

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

Please print legibly in ink or type. The clerk of session of the church must sign and date this form. **The Board must receive this form when the calls are first accepted and annually in January of each year.**

As an exception to the Medical Plan enrollment rules, the Board will enroll only one of two part-time ministers of the Word and Sacrament in the Medical Plan when they serve in a shared position at the same church; the other minister will be enrolled as a dependent of the spouse enrolled in the Medical Plan. Both part-time ministers will be enrolled for pension, and death and disability. The terms of call for the member enrolled in the Medical Plan shall show the appropriate requisite percent of the minister's compensation for medical coverage, and the terms of call for the member being carried as the spouse shall show the requisite percent of the minister's compensation for medical coverage as zero.

This form only serves to verify that the clergy couple is a 14-09 couple.

Church Information

Name of Church PIN

Address

City State Zip

14-09 Member Information

Name Last 4 digits of SSN

Name Last 4 digits of SSN

Verification

I affirm that _____ and _____ are married to each other, called to a shared position at the same church as the spouse, and each is employed for fewer than 35 hours per week.

I certify that the information on this form is complete and accurate and agree to inform the Board of Pensions should any information change.

Clerk of Session *(please print)*

Signature Date *(mm/dd/yyyy)*

Phone () Email
