

Group Life Enrollment Administration Form

(Please Print)

Name of Sponsoring Diocese/Institution _____

Name of Parish/Institution _____

Street Address _____

City _____

State _____

Zip _____

Name of Parish Treasurer/Administrator _____

Telephone Number/Ext. _____

Fax Number _____

Email address _____

For Church Life use only

List Bill No. _____

Number of employees _____

Effective Date _____

- Employees must be compensated and working a minimum of 20 hours a week to enroll. Completed and signed enrollment forms must be submitted within 30 days of hire date or eligibility date for group life insurance. Enrollment forms not received within the eligibility period will require the employee to provide a health statement and receive underwriter approval. The amount of coverage is determined by the Group Life Contract for your Sponsoring Diocese.
- The sponsoring diocese/organization signature is required for all group life enrollments.
- A Beneficiary Designation form should accompany the enrollment form. You may download a form from our website, www.cpg.org.

This document confirms that the Group Life Insurance has not been previously offered as a benefit to the employees of this parish/institution. It is understood, with the initiation of this product offering, Church Life Insurance Corporation will administer complete eligibility and underwriting guidelines for all future parish/institution employee requests to enroll into this plan.

× _____
 Parish Treasurer/Administrator Signature

× _____
 Date

Required Signatures (to be completed by sponsoring Diocese or Institution)

× _____
 Name of Diocesan Administrator/Officer (please print)

× _____
 Telephone Number/Ext.

× _____
 Diocesan Administrator Signature

× _____
 Date