

ENROLLMENT/CHANGE FORM INSTRUCTION SHEET

NOTE: DO NOT FILL THIS OUT IF YOU ARE NOT ELIGIBLE TO PARTICIPATE IN THE HEALTHFLEX PLAN THROUGH YOUR EMPLOYER (i.e. If you are a lay employee working less than 30 hours per week or are an Elder/Deacon appointed less than ½ time or a non-salaried Deacon.)

Please follow these instructions carefully:

NOTE: This form is enrolling you in the HealthFlex Plan only – you will be asked to make a selection between the PPO Plan or EPO Plan by marking the appropriate box at the top of the form. *This is for our billing records only.* You will be contacted via mail with instructions on how to make your election with HealthFlex once your enrollment form is received by the HealthFlex Data Team. If no official election is made with HealthFlex, you will automatically be enrolled in the PPO plan and may not make a plan change until open enrollment for an effective date of 1/1 of the next year.

Part 1: All blanks must be completed. Some of the blanks are less than clear, so please note those at this time and fill out the appropriate response:

Employer # - The six digit number of your church/employer on the effective date of coverage.

Membership - Your current status with the Central Texas Conference.

Date of hire – The actual first day of employment for lay employees or the effective date of appointment at your current church for clergy.

Appointment/Employment Status – Job title for lay, Conference relationship for clergy.

Percentage of Employment - Check one of the boxes.

Processing Event – Please indicate the qualifying event (see list in [Part 8.](#))

Event Date – This is the date of the qualifying event for changes in enrollment. (i.e. Date of Divorce, Date of Birth of new dependent.)

Part 2 – Dependent information: Follow instructions printed on enrollment form.

Part 3 – Participant Signature: Sign and date in the appropriate spaces.

Part 4 – Plan Sponsor Authorization of Enrollment/Change: This section is to be signed and dated by Conference Office.

Part 5 – Declination of Coverage: This section is to be signed by an employee who is declining coverage on themselves or ANY of their eligible dependents (*this section must be signed in order to be eligible for enrollment outside of open enrollment in the case of a change in family status.*)

NOTICE to ANY Mandated Clergy waiving coverage: Your church will still be responsible for a monthly MINIMUM CONTRIBUTION equal to the SINGLE PPO CLERGY RATE.

Part 6 & Part 7 – Retirees Only: This applies to retirees only.

Part 9 – Mailing Address: Only fill this out if you wish to receive mail from Healthflex and/or BCBS at an address other than that listed in Part 1.

Part 10 – Additional Dependents: Use this section for additional dependents not included in Part 2.

**Completed Enrollment Forms
must be returned to the Conference Office
464 Bailey Ave., Fort Worth, TX 76107
FAX: 817.338.4541
within 30 days of your hire date or eligibility date.**