

Service Change

Use this form to report a service change with Traditional Program coverage. If the member participates in the Affiliated Benefits Program, please visit pensions.org under Forms & Publications to obtain the appropriate change forms. Please report this change within 31 days of the change. This process can also be completed quickly and securely through Benefits Connect. Visit pensions.org for more information.

Please carefully review the information on this form. The member will receive a form confirming current information on record with the Board of Pensions.

If the member is serving multiple PINs, each church or employing organization remitting benefits dues for the member must complete a separate Service Change form (ENR-110).

Call 800-773-7752 (800-PRESPLAN) or visit pensions.org for forms and information, including Administrative Rules.

A Member Information

Check One: Dr. Miss Mr. Mrs. Ms. Rev.

Name _____ SSN _____ Birth date (mm/dd/yyyy) _____

Home address _____

City _____ State _____ ZIP _____

Daytime phone () _____ Cell phone () _____ Home phone () _____

Primary email _____

Check here if your covered partner is also enrolled for Traditional Program coverage as a result of her/his own employment.

Check here if you checked the above box **and** if the following applies:

You and your covered partner (*covered partner's name*) _____ are both teaching elders, called to pastoral relationships at the same church, (*name of church/organization*) _____, and each of you is employed for fewer than 35 hours per week.

B Dependent Information

| Name | Relationship | Birth Date (mm/dd/yyyy) | SSN |
|------|--------------|-------------------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

C Employment/Service Information

Effective date of change reported on this form (mm/dd/yyyy) _____

Church/organization name _____

PIN _____

Address _____

City _____

State _____

ZIP _____

Phone () _____

Email address _____

Presbytery _____

Synod _____

Please check one:

Teaching elder, Presbyterian Church (U.S.A.). Date ordained (mm/dd/yyyy) _____

Minister of another denomination. Please identify denomination _____

Date received into PC(USA) _____ (please attach presbytery verification)

Exempt lay employee* Non-exempt lay employee*

* Visit the Department of Labor website at dol.gov for classification information.

Position title _____

Position code (codes from GA minutes book) _____

Total hours scheduled to work per week (e.g., 20, 35, 40) _____

D Annual Salary Information

Please enter annual amounts or zero if not applicable. You may use the total effective salary calculator and the dues calculator on pensions.org to determine the impact the reported effective salary has on dues.

Effective salary is any compensation a member receives during a plan year from an employing organization. For more information, see the *Understanding Effective Salary* booklet, available on pensions.org.

1. Cash salary (including employee contributions to 403(b)(9) plans; tax-sheltered annuity plans; unvouchered book, car, and study allowances; vacation pay and overtime) 1. \$ _____
2. Housing allowance, utilities, and furnishings allowances 2. \$ _____
3. Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances (matching contributions to the Board's Retirement Savings Plan should not be included) 3. \$ _____
4. Bonus (will be included in the year in which the bonus is paid; if continuing, you will need to report annually)
Year in which bonus is paid _____ 4. \$ _____
5. SECA (for reimbursement in excess of 50% of the teaching elder's SECA tax obligation) 5. \$ _____
6. Other allowances (including copayment and medical expense reimbursement allowances)
Do not include expenses reimbursed through vouchers or Benefits Plan dues. 6. \$ _____
7. Manse amount (must be at least 30% of lines 1-6 for members residing in a manse) 7. \$ _____
8. **Total Annual Effective Salary (total of lines 1-7)** 8. \$ _____

Dues are computed and benefits are determined on this amount (subject to minimums and maximums).

E Benefits Plan Participation

Please check one box for Traditional Program coverage.

- Full participation** - Medical, pension, death, and disability benefits.
- Limited participation** - Medical, death, and disability benefits. Not available for teaching elders serving churches in mandated positions. After three years of limited participation, members will be automatically enrolled for full participation, or the employer can withdraw the member from the Benefits Plan. Members enrolled for limited participation may not change to Affiliated Benefits Program coverage.

Optional Benefits in a Service Change

- This is for members starting in a new service immediately after terminating a prior service. The new employing organization will be billed for all optional benefit elections.

Optional Dental Benefits

- I had optional dental coverage at my previous employment or under transitional participation coverage and would like to continue the same level of coverage listed below:
Coverage type: DMO PPO Passive PPO
Coverage level: Member Member/Covered partner Member/Child(ren) Family
 - If you have moved and your coverage options changed, you will be sent an application with your options. You can call the Board at 800-773-7752 (800-PRESPLAN) with your new ZIP code or visit pensions.org for the available options. If your current dental option is not available, you must submit a completed application to continue coverage. If you have additional options available, your current coverage will be continued, but you can change your plan (e.g., DMO to PPO) by submitting a completed application.
- I did not have optional dental coverage at my previous employer but would like to consider enrollment. Please send me a dental application packet for consideration.
 - I understand that I have 31 days to complete and mail the dental application from the date it was mailed to me.
 - I understand that I will have a 12-month limitation on dental services should I enroll (please see dental application packet for additional information).
- I had dental coverage at my previous employment or under transitional participation coverage but do not wish to continue at this time.
- I did not have dental coverage at my previous employer and am not interested at this time.

Optional Supplemental Death Benefits/Optional Supplemental Disability

- I had supplemental death benefits at my previous employment or under transitional participation coverage and would like to continue the same level of coverage listed below:

Member: \$25,000 \$50,000 \$75,000 \$100,000
 \$150,000 \$200,000 \$250,000 \$300,000

Covered partner: \$25,000 \$50,000 \$75,000 \$100,000

Children: \$5,000 \$10,000

- To enroll for coverage or discontinue coverage with this service change, please call the Board at 800-773-7752 (800-PRESPLAN) to request the required forms, or you may download them at pensions.org.

Optional Retirement Savings Plan

- You must complete a new Retirement Savings Plan Salary Deferral Agreement form (ORS-001) to elect or continue participation in the Retirement Savings Plan.

F Authorization**Member Authorization**

I certify that the information on this form is complete and accurate.

Member signature *(required)*

Date *(mm/dd/yyyy)*

Employing organization authorization - On behalf of the employing organization, I certify that we have confirmed eligibility for plan benefits for covered partner and the children as defined by the Benefits Plan of the Presbyterian Church (U.S.A.). I confirm the accuracy of the information concerning benefits selection, and that the employing organization agrees to pay all required dues without member contribution for medical, pension, and death and disability or, for a leave of absence, that the member intends to return to work at the same organization and has not been terminated. The authorized representative may be the treasurer, clerk of session, business manager, or financial secretary but not the member submitting the change.

Authorized representative name *(required)*

(please print; may not be the same as the member)

Official capacity

Daytime phone ()

Signature *(required)*

Date *(mm/dd/yyyy)*

For information or publications, please call the Board at 800-773-7752 (800-PRESPLAN) or visit pensions.org.

Mail or fax the completed form to:

The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street, Philadelphia, PA 19103-3298
800-773-7752 (800-PRESPLAN) Fax: 215-587-6215 pensions.org