You will receive the Disability Open Enrollment Coverage Option Survey email from Salesforce.com. Please do not reply to the email.

Click the embedded link to launch the survey in your browser. Please read and answer each question carefully in the survey. If you do not receive the survey via email, you can access it at the Administrator Resource Center.

The survey covers three coverage option selection scenarios. This is a step-by-step guide for each coverage option selection scenario. You can jump to that section of the guide, or scroll through the sections.

1. Employers who currently offer disability coverage, and are not making changes to their offerings for 2021.

2. Employers who currently offer disability coverage, and are making changes to their offerings for 2021.

3. Employers who do not offer disability coverage, and are selecting coverage options for the first time for Open Enrollment 2021.
Coverage Option Selection Scenario 1
Employers who currently offer disability coverage, and are not making changes to their offerings for 2021.

If your institution currently offers disability coverage to your employees, and you do not intend to make any coverage option changes, follow the steps below. Your institution will continue to offer the same disability coverage options for calendar year 2021.

Step 1

Select your Diocese, city, and the name of your institution. Enter your Client ID, and click “Next”.
Note: If you are not part of a Diocese, please select “None”.
Step 2

Do you currently offer Disability Coverage? Select “Yes” and click “Next”.

Step 3

Are you making any plan offering changes for Open Enrollment 2021? Select “No” and click “Next”.

Disability Enrollment 2021

Are you making any plan offering changes for Annual Enrollment 2021?

☐ Yes

☐ No
Step 4

Enter your name and the name of your organization. Select the appropriate description of your role at your organization. Read the User Consent Agreement section, and click “Submit”. 

Please enter your name. *  

For verification, please enter the organization for which you have made these coverage selections. *  

Please select which of the following best characterizes your role at your organization. *  
- Benefits Administrator/Payroll Officer  
- Rector/Priest-In-Charge/Senior Clergy  
- Treasurer/Warden  
- Other - please specify:  

Step 5

You have completed the 2021 Open Enrollment Disability Survey. Please retain this screen as confirmation that your coverage options will remain the same in 2021.
Coverage Option Selection Scenario 2
Employers who currently offer disability coverage, and are making changes to their offerings for 2021.

If your institution currently offers disability coverage and you intend to change your coverage options for year 2021, follow the steps below.

Step 1
Select your Diocese, city, and the name of your institution. Enter your Client ID, and click “Next”.
Note: If you are not part of a Diocese, please select “None”.

Disability Enrollment 2021

Between August 26 and October 7, 2020, your group will select short term and long term disability insurance coverage options. Please note, you may offer either employer paid or employee paid (voluntary) disability insurance coverage options. This tool will help you in making your selections effective January 1, 2021. Please visit [zapier](https://zapier.com) for Disability Plan Information.

Disability insurance is provided by Zurich American Life Insurance Company, New York, NY.

Please select your institution *

<table>
<thead>
<tr>
<th>Diocese</th>
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Please enter your organization’s client number. You can find your client number in the Employee Roster, on your monthly Episcopal Church Medical Trust bill, or by calling Client Services at 866-602-0333.

Invalid client numbers will not be accepted *

[Next]
Step 2
Do you currently offer Disability Coverage? Select “Yes,” and click “Next”.

Step 3
Are you making any plan offering changes for Open Enrollment 2021? Select “Yes,” and click “Next”.
Step 4 – Short Term Disability (STD)

Are you electing to offer Short-Term Disability (STD) Insurance?

Choose “No, I decline coverage” if your institution will **not** offer STD coverage for 2021, and click “Next.”

Choose “Yes, I will make a selection from coverage options” if you are making a change to your STD coverage offering. If you currently offer STD coverage and are NOT making a change, please choose this option as well. Then select the coverage option that you currently offer from the list below this question.

Select your desired Coverage Option.

Select employer-paid or employee-paid coverage, and click “Next”.

Note: If you elect “Employer Paid”, please select if you are offering to Lay only or Lay and Clergy:
Step 5 – Long Term Disability (LTD)

Are you electing to offer Long-Term Disability (LTD) Insurance?

Choose “No, I decline coverage” if your institution will not offer LTD coverage for 2021, and click “Next”.

Choose “Yes, I will make a selection from coverage options” if you are making a change to your LTD coverage offering. If you currently offer LTD coverage and are NOT making a change, please choose this option as well, and select the coverage option that you currently offer from the list below this question.

Select your desired coverage option, including whether the coverage is employer- or employee-paid.

Note: If you elect “Employer Paid”, please select if you are offering to Lay only or Lay and Clergy:
Step 6

Enter your name, and the name of your organization. Select the appropriate description of your role at your organization. Read the User Consent Agreement section, and click “Submit”.

