

PCA Benefit Plans – Insurance Adoption Agreement

Select the insurance products your organization desires to provide to your pastors and staff members. For the purposes of this form, pastors and other staff members working for your organization will be referred to as your employees. There are minimum arrangements that are required by our insurance carriers for each plan. Submit the information requested below to RBI via email to insurance@pcanet.org, via FAX to (678) 825-1261 or send via US Mail to the above address.

General stipulations for all PCA Insurance Products

Must be a full time employee (FTE) working at least 30 hours per week for a PCA or PCA-affiliated organization and residing in the US in order to receive coverage. If your organization is not a PCA organization, 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).

Name of Organization: _____ **Phone Number:** _____

1. Specific, insurance carrier-driven stipulations for PCA Insurance Products

A. The following products require 100% participation (that is, 100% of all full time employees at your organization must be enrolled for the benefit if your organization wishes to provide the benefit).

Product	Number of FTEs
<p style="text-align: center;">PCA Life Insurance <input type="checkbox"/></p> <p>Only PCA Basic Life is required for each FTE. Standard Life, Enhanced Life, Dependent Life and Voluntary AD&D are supplemental to Basic Life and may be purchased or waived.</p>	
<p style="text-align: center;">PCA Dental Core / BuyUp <input type="checkbox"/></p> <p>Only the Core plan is required for each FTE. The BuyUp plan may be purchased or waived. If unable to provide the Core for each FTE, review the limits on the Voluntary plan.</p>	
<p style="text-align: center;">PCA Vision Core / BuyUp <input type="checkbox"/></p> <p>Only the Core plan is required for each FTE. The BuyUp plan may be purchased or waived. If unable to provide the Core for each FTE, review the limits on the Voluntary plan.</p>	

B. The following products require 100% participation *by employment classification* (that is, 100% of the employees within your locally-designated classification or group will need to participate. The classification can be as small as one person, but must be defined in writing). For example, “all pastors”, “all management staff”, or “all clerical staff.”

Product	Number of FTEs
<p style="text-align: center;">PCA LTD1 Enhanced <input type="checkbox"/></p> <p>Definition of class _____</p>	
<p style="text-align: center;">PCA LTD2 Basic <input type="checkbox"/></p> <p>Definition of class _____</p>	

C. The following product requires at least a 40% minimum participation.

Product	Number of FTEs
<p style="text-align: center;">PCA Dental Voluntary <input type="checkbox"/></p>	

D. The following product requires at least a 25% minimum participation (may be 25% of total number of FTEs or 25% of the employment classification).

Product	Number of FTEs
<p>PCA LTD3 Voluntary <input type="checkbox"/></p> <p>Definition of class _____</p>	

E. The following product has no minimum participation requirement (your may offer to any FTE at your organization).

Product	Number of FTEs
<p>PCA Vision Voluntary <input type="checkbox"/></p>	

2. Organization Information

Name of Organization		PCA Org ID – if known	
PCA Organization? Yes <input type="checkbox"/> or No <input type="checkbox"/>			
PCA-Affiliated 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"/>			
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"/> _____
Mailing Address			
City	State	ZIP	Phone Number
Contact Name – Print, Sign and Date		Office Email Address	
<i>RBI Use Only</i>		<i>For RBI office use only.</i>	
PCA Org ID:	Processed By:	Filed in CRIS:	Filed in OnBase:
NOTES:			