

**Group Life Open Enrollment**  
**October 15, 2007 to November 30, 2007**  
**Coverage Effective Date January 1, 2008**

*Please mail in the postage-paid envelope provided or send to the address noted above Attn: Policy Services Administration and mail a copy to your Diocesan Administrator. If you have any questions please contact Member Services at 800-480-9967*

**Data Collection Form (to be used during Open Enrollment Only)**

Group Life Insurance is an employer-paid benefit available to eligible employees as defined by the Participating Unit's Application and working at least 20 hours per week.

Employer Billing Information

Name of Institution: \_\_\_\_\_ ListBill ID: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Employee Demographic and Coverage Information

First and Last Name	Tax ID/SSN	Home Address, City, State & Zip	Birthdate (Mo/Day/Yr)	Gender (Female/Male)	Annual Salary or Total Compensation*	Status (Clergy/Lay)	Coverage Status (Active/Retired)	Hire Date (Mo/Day/Yr)	Group Life Benefit Amount
					\$				\$
					\$				\$
					\$				\$
					\$				\$
					\$				\$
					\$				\$
					\$				\$
					\$				\$

\*Total Compensation for clergy is their Total Compensation as reported to the Church Pension Fund (including cash stipend, housing, utilities, Social Security (SECA) offset. For lay employees, it is their annual salary plus bonus.