



ANGLICAN CHURCH
IN NORTH AMERICA

The Anglican Church in North America
2019 Benefit Enrollment / Election Form

January 1, 2019 to December 31, 2019

EMPLOYEE INFORMATION					
Last Name		First Name	Middle Initial	Date of Birth	
Mailing Address		City		State	Zip
Date of Hire		Marital Status	Email Address		Phone Number
Name of Church / Billing Location					

PURPOSE FOR ENROLLMENT	PLAN ELECTIONS
Purpose for Enrollment <input type="checkbox"/> Open Enrollment - January 2019 <input type="checkbox"/> New Employee Eligible <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Change of Employment Status	Medical Plan Election (Anthem Blue Cross/ Blue Shield) <input type="checkbox"/> Plan #1 <input type="checkbox"/> Plan # 3 <input type="checkbox"/> Plan # 4 Vision Plan Election <input type="checkbox"/> EyeMed

ENROLLMENT DETAILS						
	Gender	Full Legal Name of Members to be Covered	Date of Birth (required)	Social Security No. (required)	Medical	Vison
SELF	<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
SPOUSE OR DOMESTIC PARTNER	<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
DEPENDENT	<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
DEPENDENT	<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
DEPENDENT	<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
DEPENDENT	<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
DEPENDENT	<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive

ACKNOWLEDGEMENT

I acknowledge and agree that these elections are accurate and correct. I understand that I may not make any changes to these elections during this benefit plan year, with exception to a qualifying life event. I understand what benefits are available to me as an employee.

Employee Signature _____

Date Signed _____