CHURCH PENSION GROUP
Passionate About Our Purpose

Enrollment or Termination Form
Employer-Paid Short-Term and Long-Term Disability Coverage

Section 1 – Employee Information

Legal Name

First MI

Last

Mailing Address

Street

City

State Zip Code

Country

Home Phone

Mobile Phone

Personal Email

Social Security Number / TIN

Date of Birth

Gender ☐ Male ☐ Female

Is employee actively at work? ☐ Yes ☐ No

Does employee work in the US? ☐ Yes ☐ No

Work Location

Work Phone

Scheduled number of work hours per year

Section 2 – Employer Information

Employer Name

Client Number

Mailing/Billing Address

Street

City

State Zip Code

Country

Phone

Diocese

Last Bill

Aflac®

Section 3—Enrollment, Coverage Change or Termination

Transaction Type

☐ New Hire
☐ Newly Eligible
☐ Annual Enrollment
☐ Late Enrollee
☐ Employee Termination of Coverage* (proceed to Section 4B)

Effective Date of Change

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Effective January 1, 2023, The Church Pension Fund will be implementing an offset provision with respect to The Church Pension Fund Clergy Long-Term Disability Plan and The Church Pension Fund Clergy Short-Term Disability Plan (collectively, the "Clergy Disability Plans"). This means that any payments made to a cleric from the Clergy Disability Plans will be reduced by payments made to that cleric from any employer-paid or employee-paid group disability coverage ("Additional Disability Coverage"). Please notify your clerics about this change as this may impact their decision to purchase any Additional Disability Coverage.

Short-Term Disability Coverage

Policy Selected**

☐ STD 26 Weeks 60%
☐ STD 26 Weeks 66.67%
☐ STD 13 Weeks 60%
☐ STD 13 Weeks 66.67%
☐ STD 13 Weeks 66.67%
☐ STD 13 Weeks 66.67%
☐ STD 26 Weeks 66.67% Enhanced Maternity Benefit
☐ STD 13 Weeks 66.67% Enhanced Maternity Benefit

- 26 weeks of short-term coverage connects to 180 days long-term elimination period.
- 13 weeks of short-term coverage connects to 90 days long-term elimination period.

Long-Term Disability Coverage

Policy Selected**

☐ LTD 180 Days 40%
☐ LTD 180 Days 60%
☐ LTD 180 Days 66.67%
☐ LTD 90 Days 40%
☐ LTD 90 Days 60%
☐ LTD 90 Days 66.67%

Enrollment Deadline

Enrollments in a Short-Term and/or Long-Term Disability plan must be made within 31 days of the employee's hire date. The plans do not allow for waiting periods.

Section 4A—Acknowledgment, Signatures, and Notices

Employer Signature

By signing below, the employer certifies the employee is eligible for all coverages applied for, and, to the best of the employer's knowledge, all information provided above is correct.

Employer Signature _______________________________

Date _______________________________

Section 4A—Acknowledgment, Signatures, and Notices

Employer Signature

By signing below, the employer certifies the employee is no longer eligible for Disability Coverage, and, to the best of the employer's knowledge, all information provided above is correct.

Employer Signature _______________________________

Date _______________________________

* *Terminated employees who have been enrolled in any of the Employer-Paid (Voluntary) Long-Term Disability Plans for 12 or more consecutive months can convert their LTD coverage if they apply directly through Zurich American Life Insurance Company of New York within 31 days of their termination date. Forms are available at cpg.org.*

** *Coverage subject to elimination period and maximum amount.*

Please note that this material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, the official plan documents or insurance policies will govern.

Coverage is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

The plans are subject to the laws of the state where they are issued. This material is a summary of the product features only. Please read the plan carefully for details. Certain coverages may not be available in all states and plan provisions may vary by state.

The terms and conditions for the Group Short Term Disability Income Insurance and Group Long Term Disability Insurance are set forth in policy form number ICC20 CDL1100 or applicable state variation.

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