Concordia Plan Services
The Lutheran Church—Missouri Synod
PO Box 229007
St. Louis, MO 63122-9007

CONCORDIA PLAN SERVICES

Toll Free: 888-927-7526
St. Louis: 314-965-7580
Fax: 314-996-1127
E-mail: info@ConcordiaPlans.org
Website: ConcordiaPlans.org

Critical Illness/Accidental Injury Employer Election

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

Clear

A Employer Information

Employer Name (the Employer) _____ Employer Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

B Critical Illness/Accidental Injury

I elect to offer eligible workers the following voluntary benefits effective ____ ____ ____

Please check all that apply.

☐ Critical Illness Insurance
☐ Accidental Injury

C Employer Representative Signature

- I have received and understand the benefit plan(s) documents.
- I understand that this benefit is voluntary and agree to deduct the cost from my workers' payroll.

X _____
Signature of Authorized Employer Representative — Date (MM/DD/YYYY)

Printed Name of Authorized Employer Representative — Title or Office Held

Email Address — Daytime Phone Number

Once the completed form is received and processed your Ministry Engagement Account Manager will reach out to you to coordinate the enrollment process for your members.