

Employing Entity Name / City & Parish Code:

## 2024 Employee Data & Benefits Eligibility

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 one): Yes or No **Title** (circle one): The Rev. Father Mother Deacon Mx. Miss. Ms. Mrs. Mr.

**Legal Name** (last): \_\_\_\_\_ (first): \_\_\_\_\_  
If changing name of existing employee, provide former name in parenthesis after new name

**SS# or TIN:** \_\_\_\_\_ **Date of Birth** (mm/dd/yy): \_\_\_\_\_

**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)

(check one):  New Hire or  Re-Hire or  Change of Benefit Eligibility Status

**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.)

**Effective Date** (mm/dd/yy): \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Avg. Monthly Wages:** \$ \_\_\_\_\_ **& Est. Annual Cash 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) :** \_\_\_\_\_

*print & sign*

**Today's Date:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

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/employoeebenefits](http://www.diocal.org/employoeebenefits)