

ENROLLMENT PROCEDURES
GROUP BENEFIT PROGRAM
General Synod, Associate Reformed Presbyterian Church



COVERAGE

The Group Benefit Program provides an insurance program for:

- (a) ARP Ministers serving ARP Churches or Agencies under the terms of a Call (Calls after January 1, 2006, must meet the requirement of the *Form of Government*, Chapter X.E.11) and
- (b) full-time (routinely works at least 30 hours per week) lay employees of ARP Churches and Agencies, provided, however, **Career Missionaries** assigned to a field outside the United States have separate medical and dental plans.

Coverage begins on the date you become eligible. **HOWEVER**, you will not be enrolled until you complete the necessary enrollment forms. If you fail to enroll within 31 days of becoming eligible, you will not be enrolled in the medical or dental programs **AND** coverage under the other areas of coverage may be in jeopardy:

- (a) Erskine employees and all non-Erskine **salaried** employees become eligible on the first day of work as a full-time employee.
- (b) Non-Erskine **hourly** employees become eligible on the 91st day of employment.

Area of Coverage	Employee	Dependent
Medical, including drug	Yes*	Yes**
Dental	Yes***	Yes**
Term Life Insurance	Yes****	Yes*****
Accidental Death	Yes****	No
Long Term Disability	Yes*****	No

- * Coverage may be waived if Employee has other “Creditable Coverage” at the time they become eligible. (See “Failure to Enroll”)
- ** Optional. Employee Coverage required. (See “Failure to Enroll”)
- *** Optional (See “Failure to Enroll”)
- **** Erskine Employees (\$10,000); Non-Erskine Hourly Employees (\$20,000); Non-Erskine Salaried Employees (\$50,000).
- ***** \$5,000 on Spouse, 2,500 on each Dependent over six months of age. Dependent children from 15 days to 6 months - \$ 200.
- ***** Coverage required for all Employees except Erskine Employees who are excluded.

For Ministers serving under the terms of a Call: Call provisions may require participation in the “Optional” coverage areas.

The medical program has a preexisting condition exclusion which is explained in the attached “Notice of Plan's Preexisting Condition Exclusion” (Form INS-2). A synopsis of coverage provided is attached. (FORM INS-2A)

ENROLLMENT

To enroll you must complete and return all forms (Dental is optional)

- For Dental - Kanawha HealthCare Solutions Group Dental Enrollment Form
- For Medical – BlueCross BlueShield Enrollment Form
- For Employee Term Life and Accidental Death & Dismemberment, Dependent Term Life, and Long Term Disability - The appropriate Life, AD&D, LTD Enrollment Form

General Synod Group Medical. Complete all sections of BlueCross BlueShield Membership Application, excluding Section 8. If you are declining coverage on yourself and/or dependents complete the “Waiver of Coverage” on the second page of the form. (See “Failure to Enroll”)

General Synod Group Dental. Complete all sections of Kanawha HealthCare Solutions, Inc. Enrollment form. If you are declining coverage on yourself and/or dependents complete the “Waiver of Coverage” on the second page of the form. (See “Failure to Enroll”)

General Synod Auxiliary Coverage. Complete sections A, B, and C of General Synod Auxiliary Coverage Enrollment Form. Have your Employer complete Section D.

Please call 864-232-8297, ext. 224 or ext. 222 if you have questions. **Return completed forms to:**

Group Insurance
Associate Reformed Presbyterian Center
One Cleveland Street, Suite 110
Greenville, SC 29601-3696