



**EPC**

Benefit Resources, Inc.

**BENEFIT PLANS ELECTION FORM**

Please provide information on the 2024 Benefit Plan Elections you offer to your employees. BRI uses this for tracking purposes. This form does not limit you as the employer from providing additional benefits to your employees in the future. For information on our benefits, see [www.epc.org/benefits](http://www.epc.org/benefits).

<b>Church Name</b>	<b>Billing ID</b>
<b>City/State/ZIP</b>	<b>Phone</b>
<b>Administrator Name</b>	<b>Email</b>

<b>2024 EPC Benefit Plan Choices offered to EPC ORDAINED STAFF</b>					
	<i>Does your church offer this plan? (Y) or (N)</i>	<i>Plan types</i>	<i>Church Pays %</i>	<i>Employee Pays %</i>	<i>Comments</i>
<b>MEDICAL</b> Any combination of Medical Plans may be offered		<b>Platinum POS</b>			
		<b>Gold POS</b>			
		<b>Gold HDHP</b>			
		<b>Silver POS</b>			
		<b>Bronze HDHP</b>			
<b>DENTAL</b>		<b>Delta Dental (High Plan)</b>			
		<b>Delta Dental (Low Plan)</b>			
<b>VISION</b>		<b>National Vision Administrators</b>			
<b>LIFE/AD&amp;D/LONG-TERM DISABILITY (LTD)</b>		<b>The Hartford Life/AD&amp;D/LTD</b>			
<b>403(b)(9) Retirement Plan (Required for Ordained)</b>		Adoption Agreement (available at <a href="http://www.epc.org/benefits/2024churchadministratorresources">www.epc.org/benefits/2024churchadministratorresources</a> ) needs to be completed and on file with the BRI office. Email completed form to <a href="mailto:benefits@epc.org">benefits@epc.org</a>			
<b>Voluntary Insurance through Colonial Life</b>		<b>Employee/Dependent Life</b>			
		<b>Short-Term Disability</b>			
		<b>Accident Coverage</b>			
		<b>Critical Illness Coverage</b>			
<b>Amplifon Hearing Aid Discount Program</b>		This program provides participants with discounted hearing aids and services throughout the country.			



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BENEFIT PLANS ELECTION FORM

**2024 EPC Benefit Plan Choices offered to EPC OTHER STAFF I**

**Benefit Class:** \_\_\_\_\_ (Specify: non-EPC ordained, salaried, hourly, management, etc.)

	<i>Does your church offer this plan? (Y) or (N)</i>	<i>Plan types</i>	<i>Church Pays %</i>	<i>Employee Pays %</i>	<i>Comments</i>
<b>MEDICAL</b> Any combination of Medical Plans may be offered		<b>Platinum POS</b>			
		<b>Gold POS</b>			
		<b>Gold HDHP</b>			
		<b>Silver POS</b>			
		<b>Bronze HDHP</b>			
<b>DENTAL</b>		<b>Delta Dental (High Plan)</b>			
		<b>Delta Dental (Low Plan)</b>			
<b>VISION</b>		<b>National Vision Administrators</b>			
<b>LIFE/AD&amp;D/LONG-TERM DISABILITY (LTD)</b>		<b>The Hartford Life/AD&amp;D/LTD</b>			
<b>403(b)(9) Retirement Plan</b> (Required for Ordained)		Adoption Agreement (available at <a href="http://www.epc.org/benefits/2024churchadministratorresources">www.epc.org/benefits/2024churchadministratorresources</a> ) needs to be completed and on file with the BRI office. Email completed form to <a href="mailto:benefits@epc.org">benefits@epc.org</a>			
<b>Voluntary Insurance through Colonial Life</b>		<b>Employee/Dependent Life</b>			
		<b>Short-Term Disability</b>			
		<b>Accident Coverage</b>			
		<b>Critical Illness Coverage</b>			
<b>Amplifon Hearing Aid Discount Program</b>		This program provides participants with discounted hearing aids and services throughout the country.			



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BENEFIT PLANS ELECTION FORM

2024 EPC Benefit Plan Choices offered to <i>EPC OTHER STAFF II</i>					
Benefit Class: _____ (Specify: non-EPC ordained, salaried, hourly, management, etc.)					
	Does your church offer this plan? (Y) or (N)	Plan types	Church Pays %	Employee Pays %	Comments
<b>MEDICAL</b> Any combination of Medical Plans may be offered		<b>Platinum POS</b>			
		<b>Gold POS</b>			
		<b>Gold HDHP</b>			
		<b>Silver POS</b>			
		<b>Bronze HDHP</b>			
<b>DENTAL</b>		<b>Delta Dental (High Plan)</b>			
		<b>Delta Dental (Low Plan)</b>			
<b>VISION</b>		<b>National Vision Administrators</b>			
<b>LIFE/AD&amp;D/LONG-TERM DISABILITY (LTD)</b>		<b>The Hartford Life/AD&amp;D/LTD</b>			
<b>403(b)(9) Retirement Plan</b> (Required for Ordained)		Adoption Agreement (available at <a href="http://www.epc.org/benefits/2024churchadministratorresources">www.epc.org/benefits/2024churchadministratorresources</a> ) needs to be completed and on file with the BRI office. Email completed form to <a href="mailto:benefits@epc.org">benefits@epc.org</a>			
<b>Voluntary Insurance through Colonial Life</b>		<b>Employee/Dependent Life</b>			
		<b>Short-Term Disability</b>			
		<b>Accident Coverage</b>			
		<b>Critical Illness Coverage</b>			
<b>Amplifon Hearing Aid Discount Program</b>		This program provides participants with discounted hearing aids and services throughout the country.			



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**2024 EPC Benefit Plan Choices offered to PART-TIME CHURCH STAFF**

*Employees working less than 30 hours per week are not eligible for the Health and Basic Life/ AD&D/LTD Plans.*

	<i>Does your church offer this plan? (Y) or (N)</i>	<i>Plan types</i>	<i>Church Pays %</i>	<i>Employee Pays %</i>	<i>Comments</i>
<b>403(b)(9) Retirement Plan</b> (Required for Ordained)		Adoption Agreement (available at <a href="http://www.epc.org/benefits/2024churchadministratorresources">www.epc.org/benefits/2024churchadministratorresources</a> ) needs to be completed and on file with the BRI office. Email completed form to <a href="mailto:benefits@epc.org">benefits@epc.org</a>			
<b>Voluntary Insurance through Colonial Life</b>		<b>Employee/Dependent Life</b>			
		<b>Short-Term Disability</b>			
		<b>Accident Coverage</b>			
		<b>Critical Illness Coverage</b>			
<b>Amplifon Hearing Aid Discount Program</b>		This program provides participants with discounted hearing aids and services throughout the country.			

**AUTHORIZATION AND SIGNATURE**

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_