CHURCH PENSION GROUP
Passionate About Our Purpose

New Employee Information Data Collection Sheet

For the Administrator:

Provide this document to the employee to collect information and benefit selections for the new hire process. You will also need information on employment and compensation. Once you receive the completed document, enter the information using My Admin Portal (MAP).

For the Employee:

Fill out the information below and return to your benefits administrator. This document may be filled out electronically or by hand.

Employee Personal Information

Legal Name:

First	Middle	Last

SSN/ITIN (last 4 digits only):   Date of Birth:

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

Spouse and Domestic Partner Information

Marital Status: ☐ Single ☐ Married ☐ Domestic Partnership

Spouse/Domestic Partner Legal Name:

First	Middle	Last

SSN/ITIN (last 4 digits only):   Date of Birth:

Gender: ☐ Female ☐ Male   Date of Marriage/Domestic Partnership: _____

Dependent 1 Legal Name: _____

_____
First   Middle   Last

SSN/ITIN (last 4 digits only): _____   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 (last 4 digits only): _____   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 (last 4 digits only): _____   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 (last 4 digits only): _____   Date of Birth: _____

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

Date of Legal Adoption/Fostering/Legal Guardianship: _____

Benefits Selections

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

Retirement/Pension Plan: _____

Medical Plan: _____

Dental Plan: _____

Group Life Plan: _____

Long Term Disability Plan: _____

Short Term Disability Plan: _____