



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 teaching elders in the Medical Plan when they serve in a shared position at the same church; the other teaching elder will be enrolled as a dependent of the spouse enrolled in the Medical Plan. Both part-time teaching elders 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 teaching elder'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 teaching elder'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 _____