Please enter your name: *

For verification, please enter the organization for which you have made these coverage selections: *

Please select which of the following best characterizes your role at your organization: *

- Benefits Administrator/Payroll Officer
- Rector/Proost-In-Charge/Senior Clergy
- Treasurer/Warden
- Other - please specify: 
Step 7

You have completed the 2021 Open Enrollment Disability Survey. Please retain this screen as confirmation of your coverage option changes. Remember to notify all employees of your institution’s coverage option changes.

Thank you. Your disability insurance coverage selections have been entered. This will serve as your confirmation statement.

The following information summarizes the Zurich STD Insurance and LTD Insurance coverage options you selected for your organization. Please print this page and keep it for your records:

Organization Name: Diocese Of California, Church of the Resurrection, Pleasant Hill
Client Number: 563-295-68

Name: Damon Tutwin
Role: Benefits Administrator/Payroll Officer

Selection Date: 08/25/2020
Effective Date of Coverage: 01/01/2021

STD Insurance Coverage Selection: STD - 13 Weeks at 60.00% (Employer Paid), Lay employees and Clergy
LTD Insurance Coverage Selection: LTD - 90 Days at 60.00% Employer Paid, Lay employees and Clergy
Coverage Option Selection Scenario Three
Employers who do not offer disability coverage, and are selecting coverage options for the first time for Open Enrollment 2021.

If you currently Do Not offer disability coverage, and intend to offer disability coverage for Plan Year 2021, follow the steps below:

Step 1
Select your Diocese, city, and the name of your institution. Enter your Client ID, and click “Next”.

Note: If you are not part of a Diocese, please select “None”.

Disability Enrollment 2021

Between August 26 and October 7, 2020, your group will select short-term and long-term disability insurance coverage options. Please note, you may offer either employer-paid or employee-paid (voluntary) disability insurance coverage options. This tool will help you in making your selections effective January 1, 2021. Please visit [link] for Disability Plan Information.

Disability insurance is provided by Zurich American Life Insurance Company, New York, NY.

Please select your institution *

Please enter your organization’s client number. You can find your client number in the Employee Roster, on your monthly Episcopal Church Medical Trust bill, or by calling Client Services at 888-802-6333.

Invalid client numbers will not be accepted *

Next
Step 2
Do you currently offer Disability Coverage? Select “No” and click “Next”.

Step 3
Would you like to offer new short-term disability (STD) or long-term disability (LTD) coverage during Open Enrollment, effective January 1, 2021? Select “Yes,” and click “Next”.

Step 4 – Short Term Disability (STD)

Are you electing to offer Short-Term Disability (STD) Insurance? Select “Yes, I will make a selection from coverage options”.

Select your desired coverage option.

Select employer-paid or employee-paid coverage, and click “Next”.

Note: If you elect “Employer Paid”, please select if you are offering to Lay only or Lay and Clergy:

1. Are you electing to offer Short-Term Disability (STD) Insurance? *
   - Yes, I will make a selection from coverage options
   - No, I decline coverage

2. Please select whether the premium payments will be employer paid or employee paid. *
   - Employer Paid
   - Employee Paid

3. Select an STD insurance coverage option: *
   - 26 Weeks at 60.00%
   - 26 Weeks at 66.67%
   - 13 Weeks at 60.00%
   - 13 Weeks at 66.67%

4. Who will you offer STD insurance coverage to?
   - Lay employees only
   - Lay employees and Clergy

Click “Next” to make your Long-Term Disability Insurance selections.
Step 5 – Long Term Disability

Are you electing to offer Long-Term Disability (LTD) Insurance? Select “Yes, I will make a selection from coverage options.”

Select your desired coverage option, including whether the coverage is employer- or employee-paid.

Note: If you elect “Employer Paid”, please select if you are offering to Lay only or Lay and Clergy:
Step 6

Enter your name, and the name of your organization. Select the appropriate description of your role at your organization. Read the User Consent Agreement section, and click “Submit”.

Please enter your name:  

For verification, please enter the organization for which you have made these coverage selections:  

Please select which of the following best characterizes your role at your organization:  

- Benefits Administrator/Payroll Officer  
- Rector/Priest-In-Charge/Senior Clergy  
- Treasurer/Warden  
- Other - please specify:  
Step 7

You have completed the 2021 Open Enrollment Disability Survey. Please retain this screen as confirmation of your coverage option choices.

Thank you. Your disability insurance coverage selections have been entered. This will serve as your confirmation statement.

The following information summarizes the Zurich STD Insurance and LTD Insurance coverage options you selected for your organization. Please print this page and keep it for your records:

Organization Name: Diocese Of California, Church of the Resurrection, Pleasant Hill
Client Number: 563-295-68

Name: Damon Tutin
Role: Benefits Administrator/Payroll Officer

Selection Date: 08/25/2020
Effective Date of Coverage: 01/01/2021

STD Insurance Coverage Selection: STD - 13 Weeks at 80.00% (Employer Paid), Lay employees and Clergy
LTD Insurance Coverage Selection: LTD - 90 Days at 60.00% Employer Paid, Lay employees and Clergy