



ACNA Benefits- Enrollment Information Form

Member Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Member email address(s): \_\_\_\_\_

Name of Church Affiliation: \_\_\_\_\_

Church Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Position Held: \_\_\_\_\_ # Hours worked per week: \_\_\_\_\_

Number of active full time employees at your work location: \_\_\_\_\_ (Working a minimum of 30 hours per week.)

Name of Diocese or ACNA affiliation: \_\_\_\_\_

Diocesan or affiliation Bishop: \_\_\_\_\_

Name of Church or Diocese responsible for bill: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of financial person responsible for bill: \_\_\_\_\_ Phone: \_\_\_\_\_

Email of financial person for bill: \_\_\_\_\_

Name of second person responsible for bill: \_\_\_\_\_ Phone: \_\_\_\_\_

Email of second person for bill: \_\_\_\_\_

## **Billing**

The statement will be distributed by email through The Solomon Benefits Group who is the administrator on the ACNA account. The statement will reflect the premiums due for the next calendar month, any new additions or cancellations of your members plus a small administration fee\*. Statements will arrive on or before the 22<sup>nd</sup> of every month and are due by the 5<sup>th</sup> of the following month. Please understand that the ACNA **does not** hold funds in reserve for paying past due premiums. The continuation of coverage for the entire group rests on the ability of all our members to get the premium payments in on time. Failure to do so will jeopardize the continuation of coverage for your members as the ACNA will have no option but to terminate coverage on your individual account.

\*Administration Fee- The ACNA account holds only those funds collected for the payment of premiums due. The administration fee covers all normal and regular monthly administration costs on the account. This monthly fee is based on the number of line entries on your statement. \$3.50 per line entry; minimum fee of \$5.00, maximum fee of \$35.00.

## **Membership Services**

Both United Healthcare and Principal Dental have supplied our members with on-line account access through their membership services web sites. These sites allow you to track your claims, payments, benefits and even print temporary ID cards. They also supply a host of wellness information along with access to a 24/7 on call nurse to answer any of your medical questions. Once you have your medical and dental ID numbers you will be able to register for these on-line services. The registration instructions can be found at: <http://www.anglicanchurch.net/?/main/page/benefits>

Please return page 1 of this form to Teri Stephenson at [tsolomongroup@verizon.net](mailto:tsolomongroup@verizon.net).

Feel free to call should you have any questions.

Teri Stephenson

Accounts Administrator  
The Solomon Benefits Group  
703-999-0143