

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

**Indicate by checking the box(es) below for new benefits or updates requested with this application.**

**New Retirement Enrollment**    **New Insurance Enrollment**    **Update for Retirement**    **Update for Insurance**

**403(b) Retirement Plan**

**Life Insurance (select one or more)**

**Employee**    \$25,000 to six times salary   \$

**Spouse**    \$5,000 to lessor of \$50,000 or 50% of Employee amount   \$

**Child**    \$0 or \$10,000 (must have Emp life to select)   \$

**Long Term Disability (select one)**

**With Short-term disability protection added?**

**Enhanced**    Employer-paid; best protection    Yes    No

**Basic**    Employer-paid; basic protection    Yes    No

**Voluntary**    Employee-paid; basic protection    Yes    No

**Dental Plan (select one)**

**Who will be enrolled?**

**Enhanced**       Employee    Employee + Spouse    Employee + Child    Family

**Basic**       Employee    Employee + Spouse    Employee + Child    Family

**Voluntary**       Employee    Employee + Spouse    Employee + Child    Family

**Vision Plan (select one)**

**Who will be enrolled?**

**Enhanced**       Employee    Employee + Spouse    Employee + Child    Family

**Basic**       Employee    Employee + Spouse    Employee + Child    Family

**Voluntary**       Employee    Employee + Spouse    Employee + Child    Family

**ServantCare Counseling**   Employer or employee-paid professional Christian counseling service

**1 – Employee Information**

**First Name**   **Middle**   **Last Name**

**Suffix**   **Nickname**   **Date of Birth**   **Gender**   **Marital Status**  
 Male    Female    Single    Married

**Address**   **City**   **State**   **ZIP**

**Personal Email**   **Personal Phone Number**   **Working 30+ hrs/week**   **W-2 Employee**  
 Yes    No    Yes    No

**Office Email**   **Office Phone Number**   **US Citizen**   **SSN**  
 Yes    No

**Job Description**   **Date of Hire**   **\*Annual Taxable Salary**   **\*Annual Non-Taxable Housing Allowance – if Ordained**  
\$   \$

*If Teaching Elder: Presbytery*   *Presbytery Classification*   *If Ordained: Date of Ordination*

**Prior PCA Employer/Position/End Date – if applicable**

\*Please call our office if you have questions about what to enter as **Taxable** or **Non-Taxable** compensation. 800-789-8765

**2 – Spouse Information**

If you would like to submit a Beneficiary or Beneficiaries, please request the RBI Beneficiary Form. 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.

**First Name**   **Middle**   **Last**

**Nickname**   **Date of Birth**   **Gender**  
 Male    Female

**Email**   **Phone Number**

**Please continue to the next page to complete the form.**

<b>3 – Employer Information</b>		<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>	
<b>Name of Employer</b>		<b>PCA Org ID – if known</b>	
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Employer Phone Number</b>
<b>Employer Contact Name</b>		<b>Employer Contact Email</b>	
<b>4 – Signatures</b>		<i>Signatures for both the Employer and Employee are required for processing by RBI.</i>	
<b>Treasurer/Administrator's Signature</b>		<b>Date:</b>	
<b>Employee Signature</b>		<b>Date:</b>	
<i>Please do not remit a <u>Retirement Plan</u> contribution before notification of the account being open and ready to receive contributions.</i>			
<b>5 – Submit form to RBI for Processing</b>		<i>You may submit forms by US Mail or by FAX but our preference is by Email attachment.</i>	
To submit as secure Email attachment, request a secure link by emailing <a href="mailto:enrollment@pcarbi.org">enrollment@pcarbi.org</a> . FAX: 678-825-1261			
<b>6 – RBI Use Only</b>			
<b>PCA Org ID</b>	<b>Participant ID</b>	<b>PayType</b>	<b>LTD Filter</b>
<b>Notes</b>		<b>Processed By</b>	