



Eder Financial

BOLD. BALANCED. TRUSTED.

1505 Dundee Avenue • Elgin, Illinois 60120-1619
800-746-1505 • 847-695-0200 • Fax 847-742-6336
insurance@eder.org • www.ederfinancial.org

Please complete and return to
insurance@eder.org
for preliminary registration

Once Eder Health and Life Benefits enters the basic employee information, it is the employee's responsibility to register online at <https://ederfinancial.mybenefitchoice.com> within 31 DAYS OF YOUR HIRE DATE (first date of payroll).

Employee First Name: _____ Last Name: _____ MI: _____

Employee Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Birth Date: _____ Social Security Number: _____ Gender: Male
 Female

Marital Status: Single Married Email: _____

TO BE COMPLETED BY EMPLOYER

If you are a retiree, the employer section is not needed.

Employer Address: _____

Employer or Congregation Name: _____

City: _____ State: _____ ZIP: _____

Church Code

Contact Person: _____ Phone: _____

Email: _____ Invoices are sent electronically to your contact person listed.

Name of District: _____

For office use only
Participant ID Number:

EMPLOYEE INFORMATION

Job Title: _____ Hours Worked/Week: _____

Expected Annual Earnings: _____ Salary Hourly

Date of hire (first date on payroll): This is your effective date of coverage. Registration must be completed within 31 days of this date.

_____ Milliman requires automatic payment out of the Church/Employer bank account. You must return the EFT Authorization Form to Insurance@eder.org so that preliminary registration can be completed.

_____ If you are enrolling in disability coverage, please complete the appropriate budget worksheet

I understand that misstatements, misrepresentations, or omissions may result in my insurance coverage being void as of its effective date with no benefits payable. I hereby request the group insurance coverage for which I am or may become eligible and authorize deductions from my earnings to serve as payment for any required contributions. **Fraud Warning Notice:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits a request for enrollment or files a claim containing a false or deceptive statement is guilty of insurance fraud.