THE EPISCOPAL CHURCH MEDICAL TRUST
445 Fifth Avenue
New York, NY 10016
Active Member Services: (800) 480-9967
Fax: (212) 592-9499
www.cpg.org

2011-2012 Seminarian Medical and Dental Open Enrollment Form

1 Information About the Seminarian

❏ New Seminarian (See Enrollment Guidelines on back)
❏ Late Enrollment (Include Health Statement)

Date Hired ___/___/_____ Mo / Day / Yr

Coverage Effective ___/___/_____ Mo / Day / Yr

Title First Name M.I. Last Name
(The Rev., Mr., Mrs., Ms., etc.)

Birth Date ___/___/_____ Mo / Day / Yr

Soc. Sec. No. ___-___-___

Residence

Street

City State Zip

Home Phone E-mail

❏ Male
❏ Female

❏ Married
❏ Single

Mailing Address (if different)

Street

City State Zip

2 Billing Information for Medical and Dental Plans

Name of Organization

Phone E-mail List Bill ID

Street

City State Zip

Billing Instructions:

Send bill to the attention of ______________________

3 Active Medical Coverage

❏ Empire BCBS PPO 75/50

❏ Aetna Health Fund

❏ Aetna HMO

❏ Medical coverage declined

Tier: ❏ Single ❏ Seminarian + 1 (spouse) ❏ Employee + child ❏ Seminarian + children ❏ Family

4 Dental Coverage

❏ Preventative

❏ Basic

❏ Dental & Orthodontia

❏ Dental coverage declined

Tier: ❏ Single ❏ Seminarian + 1 (spouse) ❏ Employee + child ❏ Seminarian + children ❏ Family

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Information About Your Dependents

List dependents and check coverage desired. Dependents 19 and over (full-time students,etc.) may be eligible – check Administrative Guidelines for your diocese or organization. If your group offers domestic partnership coverage, attach supporting documentation with this form. For more space, attach an additional Enrollment Form.

Coverage	Full Name	Relationship	Soc. Sec. No.	Birth Date (M/D/Y)	Gender
❑ Medical ❑ Dental			- -	/ /	❑ M ❑ F
❑ Medical ❑ Dental			- -	/ /	❑ M ❑ F
❑ Medical ❑ Dental			- -	/ /	❑ M ❑ F

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Signatures – Seminarian, Seminary, and Sponsoring Diocese or Organization

The seminarian, seminary, and an officer of the sponsoring diocese or organization must sign this form. By signing, the seminary certifies the seminarian is eligible for all coverages applied for, and, to the best of the seminary's knowledge, all information provided is correct.

Seminarian's Signature* Date

Seminary's Signature Date

Name of Sponsoring Diocese or Organization

Officer's Signature Date

Street City State Zip Phone E-mail

***Include Power of Attorney documentation if applicable.**

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Enrollment Guidelines

- For Group Medical Benefits, if the Health Insurance Portability and Accountability Act of 1996 (HIPAA) applies, you must include evidence of your prior health coverage with this form.
- New seminarians must enroll and sign this form within 30 days of the seminary's published registration deadline for that semester or eligibility date for Group Medical/Dental Insurance.
- If enrolling in a Managed Care Plan, attach Managed Care application. Managed Care plans do not accept late enrollments.
- All late enrollments subject to approval.
- Mid-year cancellation of the dental plans is not permitted. Dental plans may only be terminated or changed during open enrollment or for significant life events.