

2021 Employee Data & Benefits Eligibility

New or Change (indicate changes on form with ✓ in boxes as appropriate)*

This form updates an employee's personal information and benefits eligibility.
To make changes to payroll figures please submit the Payroll Authorization form

EMPLOYEE INFORMATION (please respond to all items)

TEC USA Clergy? **circle**: Yes or No - If YES indicate preferred salutation: The Rev, Father, Mother, other: _____

Legal Name (last, first): _____ SS# or TIN: _____
If changing name please provide former name in parenthesis only last 4 needed for an existing employee

Title (circle one) The Rev., Ms., Mr., Mx. Date of Birth: _____ Gender: _____

Preferred Mailing Address: _____

City, State, Zip: _____

(circle) Home or Cell Phone: (_____) Work Phone: (_____) _____

Personal Email: _____ Work Email: _____

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

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

Date of Marriage: _____ Spouse's DOB: _____ Spouse's SS# or TIN: _____

EMPLOYER PROVIDED INFORMATION (please respond to all items)

Intention of hire 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 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)

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 or Change of Status Date: _____ Job Title: _____

Avg. Monthly Wages: \$ _____ AND Est. Annual Comp: \$ _____
(annual / 12. Do not list an hourly rate) (annual = avg. monthly wages x 12)

Employer Authorization: (name & title) : _____

Today's Date: _____ Phone: (_____) _____ Email: _____
print & sign

All benefits that require an enrollment form and must be submitted within 30 days of hire date to guarantee enrollment eligibility. If employee elects to waive medical or dental, they must submit the appropriate waiver of coverage form.

Go to www.diocal.org/employeebenefits