy and lay employees, and their families, in the service of the Episcopal Church. Product availability and features may vary by state, and products may not be available in all states. Church Life is not licensed in all states. Any and all guarantees by Church Life are based on and expressly subject to the claims-paying ability of Church Life. The Church Pension Fund does not guarantee the payment of principal or interest on any Church Life insurance policy or annuity contract. Information and descriptions of products and services are provided solely for general informational purposes and are not intended to be complete descriptions of, or to create a contract or an offer to provide, coverage. For complete details of coverage, including exclusions, limitations and restrictions, please see the actual life insurance policy or annuity contract. If any description of a Church Life product conflicts with the terms of the actual life insurance policy or annuity contract, then the terms of such life insurance policy or annuity contract will govern.