



**EPISCOPAL CHURCH  
MEDICAL TRUST**

19 East 34th Street  
New York, NY 10016  
Client Engagement: (800) 480-9967  
Fax: (877) 432-9274

www.cpg.org

**Employee Group Medical and  
Dental Enrollment Form**

**1**

**Information About the Employee**

New Employee  
 Other \_\_\_\_\_

Date Hired \_\_\_\_\_ Coverage Effective \_\_\_\_\_  
Mo/Day/Yr Mo/Day/Yr  
Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Mo/Day/Yr

\_\_\_\_\_  
Title First Name M.I. Last Name

**Residence**

**Mailing Address (if different)**

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Email

Male  Married  Clergy  
 Female  Single  Lay

Marriage Date \_\_\_\_\_

**2**

**Billing Information for Medical and Dental Plans**

**Office use only - proceed to section 3**

\_\_\_\_\_  
Name of Organization Phone Email List Bill ID  
**Office use only - proceed to section 3**  
\_\_\_\_\_  
Street City State Zip

**Billing Instructions:**

Send bill to the attention of Kim Christopher

**3**

**Active Medical Coverage - Cigna Open Access Plus**

CDHP 15 PPO  CDHP 20  PPO 80

Medical coverage declined

**Tier:**

Single  
 Employee + 1 (spouse)  
 Employee + child  
 Family

**4**

**Active Dental Coverage - Cigna**

Basic  
 Comprehensive  
 Premium  
 Dental coverage declined

**Tier:**

Single  
 Employee + 1 (spouse)  
 Employee + child  
 Family

