



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

Guide to Your Death Benefits

THE BENEFITS PLAN
OF THE PRESBYTERIAN CHURCH (U.S.A.)



This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit pensions.org or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.

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Death Benefits

Death benefits from the Benefits Plan of the Presbyterian Church (U.S.A.) provide financial protection for eligible survivors against unexpected loss of income if you or your covered dependent dies. Death benefits coverage is provided through the Death and Disability Plan and the Term Life Plan.

DEATH AND DISABILITY PLAN

Your death benefits through the Death and Disability Plan may include several components, depending on your employment status when you die:

- Salary continuation
- Lump-sum death benefit
- Children's education benefit
- Living needs benefit
- Supplemental death benefits coverage

TERM LIFE PLAN

The Term Life Plan can provide death benefits if you are not enrolled in the Death and Disability Plan and your employer enrolls you for this coverage.

Death and Disability Plan

Death benefits through the Death and Disability Plan are designed to protect eligible survivors against the unexpected loss of income when you or a covered dependent dies. There are several types of death benefits included in the Death and Disability Plan:

- Salary continuation
- Lump-sum death benefit
- Children's education benefit
- Living needs benefit
- Supplemental death benefits coverage

ELIGIBILITY AND ENROLLMENT

If you are a minister serving in an installed position, your employer must enroll you in Pastor's Participation, which automatically includes enrollment in death benefits coverage through the Death and Disability Plan.

If you are a minister enrolled in the Minister's Choice benefits package, you are automatically enrolled in death benefits coverage through the Death and Disability Plan.

If you are a non-minister employee regularly scheduled to work at least 20 hours weekly, you are eligible for death benefits coverage when

- your employer enrolls employees in your benefit group; and
- your employer's dues for this coverage are current.

If you are eligible for this coverage, your employer will enroll you; you do not need to take any action unless your employer offers supplemental death benefits coverage which requires you to make an election.

You must satisfy any waiting periods that your employer requires before coverage begins. Coverage is delayed when you are not able to perform your regular work or daily responsibilities due to health-related reasons on the date coverage would otherwise begin.

COST

Except for supplemental death benefits coverage, death benefits coverage through the Death and Disability Plan —salary continuation, lump-sum death, children's education, and living needs benefits— is always non-contributory. This means that you do not contribute toward the cost of coverage; the entire cost is funded through dues paid by employers and investment earnings. However,

- if you are in transitional participation, you pay the full cost; and,
- if your employer offers supplemental death benefits coverage and you elect it, you may be required to share in the cost. Costs for coverage are in the supplemental death benefits section of this booklet.

HOW LONG COVERAGE LASTS

You retain your coverage as long as you remain active, including when you end eligible service at one PC(USA) employer and immediately begin at another. When you retire from active service, your death benefits coverage in effect at that time continues with limited benefits, as described later in this booklet.

Death Benefits at a Glance

Your status	Salary continuation	Lump-sum	Living needs	Children's education	Supplemental death
Active	Eligible	Eligible	Eligible	Eligible	Eligible to apply
Disabled (if enrolled in the Death and Disability Plan when disability is determined)	Eligible	Eligible	Eligible		Eligible if participating when disability is determined
Transitional participation (if enrolled in Pastor's Participation)	Eligible to elect for limited duration	Eligible to elect for limited duration	Eligible to elect for limited duration	Eligible to elect for limited duration	Eligible to continue
Retired (if enrolled in the Death and Disability Plan at retirement date)	Eligible for limited benefits	Not eligible	Eligible for limited benefits	Eligible if you retire from active service	Eligible until age 70 if participating at retirement
Terminated (if enrolled in the Death and Disability Plan at time of termination) and meet the Rule of 70	Eligible for limited benefits	Not eligible	Not eligible	Not eligible	Not eligible

Note: Eligibility is subject to the terms and limitations of the benefits as explained in this book and defined in the Benefits Plan document (available on pensions.org).

