Retiree Medical Grant Application

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

Pre-qualification: Before you incur an expense, you may request the Board predetermine if you qualify. Submit this application with a copy of the itemized, estimated costs. If pre-approved, submit your receipt(s) after you receive the itemized services and the Board will reimburse you the allowed amount.

Applicant's name ______________________ Last 4 digits of SSN __________

Address ______________________

City ______________________ State ______ ZIP ______

Daytime phone (   ) ______________ Email ______________________

Type of reimbursement *(check one or both as applicable):*

☐ Dental services ☐ Hearing aids

Provide a copy of the receipt(s) for services rendered on or after July 1, 2019, that includes the total amount to be considered for reimbursement through the grant.

Grant eligibility

Medical

Are you enrolled in Medicare Parts A and B as well as a Medicare Supplement program or Medicare Advantage Plan?

☐ Yes ☐ No If yes, provide a copy of the cards if not enrolled in the Board's Medicare Supplement Plan.

Annual household income *(cannot exceed congregational ministers' median -- $59,100 in 2019.)**

*Send the Board a copy of your most recently filed tax return. If you do not file a return because your income is below the IRS minimum, send a wage statement.

Pension from the Board of Pensions	$
Other pension(s)	$
Social Security	$
Income Supplement from the Board of Pensions	$
Interest, dividend, and annuity income	$
Other regular income	$

Grant distribution

Make check payable to ______________________

Mail check to ______________________

Authorization

I certify that the information provided is accurate. I understand that if I am approved for this grant, I will not be eligible for another Retiree Medical Grant for three years.

Applicant's signature ______________________ Date *(mm/dd/yyyy)* __________

Print name ______________________

Email, mail, or fax 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 Email: memberservices@pensions.org