

**2023 K-8 Schools Group Employee Data Benefits Eligibility  
New Hire or Newly Eligible for Benefits Enrollment Form**

Diocese of California  
Group # 0087

New Hire First Day of Work / Hire Date: \_\_\_\_\_ **OR**  
 Status Change / New Enrollment of Existing Employee Change of Status Date: \_\_\_\_\_  
**AND** Benefit Coverage Effective Date: \_\_\_\_\_ **1, 2023** \*  
\*Ins. effective date is the 1<sup>st</sup> of the month following date of hire or qualifying event date Eligible retroactive adjustments can be made effective the 1<sup>st</sup> of the month within 60 days

**EMPLOYEE PERSONAL INFORMATION (please respond to all items)**

**Legal Name** (last, first): \_\_\_\_\_ **Title** (circle one) The Rev. Ms. Mr. Mx.  
If changing name, provide former name in parenthesis after new name  
**SS# or TIN:** \_\_\_\_\_ **Date of Birth** (mm/dd/yy): \_\_\_\_\_  
only last 4 needed for an existing employee  
**Gender** (required circle one) Female / Male **Gender Identity** (optional circle one): Female / Male / Non-Binary  
**Street / PO Box Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Cell Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Work Phone:**(\_\_\_\_\_) \_\_\_\_\_  
**Personal Email:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_  
Must be unique to employee – not shared with another or used by a previous employee

**Marital/Partner Status (circle one):** Single **Married\*** **State Registered Domestic**  
(legally married spouse data required for retirement or pension eligible employee regardless of enrollment in medical or dental benefits):  
**Spouse's Name** (last, first): \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Date of Marriage:** \_\_\_\_\_ **Spouse's DOB:** \_\_\_\_\_ **Spouse's SS# or TIN:** \_\_\_\_\_

**Medical & Dental Benefit Elections (indicate plan of choice or decline and file Waiver of Coverage)**

<b>Medical</b> (see rates on 2 <sup>nd</sup> pg) please circle plan & check box for tier of coverage	<b>Dental</b> (see rates on 2 <sup>nd</sup> pg) please circle plan & check box for tier of coverage
<b>Kaiser EPO 80</b> <input type="checkbox"/> Single (921) <input type="checkbox"/> Dual (922) <input type="checkbox"/> Family (923) <b>Anthem PPO 80</b> <input type="checkbox"/> Single (941) <input type="checkbox"/> Dual (942) <input type="checkbox"/> Family (943) <b>Anthem PPO 90</b> <input type="checkbox"/> Single (951) <input type="checkbox"/> Dual (952) <input type="checkbox"/> Family (953) <b>Kaiser EPO High</b> <input type="checkbox"/> Single (931) <input type="checkbox"/> Dual (932) <input type="checkbox"/> Family (933) <input type="checkbox"/> I decline <b>medical</b> coverage at this time (see employer for waiver of coverage)	<b>Cigna Dental / Ortho</b> <input type="checkbox"/> Single (291) <input type="checkbox"/> Dual (292) <input type="checkbox"/> Family (293) <input type="checkbox"/> I decline <b>dental</b> coverage at this time (see employer for waiver of coverage)

**Dependent Information (list those to be added or removed from medical & dental coverage)**

Children, up to age 30, may be enrolled in our plans but cost may be responsibility of employee depending on employer policy. If you wish to enroll one or more dependents please list them below, use additional page if necessary.

Names	Date of Birth	Social Security #	Gender	Circle Add (+) or Delete (-)
*Partner/Spouse: _____	_____	_____	M / F / X	+ / - Med + / - Dental
Child(ren): _____	_____	_____	M / F / X	+ / - Med + / - Dental
_____	_____	_____	M / F / X	+ / - Med + / - Dental
_____	_____	_____	M / F / X	+ / - Med + / - Dental

**Employer Provided Information**

Employee is an active, permanent, paid employee working an average of:  
**Circle One**      **20 - <30 hrs/wk**      **30 or more hrs/wk**  
(Employee can opt into medical or dental Premiums may be at their own expense)      FT benefit plan includes employer paid Med, EAP, Dental & Life Ins

**Episcopal Clergy? circle: Yes or No** **AND**  **Job Title:** \_\_\_\_\_

**Avg. Monthly Wages: \$** \_\_\_\_\_ **& Est. Annual Comp: \$** \_\_\_\_\_  
(annualized / 12. Do not list an hourly rate)      (annual = avg. monthly wages x 12)

**Employer provided housing** (clergy or lay)  **Yes** or  **No** [Check Yes if employer provides "free" physical housing for the employee]

Employee's Signature & Date: \_\_\_\_\_  
 Employing School, City & Parish Code: \_\_\_\_\_  
 Employer Authorization (print & sign & date): \_\_\_\_\_

## 2023 K – 8 School Employees Monthly Premiums for Medical / Dental Benefits

Carrier/Plan	Billing Code	Enrolled Participants	Monthly Premiums
<b><u>Employee Assistance Plan</u></b> <i>(for FTE who waive medical or PTE whose employers opt into plan)</i>	991	Employee (and members of household)	<b>\$4</b>
<b><u>Kaiser EPO 80 w/ Additional Benefits**</u></b>	921	Employee	<b>\$752</b>
	922	Employee+1	<b>\$1,354</b>
	923	Employee+2 or more	<b>\$2,106</b>
<b><u>Anthem BC/BS BlueCard PPO 80 w/ Additional Benefits**</u></b>	941	Employee	<b>\$846</b>
	942	Employee+1	<b>\$1,522</b>
	943	Employee+2 or more	<b>\$2,368</b>
<b><u>Anthem BC/BS BlueCard PPO 90 w/ Additional Benefits**</u></b>	951	Employee	<b>\$934</b>
	952	Employee+1	<b>\$1,681</b>
	953	Employee+2 or more	<b>\$2,615</b>
<b><u>Kaiser EPO High w/ Additional Benefits**</u></b>	931	Employee	<b>\$945</b>
	932	Employee+1	<b>\$1,702</b>
	933	Employee+2 or more	<b>\$2,647</b>
<b><u>Cigna-Dental/Ortho</u></b>	291	Employee	<b>\$71</b>
	292	Employee+1	<b>\$127</b>
	293	Employee+2 or more	<b>\$198</b>
<b><u>\$50K Life Insurance - CLIC</u></b>			<b>\$12.81</b>
<b><u>Disability Insurance</u></b>			
Short Term Disability (lay employees only – Clergy disability is part of Pension benefit with CPG)			.46% of first \$117,000 of compensation
Long Term Disability (lay employees only – Clergy disability is part of Pension benefit with CPG)			.38% of first \$117,000 of compensation
<b><u>Unemployment Insurance</u></b>			
Parochial & Pre-School Employees			1% of the first \$72,000 of Compensation

\*\*\*Additional Benefits of: prescription, vision, employee assistance plan, health advocate, hearing, travel assistance (visit [www.cpg.org](http://www.cpg.org) for details)