CHURCH BENEFITS BOARD
A MINISTRY OF THE COOPERATIVE BAPTIST FELLOWSHIP
Your benefits are our ministry.

TheStandard®

LIFE- AD&D & LTD INSURANCE
Enrollment & Change Form
Group# 154150

POLICYHOLDER: CHURCH BENEFITS BOARD, INC
a Ministry of Cooperative Baptist Fellowship

ELIGIBILITY – A regular pastor or employee contributing to a CBB 403(b) Account and with taxable benefits working at least 20 hour or per employer policy.		**Effective Date**	**Monthly Contributions**
☐	**New Employee Participation in Life, Accidental Death &Disbursement (AD&D) and Long Term Disability (LTD) Insurance & Services**		**3%**
☐	**Employee Beneficiary Change *(Complete section1 & 3 below)***		
☐	**Employee Name Change *(Complete section 1 below)***		
☐	**Current Employer/Church Changes *(complete section 1 & 2 below)***		

Note: The effective date can't be prior to the employee's hire date. The first month's premium check will be allocated to the month indicated above.

1- Participant Information

Title	Last Name	First Name	Middle Initial

Social Security #	Job Title	Birth Date	Date of Hire	Phone

Home Address	City / State / Zip Code

Former Name *(complete only if name changes)*	Gender Male ☐ Female ☐	E-Mail

2- Employment Information

Employer / Church:	CBB Acct. Number:	TAX ID#:
Employer Address :	City / State / Zip Code :	
Administrator Name :	Email:	Phone:
Participant Annual Cash Salary (include amounts to be withheld for per year Employee Payroll Contribution & Flexible Spending Accounts)		$

Let us know how the Insurance Premium payment will be processed:
☐ **Employer/Church -** ***Employer/Church paid***
☐ **Employee Voluntary** - ***Employer paid via Employee Salary Reduction Agreement – Check here if paid with after-tax dollars*** ☐
☐ **Life & Life Dep** ***(after tax)*** **LTD Gross-Up Earnings** ***(pre-tax) - Please*** **contact the CBB office to review this option at** (800) 352-8741.

For Clergy ONLY:
Do you participate in Social Security? ☐ Yes ☐ No, ***Form 4361 filed with IRS***

3- Primary Beneficiary (ies)

This designation applies to Life/Life with AD&D Insurance available through the Church Benefits Board, if any. Designations are not valid unless signed, dated, and delivered to the Church Benefits Board during your lifetime. See page 2 for further information.

Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
CONTIGENT BENEFICIARIES				
Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

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LIFE & DISABILITY INSURANCE ENROLLMENT FORM **Group# 154150**

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:

  1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated_____ ."

- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.

- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

Effective on the 1st of the following month that the employee is approved and for which premiums are paid. The eligible employee shall be enrolled in the CBF-CBB *Group Life*, *AD&D*, *Long Term Disability* and all other insurance and benefit programs available to its eligible employees and their eligible dependents. The effective date of this insurance coverage is intended to be first of the month as outlined above or such other date as the Insurance Companies approve, whichever is later. If approved, no insurance for which evidence of insurability or good health is required will become effective until approved by the Insurance Company at its Home Office.

The Employer/Applicant authorizes the Church Benefits Board to act as its agent for the purposes set forth in any and all Insurance agreements for the individual named above. This includes functions relevant to the procurement of group insurance policies, including but not limited to: (1) execution of applications for any master group insurance policy (ies); (2) holding any master group insurance policy (ies); and (3) delegation of agency to insurers.

The Employer/Applicant acknowledges that the master group insurance policy or summary of benefits held by CBB under which insurance is provided may contain numerous optional provisions which are available in order to provide each participating employer with the ability to select provisions which meet its own needs. It is understood and agreed that only those provisions which appear in a Summary of Benefits or certificate provided to the each participating employer apply to such participating employer's insurance coverage, including the Employer/Applicant.

Participation Authorization

- I authorize the Church Benefits Board to execute my directions as set forth above.
- I understand that my eligibility for premium-paying membership depends upon my continuing to serve a church or organization appropriately related to the Cooperative Baptist Fellowship, Inc., continuing to serve in ministry as a member ordained by the CBF, and/or continuing to serve in ministry as a member whose ordination is in good standing with CBF.
- I agree to adhere to the provisions and any amendments of said plans for which I apply.
- I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Signature of Applicant	**Date**
Signature of Employer	**Date**

Please keep a copy of this form for your church's administrator and return the original to:

Church Benefits Board
2930 Flowers Road, Suite 133A
Atlanta, GA 30341

Phone: (800) 352-8741
Fax: (770) 220-1661
Web: www.churchbenefits.org

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