

**K-8 Schools Group
Annual Enrollment Form
For coverage effective: Jan. 1, 2022**

Diocese of California
Group # 0087
1055 Taylor St. San Francisco, CA 94108

EMPLOYEE PERSONAL INFORMATION (please respond to all items)

Legal Name (*last, first*): _____ Social Security #: _____

Date of Birth: _____ Gender: _____ Marital/Partner Status (*circle one*): Single Married State Registered Domestic Partnership

Preferred Mailing Address: _____

City, State, Zip: _____ Home Ph: (____) _____

Mobile Ph: (____) _____ Work Phone: (____) _____

Personal Email: _____ Work Email: _____

Medical & Dental Benefit Elections (indicate plan of choice or decline and file Waiver of Coverage)

<p>Medical (see rate sheet for monthly premium, plans listed in order lowest to highest monthly premium) please circle plan & check box for tier of coverage</p> <p>Kaiser EPO 80 <input type="checkbox"/> Single (921) <input type="checkbox"/> Dual (922) <input type="checkbox"/> Family (923)</p> <p>Anthem PPO 80 <input type="checkbox"/> Single (941) <input type="checkbox"/> Dual (942) <input type="checkbox"/> Family (943)</p> <p>Anthem PPO 90 <input type="checkbox"/> Single (951) <input type="checkbox"/> Dual (952) <input type="checkbox"/> Family (953)</p> <p>Kaiser EPO High <input type="checkbox"/> Single (931) <input type="checkbox"/> Dual (932) <input type="checkbox"/> Family (933)</p> <p><input type="checkbox"/> I decline medical coverage at this time (see employer for waiver of coverage form) EAP provided to FTEs who waive medical</p>	<p>Dental (rates on next page) please circle plan & check box for tier of coverage</p> <p>Cigna Dental / Ortho <input type="checkbox"/> Single (291) <input type="checkbox"/> Dual (292) <input type="checkbox"/> Family (293)</p> <p><input type="checkbox"/> I decline dental coverage at this time (see employer for waiver of coverage)</p>
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Dependent Information (list those to be added or removed from medical & dental coverage)

Children, up to age 30, may be enrolled in our plans but cost may be responsibility of employee depending on employer policy. If you wish to enroll one or more dependents please list them below, use additional page if necessary.

Names	Date of Birth	Social Security #	Gender	Circle Add (+) or Delete (-)
*Partner/Spouse: _____	_____	_____	M / F	+ / - Med + / - Dental
Child(ren): _____	_____	_____	M / F	+ / - Med + / - Dental
_____	_____	_____	M / F	+ / - Med + / - Dental
_____	_____	_____	M / F	+ / - Med + / - Dental
_____	_____	_____	M / F	+ / - Med + / - Dental
_____	_____	_____	M / F	+ / - Med + / - Dental

Employer Provided Information

Employee is an active, permanent, paid employee working an average of:

Circle One

20 - <30 hrs/wk

(Employee can opt into medical or dental Premiums may be at their own expense)

30 or more hrs/wk

FT benefit plan includes employer paid Med, EAP, Dental & Life Ins

Episcopal Clergy? *circle: Yes or No* **AND** Job Title: _____

Avg. Monthly Salary: _____ **AND** Annual Salary: _____
(do NOT list an hourly rate) (do NOT list an hourly rate)

Employee's Signature & Date: _____

Employing School, City & Parish Code: _____

Employer Authorization (print & sign & date): _____

Keep original documents in personnel file on site.
Return a copy of the completed form to Sarah Crawford, Benefits Coordinator
Fax: 415-673-4863 or Email: sarahc@diocal.org
Mail: 1055 Taylor St. SF, CA 94108

2022 Medical & Dental Benefit Rates K-8 School Employees

Carrier/Plan	Billing Code	Enrolled Participants	Monthly Premiums
<u>Employee Assistance Plan - Cigna Behavioral</u> (eff. 01/01/2021 EAP is provided to all employees working at least 20hr/wk)	991	Employee (+ all members of household)	\$4.00
<u>Kaiser EPO 80</u> w/ Additional Benefits***	921	Employee	\$730.83
	922	Employee+1	\$1,315.08
	923	Employee+2 or more	\$2,045.90
<u>Anthem BC/BS BlueCard PPO 80</u> w/ Additional Benefits***	941	Employee	\$825.13
	942	Employee+1	\$1,485.23
	943	Employee+2 or more	\$2,310.35
<u>Anthem BC/BS BlueCard PPO 90</u> w/ Additional Benefits***	951	Employee	\$911.23
	952	Employee+1	\$1,640.00
	953	Employee+2 or more	\$2,551.23
<u>Kaiser EPO High</u> w/ Additional Benefits***	931	Employee	\$917.38
	932	Employee+1	\$1,651.28
	933	Employee+2 or more	\$2,568.65
<u>Cigna-Dental/Ortho</u>	291	Employee	\$70.73
	292	Employee+1	\$127.10
	293	Employee+2 or more	\$197.83

***Additional Benefits, bundled with medical enrollment include: prescription, vision, employee assistance plan, health advocate, hearing, travel assistance (visit www.cpg.org for details)

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