

# **Employee Vocation Program Application**

Applicant information					
Name		Last 4 digits of SSN			
Address		Date of birth			
City State		State	ZIP		
Phone	Email	il			
Marital status (check one)   Single   Married					
<b>Demographic information</b> (your response to this section is optional)  By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions provides to members of the Benefits Plan of the Presbyterian Church (U.S.A.). Visit pensions.org to learn more about how we ensure your privacy.					
Ethnicity (check one)					
Race (check one)					
Gender identity (check one)					
<b>Education</b> List all certificate programs, colleges, universities, and gradua	ate schools atte	nded.			
School			Dates attended		

Complete and email this form to the Board of Pensions at memberservices@pensions.org.

Questions? Call the Board at 800-773-7752 (800-PRESPLAN).



## **Employee Vocation Program Application**

### **Educational loans**

Include only Direct student loans as of application date.

Educational loans	Amount borrowed	Remaining principal balance	Interest rate		
Federal Stafford Loan	\$	\$	\$		
Federal Perkins Loan					
Federal Unsubsidized Stafford Loan					
PC(USA) loan					
Other educational loans (specify)					
Total loans	\$	\$	\$		
DIFACE ATTACH DOCUMENTATION CUCH AC A DECENT STATEMENT TO VERIEV EDUCATIONAL LOANS					

PLEASE ATTACH DOCUMENTATION, SUCH AS A RECENT STATEMENT, TO VERIFY EDUCATIONAL LOANS.
PLEASE ATTACH MY STUDENT DATA FILE IF YOU ARE A FEDERAL LOAN BORROWER.

### **Personal financial information**

Income	Applicant
Effective salary	\$
Other earned income (i.e., taxable income and wages; specify)	
Total income	\$
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PLEASE ATTACH MOST RECENT FEDERAL INCOME TAX FORM 1040 TO VERIFY INCOME.

IF MARRIED AND FILING SEPARATELY, PLEASE ATTACH THE FEDERAL INCOME TAX FORM 1040 OF EACH SPOUSE.

Employer information				
Name		PIN (if known)		
Address				
City	State	ZIP		
Phone	Start date			

### **Applicant authorization**

I confirm that the information provided in this application is true, correct, and complete to the best of my knowledge, and I authorize the Board of Pensions to share this information with PeopleJoy Inc.

Applicant's signature Date

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