CSI INSURANCE PLAN AND TRUST FUND
2969 Prairie St SW Ste 102 | Grandville MI 49418
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csiinsuranceplan@cebteam.org

BASIC BENEFIT EMPLOYEE ENROLLMENT AND CHANGE FORM

Employee's name _____ Sex ☐ M ☐ F Date of birth _____ ☐ Single ☐ Married

Address _____ City _____ State _____ Zip _____

School Lansing Christian School Job title _____

Name of building (if different from above) _____

Grade level / Subject taught _____ Work email _____

Personal email (necessary for applicant to view benefits) _____

Employee's phone number _____ Date of Employment _____

Employee status ☐ New hire ☐ Newly Eligible ☐ Plan change ☐ Name/address change

☐ Adding dependent(s) ☐ Deleting dependent(s) Dependent(s) name(s) _____

Reason for adding or deleting dependent(s) _____

Effective date of coverage _____

Life insurance beneficiary name _____ SSN _____

Relationship _____ Beneficiary's date of birth _____

Beneficiary's address _____ City _____ State _____ Zip_____

Basic Benefits (includes Life/AD&D, Short Term Disability, Long Term Disability, and Student Loan Assistance):

Please choose one:

☐ Single Life/AD&D and LTD

☐ Family Life/AD&D and LTD for employee only

☐ I have been given the opportunity to participate but am refusing life/AD&D and Long Term Disability coverage. I understand that my school participates in the Short Term Disability plan and I am automatically enrolled in that benefit. I am also automatically enrolled in the Student Loan Assistance benefit. (See eligibility on reverse side.)

If choosing Family Basic Benefits, please list each covered dependent **including spouse and all dependent children**:

1. Name _____ Birthdate _____ Sex ☐ M ☐ F SSN _____ Relationship _____
2. Name _____ Birthdate _____ Sex ☐ M ☐ F SSN _____ Relationship _____
3. Name _____ Birthdate _____ Sex ☐ M ☐ F SSN _____ Relationship _____
4. Name _____ Birthdate _____ Sex ☐ M ☐ F SSN _____ Relationship _____
5. Name _____ Birthdate _____ Sex ☐ M ☐ F SSN _____ Relationship _____
6. Name _____ Birthdate _____ Sex ☐ M ☐ F SSN _____ Relationship _____

Please continue on to page 2. Your signature is required on this form.

ELIGIBILITY:

a. Each school may choose the eligibility level for their employees. The choices are 50 percent, 62.5 percent, or 75 percent of a full-time position during a plan year (September 1–August 31). All educational employees are considered full time if they spend at least 1,000 hours in the classroom with students. All other employee are considered full time who work 40 hours per week (at least 2,000 hours in plan year).

b. 10 percent of all eligible employees may decline participation of all Basic Benefits coverage (Dental, Life/AD&D, and LTD) in addition to the employees and dependents who decline coverage because they are covered under a dental plan provided through a spouse's or parent's employer plan. Other exceptions may apply (government plans, etc.).

c. If your school participates in the Short Term Disability plan, you will be automatically enrolled in that benefit.

d. All eligible employee will be enrolled in the Student Loan Assistance benefit.

ELECTRONIC DOCUMENT NOTICE:

You are entitled to receive certain documents for the Christian Schools International Insurance Plan and Trust Fund ("Plan") required by the Employee Retirement Income Security Act of 1974 (ERISA). The Plan intends to provide the following documents to you via the email address listed above, unless you opt out:

Summary plan descriptions (SPDs)
HIPAA notice of privacy practices
Benefit booklets
Summaries of benefits and coverage (SBCs)
Insurance annual notices

In each instance, we will furnish the documents to you as a link embedded in an email sent to the email address listed above. To access the email and linked documents, you must have (1) a computer with internet access; (2) an internet browser installed on that computer allowing you to send and receive emails (for example, Chrome); and (3) a PDF application program installed on your computer, allowing you to open and read the linked documents.

To retain a copy of the email and linked documents for future reference, you must either (1) be able to print a copy on a printer attached to the computer; or (2) save a copy to your computer's hard drive. We also recommend that you copy the documents emailed to you onto a backup system external to your computer's hard drive (for example, on a thumb drive).

To update your email address, send an email to ***csiinsuranceplan@cebteam.org.***

You have a right to request and obtain a paper version of any emailed documents at no charge. Please call Laura Brinks or Amy Slachter at ***877.284.8796 ext 233 or 616.284.3233*** or email ***csiinsuranceplan@cebteam.org*** to request a paper copy.

By signing below, I authorize my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage requested above. My signature below also verifies the accuracy of the information on this form. I understand that my enrollment, and that of any of my dependents, is contingent on meeting the eligibility and enrollment rules set forth in the documents that govern the programs in which I have requested enrollment. If I have declined enrollment for myself or any dependents, I understand that I may not change my enrollment elections until the next open enrollment period without a qualifying change of status event, and that some programs may also require satisfactory evidence of insurability at my expense.

Signed_____Date_____SSN _____

PLEASE HAVE YOUR EMPLOYER COMPLETE:

Yearly salary_____**School number** 271

Forms may be submitted via email to: csiinsuranceplan@cebteam.org
Or mail to: Christian Schools International, Attn: US Insurance, 2969 Prairie St. S.W., Ste 102, Grandville, MI 49418-2008