Customer Number (internal use)

Reformed Benefits Association

2026 Group Insurance Coverage Agreement

The council/consistory /board of directors of_____, a church, institution or agency, located in _____, _____, hereby agrees to offering all of its staff one of the following package options:

Check only one option

___Option 1 Partial Coverage: enroll all current and future full-time staff members, according to the Terms of Participation, in one of the group Basic Life plans offered by Reformed Benefits Association. The employer may also offer additional voluntary benefits *(excluding Medical, Dental and Vision)* to eligible staff.

___Option 2 Full Coverage: enroll all current and future full-time staff members, according to the Terms of Participation, in one of the group Medical and Basic Life insurance plans offered by Reformed Benefits Association. The employer may also offer voluntary benefits to eligible staff.

Please select the denomination the church is affiliated with:

RCA : ☐ CRC : ☐ ARC: ☐ Other (please indicate)

Please provide Church Employer Identification Number (EIN): _____

We have read and understand the attached Terms of Participation and agree to abide by the criteria as outlined. We have listed the names of all paid staff members in the section below (add additional names on a separate page if necessary):

STAFF INFORMATION

Please list information for all staff working at least 20 hours per week :

Employee Name:	Full-time or Part- time	Have Coverage through Spouse? (Y/N)	Number of hours worked per week	Date of Hire	Participant of RBA? (Y/N)

We understand we will be billed the premium based on the staff member's election, and it is our responsibility to collect any required premium from the staff members.

***Authorized Signature _____Position_____Date _____

_____Printed Name: _____

Phone Number:_____Email for RBA Communication _____

_____

Customer Number:

******You represent and warrant that you have the authority to bind the organization named above to these Terms and you agree to be bound by these Term on behalf of such organization.***

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Complete, sign, and return with any certification of spousal coverage (if applicable) to:

Return by email to:
benefits@reformedbenefits.org

Reformed Benefits Association
4500-60th Street SE
Grand Rapids, MI 49512
Please return only one copy