

2026 Medical & Dental Benefits Enrollment Form

Diocese of California Group # 0086 Unit: 805

New Employee: date of hire / first day of work: _____ Coverage Effective date: 1, 2026 *
*Ins. effective date is the 1st of the month following date of hire, or immediately if hire date is 1st of the month. Retroactive coverage can be made to the 1st of the month within 60 days

Existing employee making changes *
 * Detail Qualifying Life Event & event date: _____ Coverage Effective: 1, 2026 *
*Ins. effective date is the 1st of the month following QLE. Retroactive coverage can be made to the 1st of the month within 60 days

PRIMARY MEMBER'S PERSONAL INFORMATION (please respond to all items)

Legal Name (last) _____ (first) _____

SS# or TIN: _____ Date of Birth (mm/dd/yy): _____

Gender (required) Female or Male Gender Identity (optional): Female Male Non-Binary

Street or PO Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone (format ###-###-####): _____ Work Phone (format ###-###-####): _____

Personal Email: _____ Work Email: _____
Must be unique to employee – not shared with another or used by a previous employee

Benefit Elections (check the box for plan & check the circle for level of coverage: single, dual or family)

	Tier of Coverage	Single	Dual	Family
Medical Plan:				
<input type="checkbox"/> Kaiser EPO 80		<input type="radio"/> \$1,211	<input type="radio"/> \$2,179	<input type="radio"/> \$3,392
<input type="checkbox"/> Anthem BCBS BlueCard PPO 80		<input type="radio"/> \$1,211	<input type="radio"/> \$2,179	<input type="radio"/> \$3,392
<input type="checkbox"/> Anthem BCBS BlueCard PPO 90		<input type="radio"/> \$1,467	<input type="radio"/> \$2,640	<input type="radio"/> \$4,107
<input type="checkbox"/> Kaiser EPO High		<input type="radio"/> \$1,608	<input type="radio"/> \$2,895	<input type="radio"/> \$4,503
<input type="checkbox"/> I decline medical coverage & have attached the appropriate waiver form				
Dental Plan:				
<input type="checkbox"/> Delta Dental Premium		<input type="radio"/> \$82	<input type="radio"/> \$148	<input type="radio"/> \$230
<input type="checkbox"/> I decline dental coverage & have attached the appropriate waiver form				

Enrolling Dependents NO: (if no, submit 1pg only) **YES:** (if yes, submit page 2)

Definition of dependents eligible for coverage:

The term "dependent" refers to an employee's Child(ren), Spouse, or State Registered Domestic Partner who are eligible to enroll in benefits by virtue of their relationship to the employee.

*Depending upon employing entity's cost share policy, the employee may be responsible for premiums of children ages 25+ or 19+ if not a full-time student. Please consult with employer to clarify their cost share policy

Authorizing Information

Employee Status = (circle one)
Estimated average hours scheduled per week

20 - <30 hrs/wk

Premiums billed to employer but medical or dental may be the responsibility of employee. To set up PR deductions for any/all health ins premiums contact DioCal PR office for the form

30 or more hrs/wk

At minimum, Kaiser EPO 80 is paid in full by employer. Check with employer on cost-share policy for higher cost plans. Premiums can be processed at pre-tax PR deductions

Employee Signature & Date: _____

Employer Approved By (name / title / email / ph#): _____

Employing Organization & 3-Digit Parish Code: _____

Keep original documents in personnel file on site.
 Return a copy of the completed form to Sarah Crawford, Benefits Coordinator
 Send PDF by Email: sarahc@diocal.org

office use only: MAP EBDB

PRIMARY MEMBER (employee)

Legal Name (last) _____ (first) _____

Dependents' Information:Dependent # 1 Spouse or Domestic Partner

Legal Name (last) _____ (first) _____

SS# or TIN: _____ Date of Birth (mm/dd/yy): _____

Gender (required) Female or Male Date of Marriage/Partnership (mm/dd/yy): _____Add MEDICAL Yes or No Add DENTAL Yes or NoDependent # 2 Child Stepchild Adopted Child

Legal Name (last) _____ (first) _____

SS# or TIN: _____ Date of Birth (mm/dd/yy): _____

Gender (required) Female or Male Disabled? Yes or NoAdd MEDICAL Yes or No Add DENTAL Yes or NoDependent # 3 Child Stepchild Adopted Child

Legal Name (last) _____ (first) _____

SS# or TIN: _____ Date of Birth (mm/dd/yy): _____

Gender (required) Female or Male Disabled? Yes or NoAdd MEDICAL Yes or No Add DENTAL Yes or NoDependent # 4 Child Stepchild Adopted Child

Legal Name (last) _____ (first) _____

SS# or TIN: _____ Date of Birth (mm/dd/yy): _____

Gender (required) Female or Male Disabled? Yes or NoAdd MEDICAL Yes or No Add DENTAL Yes or No**Definition of dependents**

The term "dependent" refers to an employee's Child(ren), Spouse, or State Registered Domestic Partner who are eligible to enroll in benefits by virtue of their relationship to the employee.

Child(ren)

A Subscriber's or Spouse's biological child, stepchild, legal ward, foster child, legally adopted child, or child who has been placed with the Subscriber/Subscriber's Spouse for adoption, and if Domestic Partner benefits are permitted by the Participating Group, a Domestic Partner's Child.

Special eligibility rules apply for dependent children who become "disabled" prior to age 25. The guides below contain the plan-specific definitions of "disabled" and more detailed information on these special eligibility rules.

Disabled Children and Health Plan Eligibility

A "Disabled Child" is an eligible child who has been determined by the Medical Trust (or its delegate) to have become totally and permanently impaired physically or mentally prior to age 25, to the extent that they are incapable of self-support, and such impairment continues without interruption up to the time of the Participant's death and continues without interruption thereafter up to the time of such individual's death.

The Medical Trust (or its delegate) may, in its sole discretion, require periodic certification of an individual's continuing disability.

A Disabled Child whose disability began before age 25 may remain an Eligible Dependent even beyond age 30. The Dependent must be enrolled under the Subscriber's plan.

For more information on the special rules that apply to Disabled Children: [Administrative Policy Manual](#)