

2023 Employee Data & Benefits Eligibility

New or Change (indicate changes on form with ✓ in boxes as appropriate)*

This form updates an employee's personal information and benefits eligibility – DOES NOT ADJUST PAY RATES

EMPLOYEE INFORMATION (please respond to all items)

TEC USA Clergy? **circle: Yes or No** - If YES indicate preferred salutation: The Rev, Father, Mother, other: _____

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 or PO Mailing 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 Partnership**

*(Spouse data required for retirement or pension eligible employee): **Spouse's Name (last, first):** _____

Gender (required circle one) F / M **Gender Identity** (optional circle one): F / M / X

Date of Marriage: _____ **Spouse's DOB:** _____ **Spouse's full SS# or TIN:** _____
(mm/dd/yy) (mm/dd/yy)

EMPLOYER PROVIDED INFORMATION (please respond to **all** items)

Intention of employment is (check one)

Short term (hired for less than 90 days = not benefit eligible) **Long term** (hired for at least 90 days = benefits eligible as outlined below)

Employee is scheduled to work an average of:

Submit appropriate enrollment forms within 30 days of hire or qualifying event date/status change. All benefits begin first of the mo following date of hire or change of status date, if hire date is first of the month coverage begins immediately. There are no waiting periods permitted for benefits or retirement plan eligibility

Circle One **Less than 20hrs/week**

(Clergy enrolled in pension plan. Lay ee can opt into retirement plan funded by self)

20 - <30 hrs/wk

(Canonically required employer provided benefits: Disability, EAP, Salary Continuation & Lay DC Retirement Plan. Employee can opt into medical or dental at their own expense, unless employer policy provides coverage)

30 or more hrs/wk

(Canonically required benefits: all ins for 20hr/wk plus Medical, Dental & Life Ins.)

Hire or Change of Status Date: _____ **Job Title:** _____

Avg. Monthly Wages: \$ _____ **& Est. Annual Comp:** \$ _____
(annual / 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]

Employer Authorization: (name & title) : _____

Today's Date: _____ **Phone:** (_____) _____ **Email:** _____ *print & sign*

All benefits that require an enrollment form must be submitted within 30 days of hire date to guarantee enrollment eligibility. If employee elects to waive medical or dental, they must submit the appropriate waiver of coverage form. Go to www.diocal.org/employeebenefits