The Board of Pensions
of the Presbyterian Church (U.S.A.)

MED-207
Rev. 11/08

Proof of Eligible Service for Retiree Medical Coverage

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.

A Your Personal Information

Name _____ SSN _____

B 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 the presbytery _____ Date _____

Please print name _____

Title _____ Email *(Optional)* _____

For lay 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 _____ Date _____

Please print name _____

Title _____ Email *(Optional)* _____

Signature of member *(required)* _____ Date _____

Please mail or FAX this completed form to:

The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street, Philadelphia, PA 19103-3298
800-773-7752 (800-PRESPLAN) FAX: 215-587-6215
Pensions.org