

# Request for Information

To get a quote for the employees of your congregation or conference office, just complete this form. The quote will include the health plan (Congregational Employee Plan), life insurance, long-term disability insurance, and the optional coverages for dental and vision. You may fax this to (574) 537-6642 or mail it to The Corinthian Plan administrator at Everence, TPA Services, P.O. Box 483, Goshen, IN 46527.

1. Congregation or conference \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP code

2. Conference \_\_\_\_\_

3. Contact person \_\_\_\_\_

4. E-mail \_\_\_\_\_ 5. Telephone number \_\_\_\_\_

6. Do you have worker's compensation for all your employees?  yes  no

If no, please list employees who aren't covered \_\_\_\_\_

7. Please list all eligible employees and put a checkmark if their spouse is to be covered. If you need more room, continue your list on the back.

Employee Name	Credentialed?	Hours Worked Per Week	Hours Paid Per Week	Birth Date	Gender	Spouse	Spouse Gender	Birth Date	Number of Dependents	Annual Salary

8. Requested effective date for all coverages \_\_\_\_\_

9. List any of these employees who are waiving the health coverage.

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If you have questions, call The Corinthian Plan administrator at Everence: 800-348-7468