

Evangelical Congregational Church Benefits Corporation

Health Insurance Election Not To Enroll Form

(Only those pastors who qualify for one of the two exemptions need complete this form.)

Name: _____

SSN: _____

Church: _____

I acknowledge that the action taken by 2006 National Conference of the Evangelical Congregational Church mandates that all eligible pastors (those serving full-time and licensed by the E.C. Church) are required to participate in the Benefits Corporation health insurance plan with the following exemptions: those eligible pastors with coverage through their spouse's employer or have retiree coverage through a previous employer.

I acknowledge that I am eligible to participate in the current Health Insurance through the Evangelical Congregational Church Benefits Corporation. I understand that by declining these benefits at this time, my dependents (if any) and I will not have any Health Insurance coverage through the ECC Benefits Corporation until such time as I make an election for coverage.

I understand that since I am declining coverage at this time, I can elect health benefits through the ECC Benefits Corporation only in the event that I have a change in family status. Otherwise, I understand I can elect Health Insurance only during the period of open enrollment in September.

Completion and return of this form to the Benefits Corporation is mandatory for those pastors choosing one of the two exemptions as annual compliance with our plan implementation.

I am declining coverage for the following reason:

_____ Coverage through my spouse.

_____ Other Coverage (i.e. veterans, etc.)
Specify: _____

_____ I do not meet the eligibility requirements and therefore do not qualify for health insurance coverage.

Signature: _____ Date: _____

Please return completed form by September 25th to: EC Church Benefits Corporation, 100 West Park Avenue, Myerstown, PA 17067.

For questions regarding the completion of this form, contact EC Church Business Office (717-866-7581)