

## PCA Group Insurance Adoption Agreement

This form is for the purpose of communicating to our office the insurance products your organization desires to provide to your pastors and full-time staff members. For the purposes of this form (and various other forms), pastors and other staff members working for your organization will be referred to as your employees. Our PCA insurance products are group plans and are not available for individual enrollment. Your church acts as the employer making your staff/employees eligible to enroll in these products. There are minimum participation/enrollment requirements given to us by our insurance carriers who underwrite each plan for us. These participation requirements are clarified in the grey box at the beginning of each section below.

### **General eligibility requirements for all PCA Insurance Products**

Enrollees must be a full-time employee (working at least 30 hours per week) of a PCA or PCA-affiliated (like-minded) organization and legally residing in the US. If your organization is not a PCA organization but you would like to request PCA-affiliated status to participate in our plans, you may provide to us: (1) a 501(c)(3) IRS letter of determination; and (2) evidence that your organization is of common religious bonds and convictions with the PCA (such as a statement of faith) as indicated in box D in the Organization Information on page 2 of this form. We will review these documents to confirm or deny eligibility to participate as a like-minded organization and communicate that decision to you. Please call our office if you have questions about your current status with the PCA.

Complete (as instructed below) and submit the information requested to RBI via email to [insurance@pcanet.org](mailto:insurance@pcanet.org), via FAX to (678) 825-1261 or send via US Mail to the below address. If you have questions, email [insurance@pcanet.org](mailto:insurance@pcanet.org) or call 1-800-789-8765.

**Name of Organization:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Church Email Address:** \_\_\_\_\_

### **Step (1): Insurance provider (Employer) participation requirements**

**Instructions:** *Add a check in the box to the left of each product you will offer to your employees and list the total number of participating full-time employees at your church or organization in the column on the right of each product listed.*

<p><b>The following three products require 100% participation in the benefit for all full time employees at your organization. This means, if your organization wishes to provide the benefit to any one employee, all full time employees must enroll.</b></p>	
<p><input type="checkbox"/> <b>PCA Life Insurance Plans</b></p> <p><b>Only PCA Basic Life is required for each full time employee.</b></p> <p>Standard Life, Enhanced Life, Dependent Life and Voluntary AD&amp;D may be added, once Basic Life is elected.</p> <p>Life products other than Basic Life may be purchased or waived by your employees at the time of their enrollment per your advisement.</p>	<p><b>Number of full time employees:</b></p> <p>_____</p>
<p><input type="checkbox"/> <b>PCA Dental Basic / Enhanced Plans</b></p> <p><b>Only the Basic plan is required for each full time employee.</b></p> <p>The Enhanced plan may be purchased or waived at the time of enrollment.</p> <p>If current budget does not allow offering the Basic or Enhanced plan for each full time employee, review the participation levels for the Voluntary plan listed on page 2.</p>	<p><b>Number of full time employees:</b></p> <p>_____</p>
<p><input type="checkbox"/> <b>PCA Vision Basic / Enhanced Plans</b></p> <p><b>Only the Basic plan is required for each full time employee.</b></p> <p>The Enhanced plan may be purchased or waived at the time of enrollment.</p> <p>If current budget does not allow offering the Basic or Enhanced plan for each full time employee, review the participation levels for the Voluntary plan listed on page 2.</p>	<p><b>Number of full time employees:</b></p> <p>_____</p>

**PCA Group Insurance Adoption Agreement (continued)**

The following two products require 100% participation *by employment type or class*. All of the employees within the type/class that is created and named by your organization will need to participate. The type/class can be as small as one person, but must be defined in writing. For example, "all pastors", "all management staff", "all clerical staff" or, "all teachers."

<input type="checkbox"/> <b>PCA LTD1 Enhanced Plan</b> Name of this type/class of employee _____	Number of full time employees in this type/class _____
<input type="checkbox"/> <b>PCA LTD2 Basic Plan</b> Name of this type/class of employee _____	Number of full time employees in this type/class _____

The following product requires the greater of 50% participation or 3 employees.  
*Do not select this product if you selected PCA Vision Basic / Enhanced Plan.*

<input type="checkbox"/> <b>PCA Vision Voluntary</b>	Number of full time employees _____
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The following product requires at least 40% (of full time employees) to participate.  
*Do not select this product if you selected PCA Dental Basic / Enhanced Plan.*

<input type="checkbox"/> <b>PCA Dental Voluntary Plan</b>	Number of full time employees _____
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The following product requires at least 25% (of full time employees) to participate *by employment type or class*. Only 25% of the employees within the type/class that is created and named by your organization will need to participate. The type/class can be as small as one person, but must be defined in writing. For example, "all pastors", "all management staff", "all clerical staff" or, "all teachers."

<input type="checkbox"/> <b>PCA LTD3 Voluntary Plan</b> Name of this type/class of employee _____	Number of full time employees in this type/class _____
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**Step (2): Organization Information**

A. Name of Organization		B. PCARBI Org ID – <i>if known</i>	
C. PCA Organization? Yes <input type="checkbox"/> or No <input type="checkbox"/> (If "yes" proceed to section E; If "no" proceed to section D)			
D. PCA-Affiliated (like-minded) Organization? Yes <input type="checkbox"/> or No <input type="checkbox"/> Include a copy of your 501(c)(3) IRS Letter of Determination <input type="checkbox"/> Include evidence that your organization is "of common religious bonds and convictions" with the PCA. <input type="checkbox"/>			
E. Type of Organization Church <input type="checkbox"/> College <input type="checkbox"/> School <input type="checkbox"/> Seminary <input type="checkbox"/> Committee <input type="checkbox"/> Agency <input type="checkbox"/> Mission <input type="checkbox"/> Ministry <input type="checkbox"/> Presbytery <input type="checkbox"/> Other <input type="checkbox"/> _____			
F. Address			
City	State	ZIP	G. Phone Number
H. Organization Contact – <i>Print, Sign and Date</i>		I. Contact's Office Email Address	