



COVENANT BENEFITS

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Life & Long-term Disability Insurance Change

Instructions: Fill out and return this form to Covenant Benefits.

Employees are only eligible for life and long-term disability benefits through Covenant Benefits when they are working 30 or more hours per week. This form indicates a change in my work hours and a change in my eligibility for life and long-term disability benefits. I and my employer understand and agree to the increase in premium rate due to this change.

1. YOUR INFORMATION

Name: _____ SSN: _____

Effective Date of Change: ____ / ____ / ____

Choose one: ☐ My hours have *increased* above 30/week—please enroll me in life and long-term disability benefits (*complete sections 2-5*).
☐ My hours have *decreased* below 30/week—please disenroll me from life and long-term disability benefits (*skip to section 5*).

2. EMPLOYMENT INFORMATION

Check one: ☐ Minister ☐ Church Worker

Annual base salary (*include SECA paid to minister or withheld from check*) \$ _____

Parsonage provided? (*do not include in base salary*) ☐ Yes ☐ No

Housing allowance (*do not include in base salary*) \$ _____

3. LIFE INSURANCE PRIMARY BENEFICIARY(IES)

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

4. LIFE INSURANCE CONTINGENT BENEFICIARY(IES)

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

5. AUTHORIZED SIGNATURES

This form, signed by the policyholder and an authorized representative of the employer (*treasurer, business manger, etc.*), is to request the above-specified eligibility change for the indicated policyholder.

Policyholder Signature: _____ Date: ____ / ____ / ____

Treasurer/Businesss

Manager Signature: _____ Date: ____ / ____ / ____