

PCA RETIREMENT & BENEFITS, INC.

1700 North Brown Road, Suite 106 ♦ Lawrenceville, GA 30043 ♦ Phone: 800-789-8765 ♦ FAX: 678-825-1261

Instructions for Completing the PCA RBI Benefit Plan Enrollment Form

This Enrollment Form has been combined to serve as both the Retirement Plan enrollment form and as the form used to set up access to enroll in PCA Insurance Plans via SmartBen, our on-line benefits administration system. The information requested is intended to provide RBI office staff with the details to process one or both of these enrollments. **For your employees to be eligible for enrollment in either PCA group insurance or in the PCA Retirement Plan, our office must have a completed Insurance Adoption Agreement (IAA) or the 403(b) Adoption Agreement from your PCA church, school, or approved like-minded organization before processing.**

Please complete the Benefit Plan Enrollment Form using the following instructions for each section.

1 – Employee Information	
<p>Provide ALL employee information requested within Section 1 of the enrollment form. Incomplete forms cannot be processed until all information is complete. Incomplete forms may delay processing not only for you, but for other employees within your organization as well.</p> <ul style="list-style-type: none"> ➤ Provide a currently active Office Email address. ➤ Salary: Enter the Total Wages that will be submitted in Box 1 on the IRS form W-2. ➤ Housing: Report only the Housing amount in this field. <i>RBI uses Salary and Housing Allowance information to calculate LTD premiums, to comply with maximum Life Insurance limits and to share with our Retirement Plan record keeper for compliance reporting.</i> ➤ The employee must be receiving a W-2 from the local church, school, or ministry to enroll for benefits. ➤ <i>Those who work overseas are eligible for retirement plan enrollment only. Our life and LTD plans are available only for US residents.</i> ➤ Non-US citizens may be required to submit additional information. 	
2 – Beneficiary Information	<i>Provide Beneficiary details for both Retirement and Insurance enrollments.</i>
<p>Married Participants: In addition, the following information must be completed before processing can begin:</p> <ol style="list-style-type: none"> 1) Spouse’s Name 2) Spouse’s Date of Birth 3) Spouse’s Social Security Number <p>Please provide all information for the named primary and contingent beneficiaries. If you have multiple primary and/or contingent beneficiaries, please complete the <i>Beneficiary Designation</i> form found on our website (www.pcarbi.org) under “Forms” (located on the gold bar across the top of our homepage).</p> <p><u>For Retirement Plan enrollments:</u></p> <p>All newly enrolling Retirement Plan participants will be invested into an age-appropriate PCA Target Retirement Fund. You will be able to select from 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.</p> <p><u>Insurance Enrollments:</u></p> <p>You will receive an email from our office (at your Office Email provided on this form) with instructions for completing your enrollment in SmartBen. Assigning your Beneficiary to each Life Insurance product is part of the enrollment process in SmartBen.</p>	
3 – Employer Information	<i>Complete this section with information about the hiring Church or organization. The employer must be a PCA organization or an approved PCA-related organization.</i>
<p><u>For Retirement:</u></p> <p>The retirement plan is a voluntary plan and employees who are part-time or full-time may enroll (at any time) and contribute as agreed upon between the church and the employee. Keep in mind there will be no invoice mailed for retirement plan contributions. Contributions may be submitted monthly by check or on-line process. Please email or call our office for additional details for submitting contributions.</p> <p><u>For Insurance:</u></p> <p>For New Hires, benefit enrollment is open for <i>31 days from Date of Hire</i>. If enrollment is not completed within this time-frame, requests for coverage must be processed during Annual Enrollment. Life Event enrollment changes must also be processed <i>within 31 days of the event</i>. The most common Life Events are marriage, birth, death, beneficiary updates and job changes. It is also considered a Life Event when an employer begins to offer new benefit options that were not available to the employees before.</p>	
4 – Employer and Employee Signatures	<i>Both the employee and an employer contact must sign this form to ensure coordination of local benefits administration.</i>
<p><i>Sign the form as requested at the bottom of the page.</i></p> <p>Return the enrollment form to your business administrator’s office. Your administrator will send the form to RBI. You may wish to keep a copy signed by you and your employer for your records.</p> <p>If you intend to contribute an amount from your paycheck toward your Retirement Account, you will also need to complete a <i>Salary Reduction Agreement</i> for your church or church-related organization to keep on file. The <i>Salary Reduction Agreement</i> form (with instructions) may be found under Forms on our website at www.pcarbi.org.</p> <p><i>If you would like assistance with determining how much to contribute to the retirement plan or selecting an appropriate investment portfolio, please speak with one of our RBI Service Representatives at 1-800-789-8765 Monday through Friday, 8 a.m. to 5 p.m. Eastern time.</i></p>	
5 – Submit form to RBI for Processing	
<p style="text-align: center;">Gather and submit the information requested to RBI by FAX to 678-825-1261 or by US Mail to the above address.</p> <p style="text-align: center;">- To request a secure email link for submitting completed form as secure email attachment;</p> <p style="text-align: center;">Retirement: Send email request to retirement@pcanet.org for <i>Retirement Plan Only Enrollments</i></p> <p style="text-align: center;">Insurance: Send email request to insurance@pcanet.org for <i>Insurance Only and Insurance/Retirement Enrollments</i></p>	

