Health Benefits

Because health benefit options differ state-to-state and city-to-city, the Church Benefits Board has partnered with World Insurance Association, Inc. (WIA) to provide the best available solution to meet your needs.

CBB now has a medical benefits consultant who is licensed in all 50 states and can help you find the best plans in your area. Working with WIA, we can find solutions for individuals as well as small or large churches and organizations.

Here are some helpful facts:

- Medical benefits are secured through highly-rated, nationally-recognized carriers.
- Medical plans, through WIA, are flexible. You choose the coverage options. And, participation in one CBB plan, such as retirement or disability insurance, is not a requirement to obtain medical benefits.
- WIA has worked with numerous CBF churches to find the best medical solutions for them. Devoted exclusively the medical benefits needs of churches and Christian schools, WIA is a leading national consultant.

How do I find the best medical benefits?

Attached is a short medical questionnaire and survey form to determine the type of coverage needed. Please fill it out and fax it to: 1-770-220-1661. A medical benefits coordinator will contact you to discuss specific plans available to you.

The staff of the Church Benefits Board is committed to helping you find the best available benefits. If you have benefits questions, call us toll free at 1-800-352-8741 or e-mail CBB at churchbenefits@churchbenefits.org and we'll work hard to find the best answers for you!

EMPLOYEE BENEFITS QUESTIONNAIRE

In order to serve you better, please complete the following information in as much detail as possible. Information may be faxed to CBB at 770.220.1661.

ORGANIZATION INFORMATION

_____
Name of Church

_____
Contact Person for Employee Benefit Questions

_____
Pastor Name

_____
E-mail Address

_____
Address

_____ _____
Phone Number Fax Number

_____ _____ _____
City State Zip Code

_____ _____ _____
Total Number of Church Staff Full time Part time

_____ _____ _____
Total Number of School Staff Full time Part time

BENEFITS SECTION

	Currently Have Coverage	Would Like a Quote
Group Life/AD&D	☐	☐
Disability Coverage	☐	☐
International Medical	☐	☐
Supplemental Benefits	☐	☐
HRA & HSA Plans	☐	☐
Vision Coverage	☐	☐
Dental Coverage	☐	☐
Medical Plan Options	☐	☐

Other _____

Current Health Insurance Carrier _____

Renewal Date _____/_____/_____

Are there any pre-existing conditions in the group? Please circle. **Yes** **No**

Please attach copy of your current invoice from each carrier by product as well as a copy of your current plan design for Major Medical (if applicable). Fax information to 770.220.1661.

Church Benefits Board
2930 Flowers Road, Suite 133A
Atlanta, GA 30341
Toll free: 800.352.8741

EMPLOYEE BENEFITS SURVEY

Help us determine what types of coverage your staff needs by filling out the survey. Upon completion, information may be faxed to CBB.

Note: For "Employee Name", feel free to provide last name, initials, or employee ID number if you wish to keep this data private.

Group Name _____

Contact Name _____

E-mail Address _____

Phone Number _____ Fax Number _____

City _____ State _____ Zip Code _____

Employee Name (Last, First, Middle Initial)	Occupation/ Job Title	Social Security Number (Optional)	Sex	Date of Birth (MM/DD/YYYY)	Basic Monthly Earnings	Elections: EE- Employee Only ES- Employee + Spouse EC- Employee + Child(ren) FAM- Full Family WC- Waiving Coverage	Full time/ Part time
Example: Doe, John J.	Pastor	123-45-6789	M	01/05/1960	$3,000	ES	Full time