



# African Survivor Benefit Fund

Administered by:

**Adventist Risk Management,® Inc.**

12501 Old Columbia Pike

Silver Spring, MD 20904

**Telephone:** (301) 453-7400 | **Fax:** (301) 453-7060

**Email form to:** giles.barham@adventistrisk.org

**Employer Enrolment Form**     **Employer Re-enrolment Form**

## ▷ EMPLOYER INFORMATION:

Sponsoring Division:		
Participating Employer Name:		
Employer Postal Address:		
City:	County:	Country:

## ▷ 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.

<p>If choosing the <b>same level of coverage</b> for all employees, enter total number of employees.</p>	<p><b>Total No. Employees:</b> _____</p> <p><b>Level Benefit:</b> <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</p> <p><b>Spouse Coverage:</b> <input type="checkbox"/> No    <input type="checkbox"/> Yes    Spouse No: _____</p>
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<p>If choosing <b>different level of coverage</b> among employees, enter number of employees under each class, and state differentiation criteria (<i>i.e.</i>, the job titles or occupations in each class).</p>	<p><b>Total No. Employees Class I:</b> _____</p> <p><b>Level Benefit:</b> <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</p> <p><b>Criteria:</b> _____</p> <p><b>Spouse Coverage:</b> <input type="checkbox"/> No    <input type="checkbox"/> Yes    Spouse No: _____</p> <p>.....</p> <p><b>Total No. Employees Class II:</b> _____</p> <p><b>Level Benefit:</b> <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</p> <p><b>Criteria:</b> _____</p> <p><b>Spouse Coverage:</b> <input type="checkbox"/> No    <input type="checkbox"/> Yes    Spouse No: _____</p>
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## ▷ RE-ENROLMENT AND BILLING AUTHORISATION:

The employing organisation verifies that it has non-discriminatingly 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 organisation of the \_\_\_\_\_ Division and Adventist Risk Management, we would like the elected benefits to become effective on \_\_\_\_\_.

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

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name Here: \_\_\_\_\_ Email Address: \_\_\_\_\_

Division Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_