



Geneva Benefit Plan Enrollment Form

1700 North Brown Rd, Suite 106, Lawrenceville, GA 30043 ■ Phone: 800.789.8765 ■ Fax: 678.825.1261

Indicate by checking the box(es) below for new benefits or updates requested with this application.

<input type="checkbox"/> New Retirement Enrollment	<input type="checkbox"/> New Insurance Enrollment	<input type="checkbox"/> Update for Retirement	<input type="checkbox"/> Update for Insurance
<input type="checkbox"/> 403(b) Retirement Plan			
<input type="checkbox"/> Life Insurance (select one or more)			
Employee	<input type="checkbox"/> \$25,000 to six times salary		\$
Spouse	<input type="checkbox"/> \$5,000 to lessor of \$50,000 or 50% of Employee amount		\$
Child	<input type="checkbox"/> \$0 or \$10,000 (must have Emp life to select)		\$
<input type="checkbox"/> Long Term Disability (select one)		With Short-term disability protection added?	
Enhanced	<input type="checkbox"/> Employer-paid; best protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic	<input type="checkbox"/> Employer-paid; basic protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Voluntary	<input type="checkbox"/> Employee-paid; basic protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Dental Plan (select one)		Who will be enrolled?	
Enhanced	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse
Basic	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse
Voluntary	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse
<input type="checkbox"/> Vision Plan (select one)		Who will be enrolled?	
Enhanced	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse
Basic	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse
Voluntary	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse
<input type="checkbox"/> Full Strength Network Counseling		Employer or employee-paid professional Christian counseling service	

1 – Employee Information

First Name		Middle	Last Name	
Suffix	Nickname	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Address		City	State	ZIP
Personal Email		Personal Phone Number	Working 30+ hrs/week <input type="checkbox"/> Yes <input type="checkbox"/> No	W-2 Employee <input type="checkbox"/> Yes <input type="checkbox"/> No
Office Email		Office Phone Number	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN
Job Description	Date of Hire	*Annual Taxable Salary \$	*Annual Non-Taxable Housing Allowance – if Ordained \$	
If Teaching Elder: Presbytery	Presbytery Classification		If Ordained: Date of Ordination	

Prior PCA Employer/Position/End Date – if applicable

*Please call our office if you have questions about what to enter as **Taxable** or **Non-Taxable** compensation. 800-789-8765

Please continue to the next page to complete form.

2 – Spouse Information			
If you would like to submit a Beneficiary or Beneficiaries, please request the Geneva Beneficiary Form. Your beneficiary is the person you name to receive the current value of your life insurance and/or the current balance of your retirement plan investment account upon the event of your death.			
First Name		Middle	Last
Nickname		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Email		Phone Number	
3 – Employer Information		<i>Complete this section with information about the hiring Church or organization. The employer must be a PCA organization or an approved like-minded organization.</i>	
Name of Employer		Geneva Org ID – if known	
Mailing Address			
City	State	ZIP	Employer Phone Number
Employer Contact Name		Employer Contact Email	
4 – Signatures		<i>Signatures for both the Employer and Employee are required for processing by Geneva.</i>	
Treasurer/Administrator's Signature		Date:	
Employee Signature		Date:	
<i>Please do not remit a <u>Retirement Plan</u> contribution before notification of the account being open and ready to receive contributions.</i>			
5 – Submit form to Geneva for Processing		<i>You may submit forms by US Mail or by FAX but our preference is by Email attachment.</i>	
To submit as secure Email attachment, request a secure link by emailing enrollment@genevabenefits.org FAX: 678-825-1261			
6 – Geneva Use Only			
PCA Org ID	Participant ID	Pay Type	LTD Filter
Notes		Processed By	