



Insurance Adoption Agreement

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

Explanation: The purpose of the Insurance Adoption Agreement (IAA) form is to provide a way for the church, as the employer, to establish a Group relationship with our office for offering Geneva Group Insurance to the full-time staff/employees thus making them eligible to enroll in the products as indicated on this form. For the purposes of this form (and various other forms), pastors and other staff members working for your organization will be referred to as your employees or staff. Benefits may be updated as the needs of the staff or organization change by submitting a new IAA.

Enrollment Requirements: Some products have minimum participation/enrollment requirements given to us by our insurance carriers who underwrite each plan for us. These participation requirements are clarified in the grey box at the beginning of each section.

Submit the Form: Provide the requested details to complete the two sections of this document and submit to Geneva by email, benefits@genevabenefits.org, or by FAX to (678) 825-1261, or by Mail to the address below. If you have questions, email benefits@genevabenefits.org or call 1-800-789-8765.

General Eligibility Requirements

To be eligible for Geneva Group insurance, enrollees must be working at least 30 hours per week for a PCA or PCA-affiliated (like-minded) organization and legally residing in the US. *Note that Ordination is not a requirement for eligibility.*

General Insurance and Employment Notes:

New Hires: Those who enroll for benefits in their 30-day New Hire Window, are eligible for Basic Life and Standard Life with no Statement of Health required. Additionally, New Hires may elect up to \$100k Enhanced Life as a Guaranteed Issue (GI) amount with no SOH required. If employee elects Enhanced life, the Spouse may be enrolled for \$30k GI.

New IAA Submission – Employees become eligible for benefits they were not offered as a New Hire: If Geneva Life Insurance is offered, Basic Life and Standard Life insurance enrollments are processed with no SOH required.

Monthly Invoice: The employee insurance benefit enrollments will trigger a monthly invoice with insurance coverage and premiums due by the date on the invoice. Group Insurance is billed to the church and the payment should come from the church. New Hires should be added to Group Insurance within their first 30 days of employment. Terminations should be reported to our office within 30 days of last date worked.

Organization Information

Name of Organization					Geneva ORG ID – <i>if known</i>	
Treasurer/Bookkeeper Name						
Email Address (to receive monthly invoices)						
Address						
City		State	ZIP		Organization Phone Number	
Organization Contact Name				Contact's Office Email Address		
Organization Contact Signature					Date	
Type of Organization:		Church	Mission*	PCA Committee or Agency		
		Presbytery	Ministry*	College/School/Seminary		
<i>*If you are a Mission or Church Plant, please add the name of the PCA Presbytery or Sending Church:</i>						

Select which Plans the Church will offer the employee(s) through Geneva Benefits Group

Instructions: Add a check in the box to the left of each product you will offer to your employees and list the total number of participating full-time employees at your church or organization in the column on the right of each product listed.

<p>The following three products require 100% participation in the benefit for all full-time employees at your organization. This means, if your organization wishes to provide the benefit to any one employee, all full-time employees must enroll.</p>		Number of full-time employees
<input type="checkbox"/>	<p>PCA Life Insurance Plans</p>	
<p>Only PCA Basic Life is required for each full-time employee. The other Term Life products (Standard Life, Enhanced Life, Spouse/Child Life and Voluntary AD&D) may be purchased or waived by your employees at the time of their enrollment per your advisement.</p>		
<input type="checkbox"/>	<p>Dental Basic / Enhanced Plans</p>	
<p>Only the Basic plan is required for each full-time employee. The Enhanced plan may be purchased or waived at the time of enrollment.</p>		
<input type="checkbox"/>	<p>Vision Basic / Enhanced Plans</p>	
<p>Only the Basic plan is required for each full-time employee. The Enhanced plan may be purchased or waived at the time of enrollment.</p>		
<p>The Enhanced and Basic Disability products require 100% participation by employment type or class. The number of employees in a specific type or class can be one or two people or all the full-time staff, but the type or class name must be established and entered in the space provided below. Class Name examples: "Pastoral Staff", "all management staff", "all clerical staff," or, "all teachers.</p>		Number of full-time employees
<input type="checkbox"/>	<p>Long Term Disability Enhanced Plan (LTD1) Type/Class Name for eligible employee(s):</p>	
<input type="checkbox"/>	<p>Long Term Disability Enhanced with Short Term (LTD5) Type/Class Name for eligible employee(s):</p>	
<input type="checkbox"/>	<p>Long Term Disability Basic Plan (LTD2) Type/Class Name for eligible employee(s):</p>	
<input type="checkbox"/>	<p>Long Term Disability Basic with Short Term (LTD6) Type/Class Name for eligible employee(s):</p>	
<p>Voluntary Products may be enrolled by one or more full-time employee.</p> <ul style="list-style-type: none"> • These products have a 12-month enrollment beginning on the effective date of benefit. • These products may only be selected in conjunction with one or more other products listed above. • Do not select the Dental or Vision Voluntary Plan if you selected the Dental or Vision Basic / Enhanced Plan. 		Number of full-time employees
<input type="checkbox"/>	<p>Dental Voluntary Plan</p>	
<input type="checkbox"/>	<p>Vision Voluntary Plan</p>	
<p>The Voluntary Disability products require at least 25% of full-time employees to participate by employment type or class. You will monitor and maintain the 25% participation level for your full-time staff. The class name must be established by you and entered in the space provided below. See Class Name examples above.</p>		Number of full-time employees
<input type="checkbox"/>	<p>Long Term Disability Voluntary Plan (LTD3) Type/Class Name for eligible employee(s):</p>	
<input type="checkbox"/>	<p>Long Term Disability Voluntary with Short Term (LTD7) Type/Class Name for eligible employee(s):</p>	