

Supplemental Death Benefits Application



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.

Please print or type all information, sign the form, and obtain appropriate authorized signature. Members must also complete and sign a Supplemental Death Benefits Health Statement (Member) (ODB-001) (member does not need to complete if applying for \$25,000 or \$50,000 coverage level during initial enrollment in the Benefits Plan) and a Beneficiary Designation form (DBN-001). Spouse must also complete and sign a Supplemental Death Benefits Health Statement (Spouse) (ODB-001A).

The Board reserves the right to deny enrollment in the program if the information provided on the Supplemental Death Benefits Health Statement fails to meet the Board's underwriting criteria. This coverage is not available to seminary students.

Member Information (must complete) (if a member couple, please see reverse side)

Name SSN

Address

City State ZIP

Phone () Primary email

Employer PIN

Address

City State ZIP

Phone () Primary email

Member Coverage

1. Have you used any tobacco products within the last 12 months? (check one) Yes No
2. I want to (check one) Apply for new coverage Increase coverage level Decrease coverage level
 Discontinue coverage
3. The new coverage level I choose is (check one, if applicable)
 \$25,000 \$50,000 \$75,000 \$100,000 \$150,000 \$200,000 \$250,000 \$300,000

Spouse Information (complete this section if applicable)

Name SSN Male Female

Spouse Coverage (complete only if applying for coverage)

1. Have you used any tobacco products within the last 12 months? (check one) Yes No
2. I want to (check one) Apply for new coverage Increase coverage level Decrease coverage level
 Discontinue coverage



3. The new coverage level I choose is (check one, if applicable) \$25,000 \$50,000 \$75,000 \$100,000

Children's Coverage (covers all eligible children as defined by the Benefits Plan)

The coverage level I choose is (check one, if applicable) \$5,000 \$10,000

Authorization

I understand that the Board of Pensions will bill my employer for all the costs of the supplemental death benefits coverage, and I consent to my employer deducting these dues from my pay.

The Board will continue to bill for this voluntary optional coverage until I instruct the Board in writing to discontinue coverage. The employing organization agrees to regularly remit in advance, on the basis of the information on this form, all required dues to the Board of Pensions. If I have checked tobacco free, neither I nor my spouse has never used tobacco products or has not done so for the past 12 months. I understand that I must complete a Tobacco Use Declaration form (ODB-801) if my status changes.

Member's signature (required)

Date (mm/dd/yyyy)

On behalf of the employing organization, I certify that we have confirmed eligibility for plan benefits for the spouse and the children as defined by the Benefits Plan of the Presbyterian Church (U.S.A.) and agree to pay all required dues to the Board of Pensions by the due date.

Authorized Employer Signature (required)

Date (mm/dd/yyyy)

Please print Name and title of Authorized Employer Representative

Coverage selected at initial enrollment is effective the same date as the member's participation in the Benefits Plan of the Presbyterian Church (U.S.A.). Coverage selected at the start of a new service is effective the same date as the new service. Coverage selected during the annual enrollment period is effective January 1. For coverage to become effective, the member must be actively at work; a spouse or a member on transitional participation must not be confined or disabled. Applications may be submitted during the annual enrollment; the applicant should notify the Board in writing when no longer confined or disabled.

Member Couples may enroll for coverage in the Supplemental Death Benefits Plan. Each may enroll as a member or a spouse; neither can enroll as a member and a spouse. Only one member may enroll eligible children. Please refer to *Your Benefits as a Member Couple* for guidelines when experiencing a qualified life-change event. You may contact the Board at 800-773-7752 (800-PRESPLAN) for a copy of the booklet or visit pensions.org.

Please refer to pensions.org for Supplemental Death Benefits rates.