

1700 North Brown Rd, Suite 106, Lawrenceville, GA 30043 ▪ Phone: 800.789.8765 ▪ Fax: 678.825.1261

**Explanation:** The purpose of the Insurance Adoption Agreement (IAA) form is to provide a way for the church, as the employer, to establish a Group relationship with our office for offering PCA Group Insurance to the full-time staff/employees thus making them eligible to enroll in the products as indicated on this form. 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 or staff. Benefits may be updated as the needs of the staff or organization change by submitting a new IAA.

**Enrollment Requirements:** Some products have 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.

**Submit the Form:** Provide the requested details to complete the two sections of this document and submit to RBI by email, [insurance@pcarbi.org](mailto:insurance@pcarbi.org), or by FAX to (678) 825-1261, or by Mail to the address below. If you have questions, email [insurance@pcarbi.org](mailto:insurance@pcarbi.org) or call 1-800-789-8765.

**General Eligibility Requirements**

To be eligible for PCA Group insurance, enrollees must be working at least 30 hours per week for a PCA or PCA-affiliated (like-minded) organization and legally residing in the US. *Note that Ordination is not a requirement for eligibility.*

**General Insurance and Employment Notes:**

**New Hires:** Those who enroll for benefits in their 30-day New Hire Window, are eligible for Basic Life and Standard Life with no Statement of Health required. Additionally, New Hires may elect up to \$100k Enhanced Life as a Guaranteed Issue (GI) amount with no SOH required. If employee elects Enhanced life, the Spouse may be enrolled for \$30k GI.

**New IAA Submission – Employees become eligible for benefits they were not offered as a New Hire:**

If PCA Life Insurance is offered, Basic Life and Standard Life insurance enrollments are processed with no SOH required.

**Monthly Invoice:** The employee insurance benefit enrollments will trigger a monthly invoice with insurance coverage and premiums due by the date on the invoice. Group Insurance is billed to the church and the payment should come from the church. *New Hires should be added to Group Insurance within their first 30 days of employment. Terminations should be reported to our office within 30 days of last date worked.*

**Name of Organization:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Treasurer/Bookkeeper:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

(To receive emailed monthly invoices.)

**Step 1: Select which Plans the Church will offer the employee(s) through PCA RBI office**

**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>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.</p>	
<input type="checkbox"/> <b>PCA Life Insurance Plans</b>  <b>Only PCA Basic Life is required for each full-time employee.</b>  The other Term Life products (Standard Life, Enhanced Life, Spouse/Child Life and Voluntary AD&D) may be purchased or waived by your employees at the time of their enrollment per your advisement.	<p>Number of full-time employees:</p> <p>_____</p>
<input type="checkbox"/> <b>PCA Dental Basic / Enhanced Plans</b>  <b>Only the Basic plan is required for each full-time employee.</b>  The Enhanced plan may be purchased or waived at the time of enrollment.	<p>Number of full-time employees:</p> <p>_____</p>
<input type="checkbox"/> <b>PCA Vision Basic / Enhanced Plans</b>  <b>Only the Basic plan is required for each full-time employee.</b>  The Enhanced plan may be purchased or waived at the time of enrollment.	<p>Number of full-time employees:</p> <p>_____</p>

<p>The Enhanced and Basic Disability products require 100% participation <i>by employment type or class</i>.  The number of employees in a specific type or class can be one or two people or all the full-time staff, but the type or class name must be established and entered in the space provided below.  Class Name examples: "Pastoral Staff", "all management staff", "all clerical staff," or, "all teachers."</p>	
<input type="checkbox"/> <b>PCA Long Term Disability Enhanced Plan (LTD1)</b> Type/Class Name for eligible employee(s) _____	Number of full-time employees in this type/class _____
<input type="checkbox"/> <b>PCA LTD Enhanced with Short Term (LTD5)</b> Type/Class Name for eligible employee(s) _____	Number of full-time employees in this type/class _____
<input type="checkbox"/> <b>PCA Long Term Disability Basic Plan (LTD2)</b> Type/Class Name for eligible employee(s) _____	Number of full-time employees in this type/class _____
<input type="checkbox"/> <b>PCA LTD Basic with Short Term (LTD6)</b> Type/Class Name for eligible employee(s) _____	Number of full-time employees in this type/class _____
<p>The following product should be elected by one or more employees.  Do not select the Dental Voluntary or Vision Voluntary Plan if you selected the PCA Dental or Vision Basic / Enhanced Plan.</p>	
<input type="checkbox"/> <b>PCA Dental Voluntary Plan</b>	Number of full-time employees _____
<input type="checkbox"/> <b>PCA Vision Voluntary Plan</b>	Number of full-time employees _____
<input type="checkbox"/> <b>PCA Servant Care Counseling</b>	Number of full-time employees _____
<p>The Voluntary Disability products require at least 25% of full-time employees to participate <i>by employment type or class</i>.  You will monitor and maintain the 25% participation level for your full-time staff.  The class name must be established by you and entered in the space provided below. See Class Name examples above.</p>	
<input type="checkbox"/> <b>PCA Long Term Disability Voluntary Plan (LTD3)</b> Type/Class Name for eligible employee(s) _____	Number of full-time employees in this type/class _____
<input type="checkbox"/> <b>PCA LTD Voluntary with Short Term (LTD7)</b> Type/Class Name for eligible employee(s) _____	Number of full-time employees in this type/class _____

**Step 2: Organization Information**

<b>A. Name of PCA Organization</b>			<b>B. PCA RBI Org ID – if known</b>	
<b>C. Type of Organization:</b> <input type="checkbox"/> Church <input type="checkbox"/> College/School/Seminary <input type="checkbox"/> PCA Committee or Agency <input type="checkbox"/> Mission <input type="checkbox"/> Ministry <input type="checkbox"/> Presbytery <i>If you are a Mission or Church Plant, please add the name of the PCA Presbytery or Sending Church:</i>				
<b>D. Address</b>				
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>E. Phone Number</b>	
<b>F. Organization Contact Signature: e-signatures accepted</b>		<b>G. Date</b>	<b>H. Contact's Office Email Address</b>	
<b>For RBI Office Use Only:</b>			<b>Processed By:</b>	