Section 125 Church Flexible Benefit Plan
Employer Compensation Account Enrollment Form

PLEASE NOTE: This form is provided by Michigan Catholic Conference (MCC) for employers' internal use in administering benefits in accordance with MCC benefit plan rules. Please retain completed forms for your records. **Do not submit to MCC.**

Employer Information *All sections to be completed in full. 'Monthy cash payment amount' is offered in lieu of employer-provided medical insurance.*

Unit name

Plan year *YYYY*

Monthly cash payment amount
$

Employee Information and Signature *All sections to be completed in full. You must sign, date, and **submit this form to your employer** for it to be valid.*

Full name *Last, first, and middle*

SSN *###-##-####*

Address *Street address or PO box, city, state, and zip code*

Medical insurance currently provided by *i.e. spouse, parents, etc.*

Name of medical insurance company

☐ I elect to receive the cash payment shown above in lieu of employer-provided medical insurance under my employer's group health plan beginning on January 1 and ending on December 31 for the plan year shown above (or during such portion of the plan year as remains after the date of this election for newly eligible employees).

I understand that:

- I am required to provide proof of medical insurance coverage from another source in order to elect the cash payment.
- By electing the cash payment I am releasing any right to employer-provided medical insurance.
- I am solely responsible for keeping myself and my family adequately insured.
- In the event the medical insurance coverage that I am receiving from a source other than my employer terminates, I can prospectively revoke this election and transfer back into the employer-provided medical insurance.
- I have the duty to request insurance coverage from my employer within thirty (30) days of my other coverage terminating.
- I am solely responsible for any lapse in medical insurance coverage that occurs.

Signature

Date *MM/DD/YYYY*

For Employer Use Only

Received by

Date *MM/DD/YYYY*

Questions? Please contact Michigan Catholic Conference by phone at (800) 395-5565.
For employer use only—do not submit this form to MCC.
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