

Proof of Eligible Service for Retiree Medical Coverage



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Complete this form and return it to the Board of Pensions *to substantiate eligibility to subscribe* for medical coverage. To be eligible to subscribe as a former Benefits Plan member, you must have been employed in an eligible service when you separated from active plan participation up to the date you initiate your retirement pension, have a minimum of 20 years of plan participation, and have been required to participate in your employer's medical program.

The retiree's last employer must confirm the starting and ending dates of employment to establish the continuity of service from the last date of plan participation until the date of the member's application, as a result of retirement, for coverage.

Your personal information

Name *(first, middle, last)*

Last 4 digits of SSN

Verification

For ordained minister members:

Employer's name

Address

City

State

Zip

Full time Part time Exempt Non-exempt Start date _____ End date _____

Signature of authorized representative of last employer

Print name

Date *(mm/dd/yyyy)*

Title

Email *(optional)*

For employee members:

Employer's name

Address

City

State

Zip

Full time Part time Exempt Non-exempt Start date _____ End date _____

Signature of authorized representative of last employer

Print name

Date *(mm/dd/yyyy)*

Title

Email *(optional)*

Signature of member *(required)*

Date *(mm/dd/yyyy)*