



Oklahoma Conference Board of Pensions & Health Benefits

Authorization Form for Church or Agency Sponsored Health Benefits

New Employee Authorization Form

Full-time lay employees & Diaconal Ministers of a local church, institution, or agency of the Annual Conference who are certified by their executive officer to the Conference Benefits Office as working thirty (30) hours a week and as making at least the minimum wage per hour are encouraged and eligible to take advantage of the Self Funded Medical Plan offered by The Oklahoma United Methodist Conference Board of Pensions & Health Benefits. By completing and submitting this form, both the employee and the church agree to participate in this plan and offer the following tax advantaged benefits as elected by the employee:

1. Medical Insurance
2. Dental Insurance
3. Vision Insurance
4. Medical Expense Reimbursement
5. Dependent Care Expense Reimbursement
6. Health Saving Account(HSA) Contributions

Upon receipt of this signed form, the Conference Benefits Office will send the employee an email with a link and instructions to enroll in the benefits available online. **It is the responsibility of the employee to enroll in the benefits within 30 days from the receipt of this form. Enrollment must be completed during this time frame or you will not be able to enroll in Conference sponsored benefits until our next Open Enrollment.** Failure to complete the enrollment online will result in a forfeiture of benefits.

ELECTION PERIOD: From _____ / _____ /2017 Through 12/31/2017

Employee Name	Local Church or Agency:
Employee Date of Hire:	Church or Agency Address:
Employee Social Security Number:	Church or Agency Phone # :
Employee Date of Birth:	Church or Agency Authorized Contact :
Employee E-mail Address:	Church or Agency Contact E-mail Address:

Employee

By signing below, the employee elects to have their compensation reduced during the election period to fund the benefits that will be elected online. I realize the election I will make online for all benefits may not be revoked or changed unless it is on account of and **consistent** with a change in status of one of my dependents, my spouse, or myself such as marriage, divorce, annulment, legal separation, death of spouse; change in number of dependents due to birth, adoption, placement for adoption, death, or a court ordered change in custody or medical obligations; change in employment status that affects eligibility for my spouse, my dependents, or myself; termination or commencement of employment, going from part-time to full-time and vice-versa, strike or lock-out, commencement of or return from an unpaid leave of absence, change in worksite or going from salaried to hourly or vice-versa (must affect eligibility); change in eligibility of my dependent(s) on account of attainment of age, student status or any similar circumstance, or either losing or gaining eligibility, becoming entitled to receive Medicare or Medicaid or changing residence that affects eligibility.

Church or Agency

By signing below, the church or agency agrees to pay the monthly charges as elected by the employee. All benefits elected will remain in place for the calendar year. It is the responsibility of the church or agency to notify the Conference Benefits Office of any change in benefits.

Employee Signature

Date

Church or Agency Signature

Date

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