The Florida Conference of The United Methodist Church

2015 CLERGY BENEFIT ENROLLMENT FORM

Florida Conference • 450 Martin Luther King Jr. Ave. • Lakeland, FL 33815

Please print clearly in ink, complete all questions and fill in all fields or indicate "not applicable."

Date of Application: _____ Effective date: _____

Is this application for: ☐ Enrollment ☐ Re-Enrollment ☐ Status Change

United HealthCare Plans

UHC Choice Plus ☐ **Single $124** ☐ **Family $301 (Pastor's Portion)** **Church will be charged the employer rate of $1,067 for clergy**	**DEACON RATES ONLY:** **UHC Choice Plus** ☐ **Single $694** ☐ **Single + 1 $1,225** ☐ **Family $1,676** **Church will be charged the full rate above**

PRIMARY APPLICANTS INFORMATION

Social Security Number	Last Name	First Name	Middle Name	Gender ☐ M ☐ F	Birth Date

Address	City	State	Zip Code	County

Home Phone Number	Daytime Phone Number	Marital Status	Marriage Date	Hire Date

APPLICANTS DEPENDENTS

Last Name	First Name	MI	Date of Birth	Social Security Number	Disabled	Gender	Relationship
Applicant/Spouse				_____-_____-_____	☐ Y ☐ N	☐ M ☐ F	
Applicant/Dependent				_____-_____-_____	☐ Y ☐ N	☐ M ☐ F	
Applicant/Dependent				_____-_____-_____	☐ Y ☐ N	☐ M ☐ F	
Applicant/Dependent				_____-_____-_____	☐ Y ☐ N	☐ M ☐ F	
Applicant/Dependent				_____-_____-_____	☐ Y ☐ N	☐ M ☐ F	

FLEXIBLE SPENDING ACCOUNT

Please indicate your choice for the (FSA) Flexible Spending Account

Health Care Flexible Spending Account (FSA) ☐ $_____ Monthly Contribution
(Maximum Contribution of $2,500 Annually)
(i.e. Co-payments, Deductibles, Vision Exam, Dental Exam, Prescriptions)

Dependent Care Flexible Spending Account (FSA) ☐ $_____ Monthly Contribution
(Maximum Contribution of $5,000 Annually)
(i.e. Day care, Elder care)

LIFE INSURANCE

Please complete the Minnesota Life Insurance application to purchase the voluntary life insurance. To receive the guarantee issue for you and your spouse, you must enroll when you are first eligible for this benefit (upon hire or newly eligible for health insurance).

CHURCH INFORMATION

Church Name	GCFA #	District	Applicant's Title

Church Street Address	City	State	Zip Code	Church Phone Number

Applicant Signature: _____ Date _____

Church Office Manager: _____ Date _____

RETURN FORM TO ABOVE ADDRESS ATTENTION HUMAN RESOURCES OR FAX TO: (863) 688-5189