



## 2026 Employee Data & Benefits Eligibility

This form sets or updates an employee's personal information and benefits eligibility.  
 This form DOES NOT set or adjust wages. This form DOES NOT enroll in, or waive, medical or dental benefits.  
 Submit additional forms for payroll and health benefits

### EMPLOYEE INFORMATION (please respond to all items)

TEC USA Clergy?  Yes or  No If ordained non-TEC clergy please specify denomination: \_\_\_\_\_

Title:  Mx.  Miss  Ms.  Mrs.  Mr.  The Rev.  Father  Mother  Deacon

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)  Female or  Male Gender Identity (circle one): Female / Male / Non-Binary

Street or PO Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: 1+ \_\_\_\_\_ Work Phone: 1+ \_\_\_\_\_  
include area code ### ### #### include area code ### ### #### & relevant ext.

Personal Email: \_\_\_\_\_ Work/Alt Email: \_\_\_\_\_  
Must be unique to employee – not shared with another or used by a previous employee

Marital/Partner Status:  Single  Married\*  State Registered Domestic Partner

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

Spouse's Gender (required)  Female or  Male Gender Identity (circle one): Female / Male / Non-Binary

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 for existing employee

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 or waiver 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. Not eligible for any other benefits)

**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 Date (1<sup>st</sup> day of work) or Change of Status 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): \_\_\_\_\_

Employing Org Name, Location & 3-Digit Code: \_\_\_\_\_

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