If you are enrolled in the Death and Disability Plan, the amount and type of death benefits paid to your beneficiaries depends on your employment status when you die:

- If you are **actively employed** by a PC(USA) employer, your beneficiaries may receive salary continuation, lump-sum death benefits, children's education benefits, and supplemental death benefits if you or your employer elected them.
- If you are **disabled** when you die, the death benefits coverage in effect when your disability begins (as determined by the Board) continues while you are disabled; no additional enrollment is required.
- If you are in **transitional participation**, your death benefits coverage may continue for a limited time, at your expense, if you so elect.
- If you are **retired** and enrolled in the Death and Disability Plan when you begin receiving Defined Benefit Pension Plan benefits, your designated beneficiaries may receive limited death benefits, as described later in this booklet.
- If you **terminate** service with a PC(USA) employer and are enrolled in the Death and Disability Plan, are vested in the Defined Benefit Pension Plan, and meet the Rule of 70 (see next page) when you

stop working, your beneficiaries may receive the minimum salary continuation benefit in effect when you die.

SALARY CONTINUATION BENEFIT

Amount of benefit

If you die while actively employed, your designated beneficiary(ies) receives a salary continuation benefit equal to the death benefit basis, payable in 12 equal monthly installments after your death. If you designate more than one beneficiary, the benefit is paid equally to those beneficiaries unless you designate otherwise in writing.

DEATH BENEFIT BASIS

The death benefit basis is the greater of the pension participation basis (your annual effective salary or 25 percent of the congregational ministers' median, whichever is more, up to the \$290,000) or the applicable median (prorated for part-time employment).

If you die after retiring, the salary continuation benefit is intended to assist with funeral expenses. The amount paid depends upon when you die:

- If you die within three years of retiring from active plan participation, the salary continuation benefit is based on the death benefit basis at retirement. The benefit is reduced by 1/12 every three months following your retirement.
- If you die after the third year of retirement, the minimum benefit of \$10,000 will be paid to your designated beneficiaries as a one-time payment.

If you terminate employment with a PC(USA) employer, your beneficiaries will receive a single payment of \$10,000 (the minimum benefit) if you were receiving a Defined Benefit Pension Plan benefit on January 1, 2007; or, if at the time you stop work, you

- are enrolled in the Death and Disability Plan,
- are vested in the Defined Benefit Pension Plan but have not begun receiving pension benefits, and
- meet the Rule of 70.

REQUIREMENTS OF THE RULE OF 70:

You must be age 55 or older when you terminate service with the Presbyterian Church (U.S.A.);

You must be an active Death and Disability Plan participant with at least five years of plan participation; and

The sum of your age and years of plan participation at termination must equal 70 or more.

SAMPLE WORKSHEET TO CALCULATE SALARY CONTINUATION BENEFIT

IF YOU ARE ACTIVE, DISABLED, OR IN TRANSITIONAL PARTICIPATION

Your pension participation basis:

\$ _____

Applicable median salary:

\$ _____

The greater of these two amounts is \$ _____. This number is your death benefit basis.*

IF YOU ARE RETIRED

Date you retired: Month _____ Day _____, Year _____
(Always the 1st)

Your salary at retirement

\$ _____

Applicable median salary at retirement:

\$ _____

The greater of these two amounts is \$ _____. This number is your death benefit basis.*

If you die within three months of retirement (months one to three), your beneficiaries receive 100% of your death benefit basis.* This amount reduces by 1/12 (approximately 8.33% rounded to the nearest dollar) every 3 months after that or until it meets the Salary Continuation Benefit minimum (\$10,000).

