The Episcopal Diocese of California
1055 Taylor St. San Francisco, CA 94108
General phone: 415-673-5015

Direct to Benefits Office: 415-869-7805
Benefits Direct Fax: 415-673-4863
Benefits email: sarahc@diocal.org

Canonically Resident Clergy Benefits Enrollment Form

(Canonically resident clergy can enroll in Diocesan group medical or dental benefits at their own expense.
Submit this form during Open Enrollment, Nov 7-23 if you wish to enroll in any of the Diocesan group benefits with direct billing)

Cleric Enrollee Information — Effective Date: *Jan. 1, 2017*

Name: _____ Email: _____

SS #: _____ Date of Birth: _____ Ordination Date _____

Gender: _____ Marital/Partner Status ***(circle one):*** Single Married State Registered Domestic Partner

Home Address: _____

City, State, Zip: _____

Home Ph: _____ Work Phone: _____

Benefit Elections (check the box & circle the level of coverage of your selection)

	Monthly Premiums for: Single	Dual	Family
Medical Plan:			
☐ Kaiser EPO 80	**$621.15**	**$1,118.28**	**$1,739.43**
☐ Kaiser EPO High	**$795.40**	**$1431.93**	**$2,227.33**
☐ Anthem BlueCross/Blue Shield PPO 80/60	**$831.28**	**$1,496.50**	**$2,327.78**
☐ Anthem BlueCross/Blue Shield EPO 90	**$879.45**	**$1,582.60**	**$2,466.15**
Dental Plan:			
☐ Cigna Dental/Ortho	**$67.65**	**$121.98**	**$189.63**

Dependent Information (list only those to be added/removed from medical coverage)

Children, up to age 30, may be enrolled in our plans. If you wish to enroll one or more dependents please list them below, use additional page if necessary.

	Names	Date of Birth	Social Security #	Gender	Add Dep:
Partner/Spouse:				M / F	☐Med ☐ Dental
Child(ren):				M / F	☐Med ☐ Dental
				M / F	☐Med ☐ Dental
				M / F	☐Med ☐ Dental
				M / F	☐Med ☐ Dental
				M / F	☐Med ☐ Dental

Sign & Date: _____

office use only: ☐MLPS_____☐EBDB_____