Life Insurance Enrollment

- All new employees must fill out the Group Plans Enrollment Form for Life Insurance. If you have children under the age of 26 please put their information on reverse side also and return to the Payroll Office.
- Once the form has been returned to the Payroll Office all employees will need to go to guidestone.org and create an account. (Give GuideStone a couple of days to process the application)
- After creating an account all employees will need to log into their MyGuideStone account to establish or update ***Life Insurance beneficiary information.***

Group Plans Enrollment Form

A. GENERAL INFORMATION (ALL SPACES MUST BE COMPLETED)

Employer name: _____ Employer number: _____

Employee name: Last: _____ First: _____ MI: _____

Birth date: ____/____/____ Social Security number: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (_____) _____ Email: _____

Sex: ☐ Male ☐ Female Marital status: ☐ Married ☐ Single Employee classification: _____

Monthly salary: _____ Date of full-time employment: ____/____/____ Coverage effective date: ____/____/____

B. BENEFIT ELECTION

Term life insurance

Employee life (employer base): ☑ Yes ☐ No

Amount*: $ _____

Employee optional life insurance** ☐ Yes ☐ No

Spouse life insurance (employer base) ☐ Yes ☐ No

Spouse optional life insurance** ☐ Yes ☐ No

Child life insurance ☐ Yes ☐ No

* If employer base life salary multiple is greater than four, *Evidence of Good Health Application* is required.

**Requires *Evidence of Good Health Application*

AD&D ☑ Yes ☐ No

Disability plans

Short-term disability ☐ Yes ☐ No

☐ Economy Short Term Disability Plan

☐ Choice Short Term Disability Plan

☐ Premier Short Term Disability Plan

Long-term disability ☑ Yes ☐ No

☐ Economy Long Term Disability Plan

☐ Choice Long Term Disability Plan

☑ Premier Long Term Disability Plan

Personal accident insurance

For myself ☐ Yes ☐ No

Amount $ _____

For my spouse ☐ Yes ☐ No

Amount $ _____ (50% of employee volume)

Medical benefits

For myself ☐ Yes ☐ No

For spouse ☐ Yes ☐ No

For eligible children ☐ Yes ☐ No

Coverage (Check one):

☐ Health Legacy 200

☐ Health Today

☐ Health Choice 500

☐ Health Choice 1000

☐ Health Choice 2000

☐ Health Choice 3000[1]

☐ Health Choice 3000 80/20[1]

☐ Health Choice 5000[1]

☐ Health Choice 5000 80/20[1]

☐ Value Health 5000[1,2]

☐ Health Saver 2600[1]

☐ Health Saver 2800[1,2]

☐ Health Saver 3000[1,2]

[1]This plan does not constitute "creditable coverage" for Massachusetts residents.

[2]This plan is not considered "creditable coverage" under Medicare Part D for active participants age 65 and older. Participants in this plan could incur late enrollment penalties from Medicare.

Please complete and submit both this form and the *9467 Group Plans Medicare-Coordinating Plans Enrollment Form* if you are selecting a Medicare-Coordinating Plan. The coverage effective date depends on the date these forms are received.

Dental plans

For myself ☐ Yes ☐ No

For spouse ☐ Yes ☐ No

For eligible children ☐ Yes ☐ No

Coverage (check one):

☐ Premier Dental Care

☐ Choice Dental Care

☐ Guided Dental HMO*

*Dental ID number required, please provide on page 2.

Continued on other side

GuideStone® Insurance Plans

Group Plans Enrollment Form

Employee name:_____ Social Security number:_____

C. PARTICIPANT & DEPENDENT* INFORMATION (ONLY LIST FAMILY MEMBERS TO BE COVERED)

Last name	First name	Initial	Social Security number	Relationship	Birth date	Sex M/F	Medical Yes/No	Dental Yes/No	Dental ID number (Guided Dental only)
			_____	Self	_____	—			

* Your spouse and children up to age 26 are eligible for coverage.

D. REQUIRED SIGNATURES

I authorize my employer to arrange for me to be covered under the terms of the plans I have chosen. I also authorize my employer to make any required deductions from my earnings as my contribution to the cost of this coverage.

Employee signature: _____ **Date:**_____/_____/_____

Employer representative:_____ **Date:**_____/_____/_____