

PCA RBI Benefit Plan Enrollment Form

1 – Employee Information	You will be notified via email at your office email address when your account is open. If enrolling for insurance benefits, actual insurance benefit selection will be required for completion of your enrollment.
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New Retirement Enrollment
 New Insurance Enrollment
OR
 Update Retirement Information
 Update Insurance Information

I do not currently have a retirement account or insurance with the PCA
This is an update to existing PCA benefit information

First Name		MI	Last Name		Suffix
Address				Home Phone Number	
City		State	ZIP		Do you work at least 30 hours per week? <input type="checkbox"/> No <input type="checkbox"/> Yes
Personal Email			Cell Phone Number		W-2 Employee? ** <input type="checkbox"/> No <input type="checkbox"/> Yes
Office Email*			Office Phone Number		US Citizen? *** <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth		Date of Hire		Job Description	
SSN ____ -- ____ -- ____					
<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status		Annual Salary****\$		Annual Housing Allowance - if Ordained \$
Spouse Name:		Spouse Date of Birth		Spouse SSN ____ -- ____ -- ____	
Beneficiary Information <i>If additional room is required please submit an additional form. Those enrolling for insurance may submit beneficiary information online once enrolled</i>		Primary Beneficiary Name		Relationship	
		Contingent Beneficiary Name		Relationship	

* Office Email address should be currently active. Informational emails for benefit enrollment will be sent to this email address.
 *** Those working overseas are not eligible for benefits at this time. Non-US citizenship may require additional information.
LTD premiums, to comply with maximum Life Insurance limits, and to share with our Retirement Plan record keeper for compliance reporting.

** Must be a W-2 employee of the local church, school or ministry to enroll for benefits.
 **** Salary Information: This is the IRS Form W-2 Box 1 total wages. RBI uses Salary and Housing Allowance information to calculate

2 – Teaching Elder	Complete this section if you are an ordained PCA Teaching Elder.
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Presbytery	Date of Ordination
Prior PCA Employer / Position / End Date	

3 – Employer Information	Complete this section with information about the hiring Church or organization. Ensure that you review the specific plans offered using the Insurance Brochure on our website.
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Check benefit products offered to **this** employee. Benefits **must** match the organization's Benefit Plan Adoption Agreements on file with our office.

403(b) Retirement Plan
 Life Insurance
 LTD1 Enhanced
 LTD2 Basic
 Dental Basic or Enhanced
 Vision Basic or Enhanced

VOLUNTARY BENEFIT PLANS:
 LTD3 Voluntary
 Dental Voluntary
 Vision Voluntary

If enrolling in the PCA 403(b) Retirement Plan, all new participants will be invested into an age-appropriate PCA Target Retirement Fund. You will be able to select among other investment options, if you desire, after your account has been established. To learn more about the PCA Target Funds or other investment options, please visit our website at www.pcarbi.org.

Previous PCA Employer (if applicable)	Date of termination
Name of Employer (must be a PCA organization or PCA-related organization)	PCA Org ID – if known

Mailing Address:

City:	State	ZIP	Employer Phone Number:
Employer Contact Name – Print, Sign and Date		Employer Contact Email:	

4 – Employer and Employee Signatures	Both the employee and an employer contact must sign this form to ensure coordination of local benefits administration
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Treasurer/Administrator's Signature	Date: __/__/__ (MMDDYYYY)
Employee Signature	Date: __/__/__ (MMDDYYYY)

Please do not remit a contribution for this participant until you receive a confirmation email. Review and confirm all information is provided including the Employer and Employee signatures before submitting for processing. Incomplete forms will not be processed.

5 – RBI Use Only	<i>For RBI office use only.</i>
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PCA Org ID	Participant ID	PayType	LTD Filter
NOTES			Processed By