

Indicate benefits to be enrolled by checking the box(es) below. Benefit selections must match the benefits indicated on the Adoption Agreements we have from your church or organization.

☐ New Retirement Enrollment ☐ New Insurance Enrollment ☐ Update for Retirement ☐ Update for Insurance

☐ **403(b) Retirement Plan**

☐ **Life Insurance**

Employee	<input type="checkbox"/> Basic Life	<input type="checkbox"/> Standard Life	<input type="checkbox"/> Enhanced Life \$ _____
Spouse	<input type="checkbox"/> Enhanced Life – Employee must enroll in Enhanced to add Spouse \$ _____		See Rate Sheet for details.
Child	<input type="checkbox"/> Enhanced Life – Employee must enroll in Enhanced to add Child \$ _____		See Rate Sheet for details.

<input type="checkbox"/> Long-Term Disability		With Short-Term disability protection added?
Enhanced	<input type="checkbox"/> Employer-paid; best protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic	<input type="checkbox"/> Employer-paid; basic protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voluntary	<input type="checkbox"/> Employee-paid; basic protection	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Dental Plan		Who will be enrolled?		
Enhanced	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
Basic	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
Voluntary	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family

<input type="checkbox"/> Vision Plan		Who will be enrolled?		
Enhanced	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
Basic	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
Voluntary	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family

1 – Employee Information

First Name		Middle	Last Name	
Suffix	Nickname	Working 30+ hrs/week <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	W-2 Employee <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP
Personal Phone Number		Office Phone Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Personal Email		Office Email		Date of Birth
Job Description		Date of Hire	SSN	
*Annual Taxable Salary \$		*Annual Non-Taxable Housing Allowance – if Ordained \$		
If Teaching Elder: Presbytery		Presbytery Classification		If Ordained: Date of Ordination
Prior PCA Employer/Position/End Date – if applicable				

*Please call our office if you have questions about what to enter as **Taxable** or **Non-Taxable** compensation. 800-789-8765

2 – Spouse Information

First Name		Middle	Last
Nickname	Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone Number		Email	

Please continue to the next page to complete the form.

3 – Employer Information		Complete this section with information about the hiring Church or organization. The employer must be a PCA organization or an approved PCA-related organization.	
Name of Employer			PCA Org ID – if known
Mailing Address			
City	State	ZIP	Employer Phone Number
Employer Contact Name		Employer Contact Email	
4 – Beneficiary Information		NOTE: Please fill out this section in the presence of your Treasurer/Administrator. If you need additional explanation or additional spaces for multiple beneficiaries, please use the Group Beneficiary Designation Form at www.genevabenefits.org/mybenefits .	
Primary Beneficiary – Required			
Name		DOB	Email
Address		Relationship to You	Percent Designation _____% Per Capita _____% Per Stirpes
Secondary Beneficiaries – Not Required but Recommended			
Name		DOB	Email
Address		Relationship to You	Percent Designation _____% Per Capita _____% Per Stirpes
Name		DOB	Email
Address		Relationship to You	Percent Designation _____% Per Capita _____% Per Stirpes
Name		DOB	Email
Address		Relationship to You	Percent Designation _____% Per Capita _____% Per Stirpes
Name		DOB	Email
Address		Relationship to You	Percent Designation _____% Per Capita _____% Per Stirpes
5 – Signatures		Signatures for both the Employer and Employee are required for processing by Geneva.	
Employee Signature			Date:
Treasurer/Administrator's Signature – As the Plan Administrator, I acknowledge receipt, accuracy, completeness including participant's signature. I also acknowledge that the employee filled out the beneficiary designation section of this form in my presence.			Date:
Please do not remit a Retirement Plan contribution before notification of the account being open and ready to receive contributions.			
6 – Submit form to Geneva		You may submit forms by US Mail or by FAX but our preference is by Email attachment.	
To submit as secure Email attachment, request a secure link by emailing enrollment@genevabenefits.org .			