

Affiliated Benefits Program Employer Enrollment Checklist

Complete the Affiliated Benefits Program Employer Agreement (ENR-005). Provide payroll register with employee agreement form.

Enclose check for first payment*.

* Required only of new PINs; does not apply to churches and other established employing organizations.

A How to calculate premium

Medical Coverage:

Please indicate the monthly premium paid to your last insurer: _____ (1)

Plus

Death and Disability dues are 3.5% multiplied by the total current payroll:

Total payroll: for one month _____

Multiplied by 3.5% x .035

Total Death and Disability dues _____ (2)

Total Check Amount (1) + (2) _____ **(1) + (2)**

Complete Affiliated Benefits Program Membership Application (ENR-002).

If offering Optional Dental Benefits, include employee ZIP codes. Employees who want Optional Dental Benefits should complete the Optional Dental Benefits Application.

If offering the Retirement Savings Plan, each participant must complete a Retirement Savings Plan Salary Deferral Agreement form (ORS-001).

Employees applying for Supplemental Death Benefits (only available if Death and Disability Benefits are offered) should complete both the Supplemental Death Benefits Application (ODB-000) and Supplemental Death Benefits Beneficiary Designation (ODB-002).

Employees who want Optional Supplemental Disability (only available if Death and Disability Benefits are offered and employee is earning at least \$100,000) should complete the Optional Supplemental Disability Medical Statement (DSB-805).

Employees applying for Long-Term Care Insurance should complete CNA's Group Benefits form. Call 800-528-4582.

If offering Death and Disability Benefits, employees should complete the Death Benefits Beneficiary Designation form (DBN-001).