Group Plans Enrollment Form for Missionary Church, Inc.

A. GENERAL INFORMATION (ALL SPACES MUST BE COMPLETED)

Employer name: _____ Employer number: 71051

Employee name: Last: _____ First: _____ MI: _____

Birth date: _____/_____/_____ Social Security number: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (_____) _____ Email: _____

Gender: ☐Male ☐Female Marital status: ☐Married ☐Single Position/Title: _____

Monthly salary*: $_____ Date of full-time employment: _____/_____/_____ Coverage effective date: _____/_____/_____

*Includes cash salary + Social Security + housing allowance, or cash salary + Social Security + parsonage allowance + utilities paid.

B. BENEFIT ELECTION

Family life plan ☐ Yes ☐ No

Long-term disability plan ☐ Yes ☐ No

C. LIFE INSURANCE PARTICIPANT & DEPENDENT* INFORMATION (ONLY LIST FAMILY MEMBERS TO BE COVERED)

Last name	First name	Initial	Social Security number	Relationship	Birth date	Sex M/F

* Your spouse and children up to age 26 are eligible for coverage.

D. BENEFICIARY DESIGNATION

(This beneficiary designation is only applicable to your life benefits)

	Relationship	Birth date	Social Security number
Primary beneficiary:* _____	_____	____/____/____	_____
Primary beneficiary:* _____	_____	____/____/____	_____
Secondary beneficiary:* _____	_____	____/____/____	_____
Secondary beneficiary:* _____	_____	____/____/____	_____

E. REQUIRED SIGNATURES

I authorize my employer to arrange for me to be covered under the terms of the plans I have chosen. I also authorize my employer to make any required deductions from my earnings as my contribution to the cost of this coverage.

Employee signature: _____ Date: _____/_____/_____

Employer representative: _____ Date: _____/_____/_____

INTERNAL USE ONLY

Processed by: _____ Date: _____/_____/_____

GuideStone® Insurance Plans