



Please print, complete, and mail, fax, or email this form to the Board of Pensions.

Use this to report a validated ministry. Please report this validated ministry within 60 days of the change.

Teaching elders must provide verification from the presbytery validating the ministry at their initial hire and annually thereafter. The Executive Presbyter, Stated Clerk, or moderator of the presbytery may validate this ministry by either signing the Presbytery Authorization section of this form or by forwarding written verification to the Board under separate cover.

This form cannot be processed if the presbytery verification is not received.

Member Information

Name

Last 4 digits of SSN

Service Information

Effective date of ministry (mm/dd/yyyy)

Employer name

PIN (if applicable)

Address

City

State

ZIP

Phone ()

Fax ()

Email

Presbytery

Synod

Employer Authorization (cannot be the applicant)

On behalf of the employer, I certify that all the information I have provided is true. I understand that an employer account manager will reach out to me to complete the enrollment process.

Authorized person's name (print)

Signature (required)

Date (mm/dd/yyyy)

Title

Daytime phone ()

Presbytery Authorization

By signing this form, the authorized representative for the Presbytery confirms that this member is engaged in a validated ministry in accordance with the *Book of Order*.

Name of authorized representative (please print)

Official capacity

Daytime phone ()

Signature (required)

Date (mm/dd/yyyy)