

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

**Employer Information**

Employer Name		CPS Employer ID #	
Employer Address	City	State	Zip Code
Contact Name	Contact Phone Number	Contact Email Address	

**Member Information**

First Name	Middle Name	Last Name	
Home Address	City	State	Zip Code
Date of Birth	Social Security Number	Preferred Phone Number	
Preferred Email Address	Assignment Date	Annual Salary	

**Member Package Enrollment**

To enroll in the Intentional Interim Pastor program, you are stating that you work more than 20 hours per week. The benefits offered under the program are:

- You will be enrolled as a member in the Concordia Retirement Plan. Any Primary Retirement Benefit in pay status will stop. Service credits extend between assignments. \*
- You will be enrolled as a member in the Concordia Disability & Survivor Plan. Coverage continues between assignments. \*
- Your participation in the Concordia Retirement Savings Plan is optional.
- You may elect to enroll in the Healthy Me HSA A (BCBS) Option with Dental Premium and Vision Premium. Coverage continues between assignments. \*
- If you enroll in the Healthy Me HSA A Option, your eligible dependent(s) may enroll in the Healthy Me HSA A (BCBS) Option with Dental Premium and Vision Premium. Coverage continues between assignments. \*

I elect to enroll in the Intentional Interim Pastor program.

\*Transition period maximum of 3 months with contributions waived while seeking another assignment. Continued coverage may be available beyond the 3 months at your expense under the CHP extension program.

**Member Concordia Health Plan Election (CHP)**

Please indicate the health care option you wish to elect:

- Healthy Me HSA A (BCBS) with Dental Premium and Vision Premium
- Decline Coverage

**Eligible Dependent(s) Concordia Health Plan Election (CHP)**

**Important Reminders:**

- You must be enrolled in the CHP in order for your eligible dependent(s) to enroll in the CHP.
- Your eligible dependent(s), under age 65, may enroll in the Healthy Me HSA A (BCBS) Option with Dental Premium and Vision Premium
- Your eligible dependent(s), over age 65, may enroll in the Healthy Me HSA A (BCBS) Option with Dental Premium and Vision Premium.

Please indicate the health care option you wish to elect for your eligible dependent(s):

Dependent’s Full Name	Date of Birth	Relationship	Social Security Number
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- Healthy Me HSA A (BCBS) with Dental Premium and Vision Premium
- Decline Coverage

Dependent’s Full Name	Date of Birth	Relationship	Social Security Number
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- Healthy Me HSA A (BCBS) with Dental Premium and Vision Premium
- Decline Coverage

**Member Signature**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date