



Geneva Benefit Plan Enrollment

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	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
Basic	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
Voluntary	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
<input type="checkbox"/> Vision Plan (select one)		Who will be enrolled?			
Enhanced	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
Basic	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
Voluntary	<input type="checkbox"/>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child	<input type="checkbox"/> Family
<input type="checkbox"/> Full Strength Network Counseling					
1 – Employee Information					
First Name		Middle		Last Name	
Suffix	Nickname		Working 30+ hrs/week <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	W-2 Employee <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City		State	ZIP
Personal Phone Number		Office Phone Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Personal Email		Office Email		Date of Birth	
Job Description			Date of Hire	SSN	
*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					
2 – Spouse Information					
First Name		Middle		Last	
Nickname		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone Number			Email		
Please continue to the next page to complete the form.					

3 – Employer Information		Complete this section with information about the hiring Church or organization. The employer must be a PCA organization or an approved PCA-related organization.	
Name of Employer		PCA Org ID – if known	
Mailing Address			
City	State	ZIP	Employer Phone Number
Employer Contact Name		Employer Contact Email	
4 – Beneficiary Information		NOTE: Please fill out this section in the presence of your Treasurer/Administrator. If you need additional explanation or additional spaces for multiple beneficiaries, please use the Group Beneficiary Designation Form at www.genevabenefits.org/mybenefits .	
Primary Beneficiary – Required			
Name		DOB	Email
Address		Relationship to You	Percent Designation _____ Per Capita _____ Per Stirpes
Secondary Beneficiaries – Not Required but Recommended			
Name		DOB	Email
Address		Relationship to You	Percent Designation _____ Per Capita _____ Per Stirpes
Name		DOB	Email
Address		Relationship to You	Percent Designation _____ Per Capita _____ Per Stirpes
5 – Signatures		Signatures for both the Employer and Employee are required for processing by Geneva.	
Employee Signature			Date:
Treasurer/Administrator's Signature – As the Plan Administrator, I acknowledge receipt, accuracy, completeness including participant's signature. I also acknowledge that the employee filled out the beneficiary designation section of this form in my presence.			Date:
Please do not remit a Retirement Plan contribution before notification of the account being open and ready to receive contributions.			
6 – Submit form to Geneva		You may submit forms by US Mail or by FAX but our preference is by Email attachment.	
To submit as secure Email attachment, request a secure link by emailing enrollment@genevabenefits.org .			
7 – Geneva Use Only			
PCA Org ID	Participant ID	PayType	LTD Filter
Notes		Processed By	