



African Survivor Benefit Fund

Administered by

Adventist Risk Management, Inc.

12501 Old Columbia Pike

Silver Spring, MD 20904

TEL: 301.680.6931 FAX: 301.680.6937

Email Form to giles.barham@adventistrisk.org

Or CQuionquion@AdventistRisk.org

- Employer Enrollment Form**
- Employer Re-Enrollment Form**

1. EMPLOYER INFORMATION

Sponsoring Division				
Participating Employer Name				
Employer Mailing Address	Street	City	Province	Country

2. BENEFIT PLAN INFORMATION - note: For Eligibility, employee must be on a full time status, working 30+ hours/week with one(1) year of denominational employment.

If choosing the same level of coverage for all employees, enter total number of employees	Total # Employees _____ Level Benefit <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 Spouse coverage <input type="checkbox"/> No <input type="checkbox"/> Yes # of spouse _____
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If choosing different level of coverage among employees, enter number of employees under each class, and state differentiation criteria (i.e. the job titles or occupations in each class)	# of Employees Class I _____ Level Benefit <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 Criteria _____ Spouse coverage <input type="checkbox"/> No <input type="checkbox"/> Yes # of spouse _____ # of Employees Class II _____ Level Benefit <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 Criteria _____ Spouse coverage <input type="checkbox"/> No <input type="checkbox"/> Yes # of spouse _____
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3. RE-ENROLLMENT and BILLING AUTHORIZATION

The employing organization verifies that it has non-discriminately enrolled 100% of its eligible employees and spouses in the African Survivor Benefit Fund program and is requesting to join or rejoin the program.

By this agreement made between _____ the participating organization of the _____ Division and Adventist Risk Management, we choose to have the elected benefits become effective on m/d/y .

We duly authorize Adventist Risk Management to bill the Division for the benefits elected and number of lives reported quarterly by the Division employing organization.

Employer Signature: _____ Date: m/d/y

Print Name Here: _____ Email Address: _____

Division Treasurer Signature: _____ Date: m/d/y