



Archdiocese of Galveston-Houston † Benefit Enrollment Form Active and Retired Priests 2022

This form must be completed and submitted within 31 days of Date of Hire

Priest Information

Diocesan
 Religious Order
 Retired

Last Name		First Name		MI	Social Security Number	
Address			City	State	Zip Code	
Home/Cell Phone		Work Phone	Email Address			
Date of Birth	Medicare # & Effective Date <i>(if applicable)</i>		Job Title	# of Hours	Location Name & #	

Benefits - Medical, Dental Vision, Basic and Supplemental Life

I. Medical Plan	<input type="checkbox"/> I Decline Medical Coverage
Coverage <input type="checkbox"/> \$0	
II. Dental Plan	<input type="checkbox"/> I Decline Dental Coverage
Coverage <input type="checkbox"/> \$0	
III. Vision Plan	<input type="checkbox"/> I Decline Vision Coverage
Coverage <input type="checkbox"/> \$4.21 <i>Bi-Weekly</i>	

IV. Basic Life, Accidental Death and Dismemberment (AD&D)	
Insurance Beneficiary Designation	Infirm Priest Fund
V. Supplemental Life Insurance	

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. Coverage reduces at age 65 to 67% and at age 70 to 50% for the insured amount. 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.

A. Employee Supplemental Life Insurance Coverage:

<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$75,000	<i>Coverage Reduced to 67% at age 65</i> <i>Coverage Reduced to 50% at age 70</i>
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	

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

Rates per \$1000 in multiples of \$25,000 up to \$100,000

Employee	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
Under Age 65									
\$25,000	\$1.05	\$1.25	\$1.68	\$1.90	\$2.10	\$3.15	\$4.85	\$9.05	\$13.88
\$50,000	\$2.10	\$2.50	\$3.35	\$3.80	\$4.20	\$6.30	\$9.70	\$18.10	\$27.75
\$75,000	\$3.15	\$3.75	\$5.03	\$5.70	\$6.30	\$9.45	\$14.55	\$27.15	\$41.63
\$100,000	\$4.20	\$5.00	\$6.70	\$7.60	\$8.40	\$12.60	\$19.40	\$36.20	\$55.50

Employee Supplemental Life Insurance for age 65 or older - Monthly Premium

Employee 65-69	\$16,750	\$33,500	\$50,250	\$67,000
Employee 70+	\$12,500	\$25,000	\$37,500	\$50,000
65-69	\$17.89	\$35.56	\$53.67	\$71.56
70-74	\$29.86	\$59.73	\$89.59	\$119.45
75+	\$29.86	\$59.73	\$89.59	\$119.45

Coverage Reduced to 67%

Coverage Reduced to 50%

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 a crime and subjects a person to criminal and civil penalties.

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.

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Signature of Employee

Date Signed

HIPAA requires the Archdiocese of Galveston-Houston Medical and Dental Plan to notify you that a privacy notice is available by obtaining a copy on the Archdiocese of Galveston-Houston website or by contacting our Benefits Department. Please contact the Benefits Hot Line at 713-652-8265 if you have any questions.