



Short-Term and Long-Term Disability Selection Form

Employer Name _____

Client Number _____

Please select your desired STD and/or LTD coverage option. If you are not selecting a STD and/or LTD coverage option, check no coverage. Note: Employer groups that plan to offer both STD and LTD coverage must select policies whose elimination periods coordinate. For example, if you select an STD policy with a 26-week benefit period, then you must select an LTD policy with a 180-day elimination period. Similarly, if you choose a 13-week STD benefit period, then the corresponding LTD policy will have a 90-day elimination period.

Please contact Church Pension Group with any Disability Product questions at (866) 802-6333.

Coverage Options

STD Coverage Options (Employer Paid)

- STD 26 Weeks 60%
- STD 26 Weeks 66.67%
- STD 13 Weeks 60%
- STD 13 Weeks 66.67%
- No Coverage

If you have elected to offer
Employer Paid Coverage please select one:

- Lay Only
- Lay and Clergy

STD Coverage Options (Employee Paid)

- STD 26 Weeks 60%
- STD 26 Weeks 66.67%
- STD 13 Weeks 60%
- STD 13 Weeks 66.67%
- No Coverage

LTD Coverage Options (Employer Paid)

- LTD 180 days 40%
- LTD 180 days 60%
- LTD 180 days 66.67%
- LTD 90 days 40%
- LTD 90 days 60%
- LTD 90 days 66.67%
- No Coverage

If you have elected to offer
Employer Paid Coverage please select one:

- Lay Only
- Lay and Clergy

LTD Coverage Options (Employee Paid)

- LTD 180 days 50%
- LTD 90 days 50%
- No Coverage

Employer contact information:

Group/Diocese

Name

Address

E-mail

Phone Number

Signature

Submit the completed and signed form to:

The Episcopal Church Clergy and Employees' Benefit Trust
19 East 34th Street
New York, NY 10016
Attn: Client Services
or email to <mailto:admin-assist@cpg.org>.

If you have any questions, call us at (866) 802-6333, Monday to Friday, 8:30AM to 8:00PM ET.

Zurich American Life Insurance Company of New York Zurich American Life Insurance Company7045 College Boulevard, Overland Park, Kansas 66211-1523 In New York, the terms and conditions for the Group Short-Term Disability Income Insurance policy are set forth in policy form number 1000-ZAGP-DS-NY-01. The policies are issued by Zurich American Life Insurance Company of New York, a New York domestic life insurance company, located at its registered home address of 150 Greenwich Street, Four World Trade Center, 54th Floor, New York, NY 10007-2366. In all states other than New York, the terms and conditions for the Group Short-Term Disability Insurance Policy are set forth in policy form number 1000-ZAGP-01-01 or applicable state variation. The policies are issued by Zurich American Life Insurance Company, an Illinois domestic life insurance company, located at its registered home address of 1299 Zurich Way, Schaumburg, IL 60196.