

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	

1	2	3	4	5
Annual Cash Salary Paid Over 12-Month Period	Annual Amount for Housing if: Home Provided (25% of Column 1) Cash Paid to Worker		Annual Cash Utility Allowance Paid to Worker	Total Compensation Columns 1-4

Member Package Enrollment

Please indicate your Package election below. To enroll in Package B, you are stating that you work more than 20 hours per week.

- Package A**
 - You waive participation in the Concordia Retirement Plan
 - Your Retirement benefits in pay status will continue
 - You waive participation in the Concordia Disability & Survivor Plan
 - You waive participation in the Concordia Health Plan
 - Your participation in the Concordia Retirement Savings Plan is Optional

- Package B**
 - You will be enrolled as a member in the Concordia Retirement Plan (CRP)
 - Any Primary Retirement Benefit in pay status will stop but you may elect to begin In-Service Benefits. To request an In-Service application kit, contact Concordia Plan Services.
 - If retirement pension payments do not start when an assignment ends, CRP 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. *

*Transition period maximum of 3 months with contributions waived while seeking another assignment. Continued coverage for your spouse and/or dependents under age 65 may be available beyond the 3 months at your expense under the CHP extension program.

Member Concordia Health Plan Election (CHP) Package B Only

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) Package A or Package B

Important Reminders:

- If you elect Package A:
 - Your eligible dependent(s), age 65 or older, are not eligible 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
- If you elect Package B:
 - Your eligible dependent(s), age 65 or older who wish to enroll in the CHP, must enroll in the same option as you
 - Your eligible dependent(s), under 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