



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

Member Information *(must complete)*

Member name

SSN

Check One:

Tobacco Free Declaration

I declare that I have not used tobacco products during the past 12 months. I understand that if a subscriber pays tobacco-free rates inappropriately, the additional dues can be deducted from the death benefit, subject to a maximum five-year penalty. I also understand that should I begin to use tobacco products in the future, I am responsible for notifying the Board of Pensions by completing a new form, and will be required to pay the tobacco-user rates.

Tobacco User Declaration

I declare that I have used tobacco products during the past 12 months. I understand that I will be eligible to pay the tobacco-free rates when I have not used tobacco products within the previous 12 months and will complete a new form should I become eligible.

Only subscriber should sign on appropriate line:

Signature of member *(required, if subscriber)*

Date *(mm/dd/yyyy)*

Signature of spouse *(required, if subscriber)*

Date *(mm/dd/yyyy)*

Change in Subscription Rates

The change in the rates to the lower, tobacco-free or higher, tobacco-user category will take effect on the first of the month following receipt of the completed form by The Board of Pensions of the Presbyterian Church (U.S.A.).