



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

Plan Member (with coverage in, at minimum, the Medical Plan)

Name _____ SSN _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Email (optional) _____

Church or Service

Position _____

Organization name _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ PIN number _____

Spouse's name _____ SSN _____

Is your spouse a member of the Board of Pensions Medical Plan? Yes No

If yes, what is the name and address of the employing organization?

Position _____

Organization name _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ PIN number _____

Dependent Child (full-time, first-year college freshman)

Name _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Date of birth _____

Effective date of college enrollment _____

* This application form and the requirements set forth for its completion will be valid only for the 2017-2018 academic year.



Requirements

Please attach (applications will not be processed without this information):

1. A copy of plan member and spouse (if applicable) IRS Form 1040 (pages 1 and 2), Form 1040A (pages 1 and 2), or Form 1040EZ.
2. Proof of dependent child's enrollment as a full-time, first-year freshman at an accredited college or university.

Proof of a child's enrollment as a full-time freshman includes, but is not limited to, any of the following documents:

- a letter from the college or university registrar giving your child's name, class (or anticipated date of graduation), and confirmation of his/her full-time student status;
- a schedule of classes for which your child has registered showing a full-time course load and freshman-level classes; or
- an itemized, receipted tuition bill showing your child's name, class (or anticipated date of graduation), full-time tuition, and/or housing and meal expenses.

A college's letter of acceptance is not considered proof of enrollment.

College Financial Information

Estimated total annual cost:

Tuition	_____	\$	_____
Room and board	_____	\$	_____
Other expenses	_____	\$	_____
Scholarships/grants received	_____	\$	_____

Does the student plan to use educational loans? Yes No

Do the parents plan to use educational loans? Yes No

How much money do you expect to borrow over four years?

Student	_____	\$	_____
Parents	_____	\$	_____

Other Dependent Children

Name Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Member's signature _____ Date (mm/dd/yyyy) _____