



**Group Term Life Insurance
Enrollment Form**

1. Information About the Employee

Enrollment Deadlines for New Employees: New employees must enroll and sign this form within 30 days of their hire or eligibility date for group life insurance.

New Enrollments

- New Hire
- Late Enrollment

Title First Name MI Last Name Home Phone Email Address

Street City State Zip

Date Hired ____/____/____ Birth Date ____/____/____ Soc. Sec. No. ____-____-____ Coverage Effective ____/____/____
Mo Day Yr Mo Day Yr Mo Day Yr Mo Day Yr

*To be completed by
Church Life for late enrollees*

- Active Male Married Divorced Clergy
- Retired Female Single Other _____ Lay Employee

2. Billing Information

Name of Episcopal Organization Phone Email List Bill ID

Street City State Zip

3. Amount of Employee Group Life Coverage

Amount of Group Life Insurance: \$ _____ Total compensation (total comp.) or annual salary: \$ _____

The amount of insurance is determined by the the group life contract your diocese or other institution has with Church Life Insurance Corporation. This contract may or may not cover dependents. Group Life insurance over \$500,000 is subject to approval and underwriting standards.

For clergy, their total comp. is the figure reported to The Church Pension Fund which includes cash stipend, housing, utilities, Social Security (SECA) offset. For lay employees, it is their annual salary plus bonus.

4. Information about Dependents (complete only if the Group Life contract covers dependents)
 Dependents age 19-25 are eligible only if they are full-time students or physically or mentally handicapped. Include documentation with this form. If you need more space, attach an additional form.

Amount of Group Life Insurance	First/Last Name	Relationship	Soc. Sec. No.	Birth Date (Mo/Day/Yr)	Gender
\$ _____	_____	_____	____ - ____ - ____	____/____/____	<input type="checkbox"/> M
<input type="checkbox"/> Add	_____	_____	____ - ____ - ____	____/____/____	<input type="checkbox"/> F
\$ _____	_____	_____	____ - ____ - ____	____/____/____	<input type="checkbox"/> M
<input type="checkbox"/> Add	_____	_____	____ - ____ - ____	____/____/____	<input type="checkbox"/> F
\$ _____	_____	_____	____ - ____ - ____	____/____/____	<input type="checkbox"/> M
<input type="checkbox"/> Add	_____	_____	____ - ____ - ____	____/____/____	<input type="checkbox"/> F

5. Important Information

Early Benefits: The Group Life policy contains provisions that permit the payment of benefits in the event of terminal condition of the insured(s). Terminal condition means the diagnosis of a terminal illness which results in a life expectancy as specified in this contract that does not exceed 12 months. Death benefits will be reduced if an Early Payment of Death Benefit (Accelerated Benefit) is paid.

Accelerated Benefits offered under this policy may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the Accelerated Benefit qualifies for favorable tax treatment, the benefit will be excludable from your income and not subject to federal taxation. Tax laws relating to Accelerated Benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive Accelerated Benefits excludable from income under federal law.

Receipt of Accelerated Benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

Beneficiaries: Attach a completed *original* Beneficiary Designation Form to this enrollment form. You are the beneficiary of your dependent's benefit, if applicable. Contact Active Member Services for the form, or download it from www.cpg.org. If you wish to change beneficiaries, complete a new designation form. This can be downloaded from www.cpg.org.

6. Signatures – Employee, Employer, and Sponsoring Diocese of Organization

The employee, employer, and an officer of the sponsoring diocese or organization must sign this form.

IT IS REPRESENTED that all statements and answers to the above questions are complete and true to the best of my knowledge and belief and IT IS AGREED that all such statements and answers constitute the application, are binding on the Proposed Insured, and shall form the basis for and be part of any such proposed insurance provided by Church Life Insurance Corporation.

By signing, the employer certifies that the employee is eligible for the coverage applied for.

_____ Employee's Signature	_____ Date	_____ Signature of an Officer at the Sponsoring Diocese/Org.	_____ Date
_____ Employer's Signature	_____ Date	_____ Name of Sponsoring Diocese or Org.	
_____ Address of Sponsoring Diocese/Org. (Street, City, State, Zip)			

State Insurance Fraud Notices

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties. This notice does not apply in Virginia.

Arkansas and Louisiana Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Residents

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance Regulatory Services.

DC Residents

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Iowa, Kansas and Nevada Residents

The undersigned applicant represents that the applicant has read, or had read to him/her, the completed application and that he/she realizes that any false statement or misrepresentation therein may result in loss of coverage under the policy. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Only a court of law can make a determination of guilt regarding insurance fraud.

Kentucky Residents

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud which is a crime. I have read and understood this notice.

Florida Residents

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Missouri, West Virginia and Wisconsin Residents

The undersigned applicant represents that the applicant has read, or had read to him/her, the completed application and that he/she realizes that any false statement or misrepresentation therein may result in loss of coverage under the policy.

New Jersey Residents

Any person who includes any misleading information on an application for insurance policy is subject to criminal and civil penalties.

New Mexico Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio and Oklahoma Residents

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon Residents

The undersigned applicant represents that the applicant has read, or had read to him/her, the completed application and that he/she realizes that any material misrepresentation therein may result in loss of coverage under the policy subject to the incontestability provision and the misstatement of age and sex provision. It may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Only a court of law can make a determination of guilt regarding insurance fraud.

Pennsylvania Residents

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Washington Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.