



The Episcopal Diocese of Northern California
 2394 Fair Oaks Blvd.
 Sacramento, CA 95825

2025 Pension Election Form

1. Information About the Employee

 Title First Name M.I. Last Name
 (The Rev., Mr., Mrs., Ms. Etc.)

Male Married Clergy Seminarian
 Female Single Lay

 Date Hired Birth Date

 Coverage Effective Date Social Security Number

Residence:

 Street

 City State Zip

 Home Phone

 E-mail

Mailing Address (If Different):

 Street

 City State Zip

2. Employer Billing Information for Pension

 Name of Congregation or Institution

 City

 Phone Number

 Email

3. Pension Enrollment

I would like to enroll in a pension plan I decline enrollment in a pension plan

6. Signatures – Employee & Employer

The employee, and employer must sign this form. By signing, the Employer certifies the employee is eligible for pension enrollment, and, to the best of the employer's knowledge, all information provided is correct.

 Employee's Signature* Date

 Name of Church or Organization

*Include Power of Attorney documentation if applicable

 Employer's Signature Date

7. Enrollment Guidelines

- All employees must sign and submit this form to the Office of the Bishop within **30** days of hire or eligibility date whether the employee chooses to enroll or decline pension enrollment.
Fax this form to 916-442-6927, Attn: Benefits
OR mail it to: The Episcopal Diocese of Northern California
Attn: Benefits
2394 Fair Oaks Blvd.
Sacramento, CA 95825
- If the employee is electing to enroll in a pension plan, the employee must also complete, sign, and submit [CPG Employee Application for Combined DC Pension Plans](#), and [Defined Contribution Retirement Plan Beneficiary Designation Form](#) along with this form.
- All late enrollments will be subject to review for approval.