

**BEFORE PRINTING THIS FORM, complete all sections and select options from the drop down menu arrows where applicable.**

**Employee Data collection Form for Employers NOT using MLPS (Medical/Life Participant web-based System)  
Group Life Term Insurance, Short Term Disability Insurance, and Long Term Disability Insurance**

Group Life Insurance is an employer-paid benefit available to eligible employees as defined by the Participating Unit's Application and working at least 20 hours per week.

**Employee's demographic and coverage information**

First and Last Name _____		Tax ID/SSN _____		Date of Birth (MM/DD/YYYY) _____	
Home Address (City, State, Zip) _____	Life Insurance Amount \$ _____	Gender _____	Clergy or Lay _____	Active or Retired _____	
	Hire Date (MM/DD/YYYY) _____	Effective Date Enrollment/Change (MM/DD/YYYY) _____			
Choose Transaction Type _____	Group Life Enrollment? _____	LTD Enrollment? _____	STD Enrollment? ** _____		
	Annual Salary or Total Compensation* \$ _____				

**Employer Billing Information for Group Life Term Insurance**

Name of Institution _____	List Bill ID _____	Telephone Number _____
Address (Street, City, State, Zip) _____	Contact Person _____	
	E-mail _____	

**Employer Billing Information for Disability Insurance**

Same as above

Name of Institution _____	List Bill ID _____	Telephone Number _____
Address (Street, City, State, Zip) _____	Contact Person _____	
	E-mail _____	

\*Total Compensation for clergy is their Total Compensation as reported to the Church Pension Fund (including cash stipend, housing, utilities, social security (SECA) offset).

\*\*Short and Long-term Disability Insurance is underwritten by Liberty Life Assurance of Boston (Liberty Mutual), Boston, MA as Policy Numbers GD3-810-261925-02/GF3-810-261925-04. All benefits are approved and paid by Liberty Mutual.

\*\*For Direct Plans- Short and Long-term Disability Insurance is underwritten by First UNUM Life Insurance Company, New York, NY as Policy Numbers 461621, 560475 and 465268. All benefits are approved and paid through First UNUM.

**Please complete and sign the next page**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Diocese \_\_\_\_\_

**NOTE: Employee Signature is not required for terminations.**

**NOTES:**

- Enrollments in the group life insurance plan must be made within 30 days of hire date.
- Enrollments in the Short and Voluntary Long-Term disability plans must be made within 30 days of hire date. (The plans do not allow for waiting periods.)
- Enrollment in the Non-Contributory (employer-paid) Long Term Disability plan must be made as of employee's hire date or Employer's plan adoption date.
- Employer-provided Short Term and/or Long Term Disability: Enroll employees as part of their initial employment. They are covered on their first active day of work. Newly eligible group if accepted, the coverage effective date will always be on the first of the month following the date that coverage is requested
- Terminated employees who have been enrolled in either the Voluntary (employee-paid) or Non-Contributory (employer-paid) Long Term Disability plans for 12 or more consecutive months can convert their LTD coverage if they apply directly through Liberty Mutual within 30 days of their termination date. Forms are available at: [www.cpg.org](http://www.cpg.org)