Example (using \$61,200 death benefit basis):

Months 1-3	=	Death benefit basis	\$61,200	\$ _____
Months 4-6	=	11/12 Death benefit basis	\$56,100	\$ _____
Months 7-9	=	10/12 Death benefit basis	\$51,000	\$ _____
Months 10-12	=	9/12 Death benefit basis	\$45,900	\$ _____
Months 13-15	=	8/12 Death benefit basis	\$40,800	\$ _____
Months 16-18	=	7/12 Death benefit basis	\$35,700	\$ _____
Months 19 -21	=	6/12 Death benefit basis	\$30,600	\$ _____
Months 22-24	=	5/12 Death benefit basis	\$25,500	\$ _____
Months 25-27	=	4/12 Death benefit basis	\$20,400	\$ _____
Months 28-30	=	3/12 Death benefit basis	\$15,300	\$ _____
Months 31-33	=	2/12 Death benefit basis	\$10,200	\$ _____
Months 34-36	=	1/12 Death benefit basis	\$10,000	\$ _____

* **Death benefit basis = the greater of your pension participation basis or the applicable median salary. The pension participation basis is the greater of your effective salary or 25% of the applicable median, up to the IRS maximum.**

LUMP-SUM DEATH BENEFIT

Amount of Benefit

If you have eligible dependents

If you die while actively employed, your eligible dependents receive a lump-sum death benefit. **This benefit is not available after you retire or terminate from active service.** The lump-sum death benefit is equal to the lesser of your death benefit basis or \$110,000, multiplied by the percentage next to your age in the chart below.

Age at death	Benefit %
Under age 31	400
31 but under 32	380
32 but under 33	360
33 but under 34	340
34 but under 35	320
35 but under 36	300
36 but under 37	280
37 but under 38	260
38 but under 39	240
39 but under 40	220
40 but under 41	200
41 but under 42	190
42 but under 43	180
43 but under 44	170
44 but under 45	160
45 but under 46	150
46 but under 47	140
47 but under 48	130
48 but under 49	120
49 but under 50	110
50 and older	100

Payment of benefits

The lump-sum death benefit is paid to your survivors in the following order:

1. your surviving spouse, if you were married either (a) before you first received any retirement or disability benefits, or (b) at least one year before your death
2. your unmarried dependent children under age 21 (and unmarried totally disabled children 21 or older, if totally disabled before age 21), if they were dependent on you for support on the date of your death and during the preceding 12 months
3. your dependent parents
4. your unmarried dependent siblings under age 21 (and unmarried totally disabled siblings 21 or older, if totally disabled before age 21), if they were dependent on you for support on the date of your death and during the preceding 12 months

If you do not have eligible dependents

If, when you die, you do not have eligible dependents, the lump-sum death benefit is paid to your estate. The benefit amount is equal to the lesser of your death benefit basis or \$110,000.

CHILDREN'S EDUCATION BENEFIT

If you are an active employee, disabled, or retired from active service when you die, your eligible children may receive a children's education benefit.

If you are a terminated vested member in Pastor's Participation, do not enroll in transitional participation, and die within 90 days after your death benefits coverage ends, your covered dependent children under age 25 are eligible for the children's education benefit.

Amount of benefit

The plan pays a children's education benefit of \$10,000 annually to each eligible child under age 25, for the first four years of full-time accredited study beyond high school after your death. The maximum benefit for any one eligible child is four years and \$40,000. The plan does not pay benefits for study before the date you died.

The maximum aggregate benefit for any one eligible child is four years. Although this benefit is not intended to cover graduate studies, the Board grants the education benefit for one year of graduate study if a child completes post-secondary study in three years.

- If your child enrolls for full-time post-secondary study after you die, he or she is eligible for the education benefit for four years (or the maximum aggregate benefit) if he or she completes the study before age 25.
- If your child is enrolled full time in four-year post-secondary study and has completed two years when you die, he or she is eligible for the education benefit for two years if he or she completes the study before age 25.

Payment of benefit

The Board pays children's education benefits monthly, directly to the student, over a 12-month period: six payments each for fall semester (October - March) and spring semester (April - September). The

school registrar must verify with the Board, in writing, full-time student status initially and periodically thereafter, and can return any form of verification on official school or clearinghouse letterhead to the Board.

