

Employee Information Collection Sheet

For the Administrator:

Provide this document to the employee to collect information and benefits selections. Once you receive the completed document, enter the information change using My Admin Portal (MAP).

Note that you will also need information on the employment date, position title, hours per year, and compensation for new hire and employment changes.

This document may be used to collect information from the employee for:

- New hire process
- Change to employee personal information (new address, phone number, email)
- Change in marital status or domestic partnership status
- Change in child dependent (including by birth, adoption, stepchild, and legal ward)

This document uses fillable form functionality in Word. To edit the form itself, select the “Developer” menu and unlock the “Protect Form” option or Restrict Editing option. See [Microsoft’s support site](#) for more information.

For the Employee:

Fill out the information below and return to your benefits administrator. This document may be filled out electronically or by hand. **Skip the form and use your myCPG account** for personal information changes, spouse/domestic partner changes, and adding a new dependent.

Employee Personal Information

Legal Name

First:

Middle:

Last:

SSN/ITIN:

Date of Birth:

Job Title:

I am reporting (select all that apply)

New Hire **Complete Section 1, 2, 3, & 4**

Personal Information Change: Address Phone Email **Complete Section 1**

Spouse/Domestic Partner Change: **Complete Section 2 & 4**

New Marriage New Domestic Partnership Divorce Separation Widowed

New Dependent **Complete Section 3 & 4**

Section 1: Contact Information

Mailing Address:

Street Line 1

Street Line 2

City

State

Postal Code

Country

Contact Information:

Home
Phone

Mobile
Phone

Business
Phone + Ext

Business
Email

Personal
Email

Section 2: Spouse and Domestic Partner Information

Spouse or Domestic Partner Legal Name:

First

Middle

Last

SSN/ITIN:

Date of Birth:

Gender: Female Male

Date of Marriage/
Domestic Partnership:

Date of Divorce:

Date of Death:

Section 3: Dependent Information

Dependent 1 Legal Name:

First Middle Last

SSN/ITIN: Date of Birth:

Gender: Female Male Stepchild? Y N Disabled? Y N

Date of Legal Adoption/Fostering/Legal Guardianship:

Dependent 2 Legal Name:

First Middle Last

SSN/ITIN: Date of Birth:

Gender: Female Male Stepchild? Y N Disabled? Y N

Date of Legal Adoption/Fostering/Legal Guardianship:

Dependent 3 Legal Name:

First Middle Last

SSN/ITIN: Date of Birth:

Gender: Female Male Stepchild? Y N Disabled? Y N

Date of Legal Adoption/Fostering/Legal Guardianship:

Dependent 4 Legal Name:

First Middle Last

SSN/ITIN: Date of Birth:

Gender: Female Male Stepchild? Y N Disabled? Y N

Date of Legal Adoption/Fostering/Legal Guardianship:

Section 4: Benefits Selections

Please indicate the name of the plan you would like to enroll in from the benefits adopted by your institution.

Retirement/Pension Plan: Clergy - DB plan AND RSVP
 Lay - DC plan

Medical Plan: If employee works 20 hours or more per week, please contact Diocesan Support Center for enrollment information.

Dental Plan: In Hawai'i, the dental plan is included in the Medical plan

Group Life Plan: Clergy - already included in the pension plan
 Lay - check your employee handbook to see if this benefit is offered

Long Term Disability Plan: n/a

Short Term Disability Plan: Clergy - already included in the pension plan.
 Lay - purchase from a Hawai'i insurance company.
