



# The Archdiocese of Galveston-Houston CHOICE Plus † Enrollment Form Priests and Retired Priests

## EMPLOYEE INFORMATION

Please print clearly - check box that applies

- New Enrollment       Current Priest  
 Retired Priest       Qualifying Life Event

Work Phone Number \_\_\_\_\_

Work Location & Location # \_\_\_\_\_

Priest Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Medicare Number \_\_\_\_\_ Medicare Effective Date \_\_\_\_\_ Birth Date (month, day, year) \_\_\_\_\_

**For Qualifying Life Events: Please provide date of event and description below, and attach supporting documentation. Must submit change within 31 days of Life Event.**

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## BENEFIT OPTIONS - Check box to elect Medical, Dental and/or Vision Care

### A. Medical Plan

	Employee Only	
Priest Plan	<input type="checkbox"/>	\$0

<input type="checkbox"/> I Decline Medical Coverage
Employee Cost \$ 0.00

### B. Dental Plan

	Employee Only	
Coverage:	<input type="checkbox"/>	\$0

<input type="checkbox"/> I Decline Dental Coverage
Employee Cost \$ 0.00

### C. Vision Plan

	Employee Only	
Coverage:	<input type="checkbox"/>	\$10 per month

<input type="checkbox"/> I Decline Vision Coverage
Employee Cost \$

List your information if benefits coverage is desired.

LAST NAME, FIRST, MIDDLE	SOCIAL SECURITY	DATE OF BIRTH	Check desired Benefits			
			MEDICAL	DENTAL	VISION	VOLUNTARY LIFE

## D. Life, Accidental Death & Dismemberment (AD&D) and Long Term Disability (LTD)

Life and AD&D Insurance Beneficiary Designation:

Infirm Priest Fund

## E. Voluntary Life Insurance - Check box to elect Voluntary Life

**Employee Coverage:** You may elect an amount between \$25,000 and \$100,000, in increments of \$25,000. You may not exceed five times your basic pay. Guaranteed Issue amount for New Hires ONLY: up to \$50,000 if under age 65. Reductions at Age 65: 67% and 50% at Age 70. **New hires may elect up to the Guaranteed Issue amount without an Evidence of Insurability Form.** All other employees who are increasing or newly electing coverage must complete the Evidence of Insurability form and attach it to your completed Enrollment Form.

### 1. Employee Voluntary Life Insurance - Check box to elect Voluntary Life

Coverage:

- \$25,000  
 \$50,000  
 \$75,000  
 \$100,000

<input type="checkbox"/> I Decline Voluntary Life Coverage
<input type="checkbox"/> Keep My Current Coverage As Is
<b>Employee Cost \$</b>
<b>My age range is:</b>
<25 _____ 50-54 _____
25-29 _____ 55-59 _____
30-34 _____ 60-64 _____
35-39 _____ 65-69 _____
40-44 _____ 70-74 _____
45-49 _____ 75+ _____

\* Evidence of Insurability (EOI) Form required for amounts in excess of \$50,000.

### Employee Voluntary Life Insurance under age 65 - Monthly Premium (Increments of \$25,000 up to \$100,000)

Employee Under Age 65	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$25,000	\$1.23	\$1.48	\$1.98	\$2.23	\$2.48	\$3.70	\$5.68	\$10.60	\$16.25
\$50,000	\$2.45	\$2.95	\$3.95	\$4.45	\$4.95	\$7.40	\$11.35	\$21.20	\$32.50
\$75,000	\$3.68	\$4.43	\$5.93	\$6.68	\$7.43	\$11.10	\$17.03	\$31.80	\$48.75
\$100,000	\$4.90	\$5.90	\$7.90	\$8.90	\$9.90	\$14.80	\$22.70	\$42.40	\$65.00

### Employee Voluntary Life Insurance for age 65 or older - Monthly Premium

Employee Age 65 & Older	\$25,000	\$50,000	\$75,000	\$100,000
	\$12,500	\$25,000	\$37,500	\$50,000
65-69	\$20.97	\$41.94	\$62.91	\$83.88
70-74	\$25.38	\$50.75	\$76.13	\$101.50
75+	\$35.00	\$70.00	\$105.00	\$140.00

\*Coverage reduced to 67% at the age of 65.

\* Coverage reduced to 50% at the age of 70.

**Employee's Total Benefits Cost per month (add all sections):** \$ \_\_\_\_\_

## G. Authorization

I authorize the Archdiocese of Galveston-Houston to deduct all or part of the premiums from my pay and have read all benefits information. I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is

If I decline any coverage, I acknowledge that I have been given the opportunity to participate, but choose to NOT enroll. Further, I understand that unless I have an eligible qualifying life event, my elections are final, and I will not be able to change any of them until the next annual enrollment.

\_\_\_\_\_

Signature of Priest

\_\_\_\_\_

Date Signed

**FOR HUMAN RESOURCES/BENEFITS USE ONLY**

\_\_\_\_\_

HR Representative Signature

\_\_\_\_\_

Date Input in System