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Benefit Plan Enrollment Form

New Retirement Enrollment and/or New Insurance Enrollment <i>I do not currently have a retirement account or insurance with the PCA.</i>	OR	Update Retirement Information and/or Update Insurance Information <i>I am providing changes for updates to my existing information.</i>	
Benefits: Check each benefit offered to this employee and review life plans to select in SmartBen enrollment (Basic Life, Standard Life, Enhanced Life, etc.). Benefit selections must match the organization's Benefit Plan Adoption Agreements on file with our office. 403(b) Retirement Plan Life Insurance Long Term Disability: LTD1Enhanced LTD2 Basic Dental - Basic or Enhanced Vision - Basic or Enhanced Voluntary Benefit Plans: LTD3 Voluntary Dental Voluntary Vision Voluntary			
1 – Employee Information You will be notified via email at your office email address when your PCA Retirement Account is open. <i>If enrolling for insurance benefits, you will receive an email at your office email address with instructions for completing your benefit enrollment in SmartBen.</i>			
First Name	MI	Last Name	Suffix
Address		City	State ZIP
Personal Email		Personal Phone Number	
Office Email		Office Phone Number	
Date of Birth	Date of Hire	Job Description	SSN
Male Female	Marital Status	Annual Salary \$	Annual Housing Allowance – <i>if Ordained</i> \$
Do you work at least 30 hours per week? No Yes	Are you a W-2 Employee? No Yes	Are you a US Citizen? No Yes	
Presbytery – <i>if Teaching Elder</i>		Date of Ordination – <i>if Ordained</i>	
Prior PCA Employer/Position/End Date – <i>if applicable</i>			
2 – Beneficiary Information <i>Your beneficiary is the person you name to receive the current value of your life insurance and/or the current balance of your retirement plan investment account upon the event of your death.</i>			
Spouse Name:		Spouse Date of Birth	Spouse SSN
Beneficiary Information To submit multiple Primary or Contingent beneficiaries, locate the additional form as noted in the instructions.		Primary Beneficiary Name(s)	Relationship
		Contingent Beneficiary Name(s)	Relationship
3 – Employer Information <i>Complete this section with information about the hiring Church or organization. The employer must be a PCA organization or an approved PCA-related organization.</i>			
Name of Employer		PCA Org ID – <i>if known</i>	
Mailing Address			
City	State	ZIP	Employer Phone Number
Employer Contact Name		Employer Contact Email	
4 – Employer and Employee Signatures <i>Both the employee and employer contact must sign this form to ensure coordination of local benefits administration.</i>			
Review this form for completeness including the Employer and Employee signatures before submitting for processing. Incomplete forms will not be processed.			
Please do not remit a Retirement Plan contribution for this participant until you receive a confirmation email noting the account is open and ready to receive contributions.			
Treasurer/Administrator's Signature			Date:
Employee Signature			Date:
5 – RBI Use Only			
PCA Org ID	Participant ID	PayType	LTD Filter
Notes			Processed By

Submit forms for RBI processing:

Gather and submit the information requested to RBI by FAX to 678-825-1261 or by US Mail to the above address.

- To **request a secure email link** for submitting completed form as secure email attachment;

- **Retirement:** Send email request to retirement@pcanet.org for Retirement Plan Only Enrollments
- **Insurance:** Send email request to insurance@pcanet.org for Insurance Only and Insurance/Retirement Enrollments