

## Service/Salary Change Form

Please use this form to report all changes in employing organization, scheduled hours per week, employment classification, salary or Benefits Plan participation within 31 days of the event. After we update your record with the information you provide on this form, we will send you a member confirmation form.

If you are serving more than one church or employing organization, please copy this form and complete one for each employing organization. Print legibly in ink or type. The authorized signature on the form confirms that the employing organization agrees to pay all required dues to the Board of Pensions for healthcare, pension, death and disability coverage. The Treasurer, Clerk of Session, Business Manager, or Financial Secretary may be authorized to sign. The authorized person may not be the same as the member.

Use form ENR-001 (Application for Membership) if you have not yet enrolled or have not been actively participating in the Benefits Plan for one year or more and are not receiving a pension under the PCUSA Plan. Use form ENR-104 (Post Retirement Service Registration) if you are receiving a pension under the PCUSA Plan, are not returning to active service and are or will be in a post-retirement service. Use form ENR-301 (Termination of Service) to report a termination of service or Plan participation. For forms, please call the Board at 800-773-7752 or 800-PRESPLAN or download them from our Web site [www.pensions.org](http://www.pensions.org).

### A. Member Information

Name			Soc. Sec. #	
Home Address			Daytime Phone (      )	
City	State	Zip	If new address, give effective date	
			<i>(MM/DD/YY)</i>	
If P.O. box, include street address				
Home Phone (      )			Email Address	
<input type="checkbox"/> Check here if your spouse is also enrolled for traditional coverage under the Benefits Plan as a result of her/his employment.				

#### Reason for Change

<input type="checkbox"/> Change of Position at Current Service	<input type="checkbox"/> Change of Service	<input type="checkbox"/> Leave of Absence - member will pay dues
<input type="checkbox"/> Change of Salary at Current Service	<input type="checkbox"/> Other ( <i>specify</i> )	<input type="checkbox"/> Leave of Absence - employing organization will pay dues

See Page 2 for more information about optional coverage when changing employing organizations and leave of absence.

### B. Service Information

Church/Organization Name			PIN	
Address				
City	State	Zip		
Phone (      )	Email Address			
Presbytery	Synod			

#### Please check one:

<input type="checkbox"/> Minister Member Ordination Date	<input type="checkbox"/> Exempt Lay Member ( <i>duties are primarily administrative</i> )	<input type="checkbox"/> Non-exempt Lay Member
	<i>(MM/DD/YY)</i>	

Position Title	Hours per week
<i>(Parish Associate is not a valid title for Benefits Plan participation. See Administrative Rule 108)</i>	
If new service, effective date	If new salary, effective date
<i>(MM/DD/YY)</i>	<i>(MM/DD/YY)</i>

### C. Waiver Of Pre-Existing Condition Exclusion

If 63 days or more have elapsed since your active coverage under the Medical Plan ended, you must include a Certificate of Creditable Coverage. It is required to determine the time to be credited for any pre-existing condition limitations that may otherwise apply. Expenses for treatment of pre-existing conditions will not be covered for the first 12 months; however, prior coverage documented by a certificate may reduce or eliminate the limitation period.

<input type="checkbox"/> I am including my certificate with this change form	<input type="checkbox"/> I am sending my certificate separately
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## D. Annual Salary Information

Express in U.S. dollars. Please enter zero if not applicable

1. Annual cash salary (Including employee contributions to 403(b) tax-sheltered annuity plans)	\$
2. Housing, utility and furnishings allowances	\$
3. Employing organization contributions to 403(b) tax-sheltered annuity plans, equity allowances	\$
4. Bonuses, overtime pay, unvouchered professional expense allowances, gifts from employer	\$
5. Other allowances (for example, medical deductible, SECA in excess of 50%)	\$
6. Manse amount (must be at least 30% of Lines 1-5 for members residing in employing organization-provided housing)	\$
7. <b>Total Effective Salary</b> * (Lines 1-6) Dues are computed and benefits are determined on this.	\$

\* See either the *Benefits Administrative Handbook* or *Understanding Effective Salary* booklet for more information.

## E. Benefits Plan Participation

### Please check one box for participation:

- Medical, Pension, and Death and Disability Benefits (Full Participation)
- Medical and Death and Disability Benefits (Limited Participation). Not available for ministers serving churches in installed positions. After three years of limited participation, members must be enrolled for full participation.
- Medical Benefits only. Available only to members in certain Specialized Ministries.
- Pension and Death and Disability Benefits only. Available only to members in certain Specialized Ministries.

### Optional Coverage - New Elections

- If you are changing service and want to elect optional coverage, please call 800-773-7752 or 800-PRESPLAN for forms and information about eligibility. Be sure to tell your service representative if you are relocating.

### Optional Coverage

If you are starting a new service immediately after termination from your prior service, any Optional Dental, Optional Death, and Optional Disability coverage you had will be continued at your new service if available. Once discontinued, Optional Death coverage can only be resumed if the Board is notified within 31 days of a new service or during the open enrollment period. For detailed information on dental eligibility, please refer to Administrative Rule 402 available on our Web site at [www.pensions.org](http://www.pensions.org). To ensure continuous coverage, please report all service changes within 31 days of the change. Each Retirement Savings Plan participant must complete a new Enrollment/Salary Reduction Agreement when changing service to continue participation at the new service. Please call 800-773-7752 for an Enrollment/Salary Reduction Agreement.

### Leave of Absence

The employing organization must verify that the member will be returning to work at the same employing organization and has not been terminated permanently. Dues may be paid by the employing organization or member on last effective salary or minimum salary participation basis. See Administrative Rule 115 for more information on our Web site, [www.pensions.org](http://www.pensions.org).

## F. Authorization

I confirm the accuracy of the information in this form.

Member Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

Authorized Employing Organization Representative (please print) \_\_\_\_\_

(May not be the same as the member)

Official Capacity \_\_\_\_\_

Daytime Phone (       ) \_\_\_\_\_

Authorized Employing Organization Representative's Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

### Please send 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 or 800-PRESPLAN