

# Request for Continuation of Insurance Eligibility Group Plans

## EMPLOYEE INFORMATION

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Employee name: \_\_\_\_\_ Social Security number (Last four digits): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

### I am now (or was last) employed by:

Employer name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

When will (or did) this employment end? (Give exact date.): \_\_\_\_/\_\_\_\_/\_\_\_\_ **Request for continuation must be made within 60 days of termination of employment.**

Are you leaving Southern Baptist church or denominational work permanently?  Yes  No

Are you actively seeking full-time denominational employment with a church or agency affiliated with the Southern Baptist Convention?  Yes  No

I understand that this extension, if granted, will permit me to continue my participation in the plan at the present salary basis for not more than twelve (12) months after the above employment ends. I agree to notify the above named employer within 31 days of being covered as an employee under any group plan. I also understand that disability and personal accident coverage (if applicable through the above named employer) will cease until I return to full-time church or denominational work (provided my new employer offers such coverage).

Employee signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer's authorized representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### FOR GUIDESTONE USE ONLY

Application approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return completed form to:** Insurance Operations – Group Plans  
GuideStone Financial Resources, SBC  
2401 Cedar Springs Road  
Dallas, Texas 75201-1498

**Or fax to:** 214-720-2105

