

Change of Medical Plan Participation for Mission Personnel (Pin 91004 & Pin 60212)



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

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

Effective Date _____ PIN _____
(If more than 30 days in the past, the effective date will be the first of the following month of receipt)

Name _____ SSN _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone () _____ Email _____

Please note: All written communication will be sent to the member's home address, listed above, unless a mailing address is on file. If the member wishes to add a mailing address, please complete the mailing address below. If the member is maintaining the mailing address we have on file, select "Keep existing address" below.

Mailing address _____

City _____ State _____ ZIP _____

Keep existing address

Note: if the member's home address has changed or will soon change, please have the member complete and submit an Address and Contact Information Change form (ENR-106). This process may also be completed quickly and securely through Benefits Connect.

Change Medical Plan to:

- Highmark PPO (for members living in the United States)
- GeoBlue Plan (only for those working and living outside of the United States)
- Member Couple

Authorized person signature *(required)* _____ Date *(mm/dd/yyyy)* _____

Authorized person *(print)* _____