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 to Diocesan Benefits Coordinator within 30 days of Ordination date]

Cleric Enrollee Information — Effective Date: Jan 1, *2021*

Name: _____ Email: _____

SS #: _____ Date of Birth: _____ Ordination Date _____ circle: Priest or Deacon

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

Preferred Mailing Address: _____

City, State, Zip: _____ Home Ph: (_____) _____

Mobile Ph: (_____) _____ Work Phone: (_____) _____

Personal Email: _____ **Work** Email: _____

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

	Monthly Premiums for: Single	Dual	Family
Medical Plan:			
☐ Kaiser EPO 80	**$880.48**	**$1,584.65**	**$2,465.13**
☐ Anthem BCBS BlueCard PPO 80	**$936.85**	**$1,686.13**	**$2,622.98**
☐ Anthem BCBS BlueCard PPO 90	**$1,032.18**	**$1,858.33**	**$2,890.50**
☐ Kaiser EPO High	**$1,090.60**	**$1,962.88**	**$3,053.48**
Dental Plan:			
☐ Cigna Dental/Ortho	**$ 78.93**	**$142.48**	**$221.40**

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: _____

Keep original documents in personnel file on site.
Return a copy of the completed form to Sarah Crawford, Benefits Coordinator
Mail: 1055 Taylor St. SF, CA 94108 Fax: 415-673-4863 or Email: sarahc@diocal.org

office use only: ☐ER _____☐MLPS _____☐EBDB_____