Children who are eligible for the children's education benefit should contact the Board when they are planning for higher education. The Board tries to identify and notify all eligible dependents when they reach age 17 that this benefit is available.

LIVING NEEDS BENEFIT

If you become terminally ill, the living needs benefit offers you the option to receive some of your death benefits before you die to help pay expenses during the final stage of your illness. If you are an active, disabled, or retired employee, you can apply for this benefit if

- your physician certifies that you are expected to live no more than 24 months;
- you have been covered under the plan for two years or more; and
- your terminal condition is not related to an intentional self-inflicted injury.

This benefit is not available to terminated vested employees.

TERMINAL ILLNESS

A terminal illness means a medical condition that makes it nearly certain that, even with appropriate medical care, you are not expected to live for more than 24 months. This definition is based on the Internal Revenue Code provisions that exclude this type of benefit from federal income tax under certain conditions.

Amount of benefit

Active employees

When applying for the living needs benefit, you may request

- the present value of up to 100 percent of your salary continuation benefit; and/or
- 75 percent of your lump-sum death benefit (the lesser of your death benefit basis or \$110,000 multiplied by the applicable factor).

Retired employees

If you are retired, you can request up to the present value of the \$10,000 minimum salary continuation benefit.

The present value, also called the actuarial present value, is the value of future benefit payment expressed in present dollars. This is calculated using various assumptions, such as age, life expectancy, and interest, as recommended by the Benefits Plan actuary. These factors are applied to the face value of your coverage when you request the benefit. The plan's mortality and interest assumptions determine the cost of the plan.

Payment of benefit

The Board will pay the living needs benefit in a lump sum based on the value or amount at the time the physician certifies that you are terminally ill. The Board will pay this benefit only to you, not another person or entity.

If the Board approves your living needs benefit application, the Board pays the benefit from the funds available under the salary continuation benefit first. If you request an amount that is more than your salary continuation benefit, the Board pays the balance from the amount available under the lump-sum death benefit. You cannot designate any other order.

Effect on other benefits

The Board will deduct the amount of your living needs benefit from death benefits payable when you die and will reduce your death benefit by the amount you receive from the living needs benefit.

If you elect the living needs benefit, other benefits from the Benefits Plan and Housing and Assistance Programs will not be affected.

After receiving the living needs benefit, you may wish to change your beneficiary designations. Log on to Benefits Connect to review the beneficiary designations on file with the Board and determine whether you should modify them.

There is no penalty for outliving your medical adviser's expectations. Your death benefits will be offset at the time of your death, whenever it occurs.

When benefits are not paid

The living needs benefit is not available if

- Your illness or injury was caused by an intentional self-inflicted injury;
- your death and disability benefits coverage has been in effect for less than two years;
- by law, you must use your death benefits to meet creditors' claims, whether in bankruptcy or otherwise; or
- you are required to use the benefit to apply for, obtain, or retain a government benefit or entitlement by a government agency.

Applying for benefits

If you believe that you are eligible to receive a Living Needs Benefit, you should request a living needs benefit kit from the Board. Your request must be in writing and include your signature. The Board will mail you the necessary forms and information, including the estimated amount available from your salary continuation and lump-sum death benefits. It also will list your currently designated beneficiary(ies). Although your physician must supply information, the Board may also require a second medical opinion (at its expense).

To request the living needs benefit, read the kit thoroughly, consider all relevant factors, and carefully complete the forms. Before you submit the completed request to the Board, you may want to discuss with your designated beneficiary(ies) your decision to use a portion of your death benefits now.

You can only receive a living needs benefit one time. You must apply for both the salary continuation benefit and the lump-sum death benefit at the same time.

Considerations

- Receiving the living needs benefit may adversely affect your eligibility for certain government entitlements based on individual net worth. You should consider the requirements for each entitlement carefully before applying for the living needs benefit.
- Receiving this benefit may increase the value of your estate at the time of your death and the estate tax due on your estate.

- Living needs benefit is not taxable for federal income tax purposes but may be subject to state income tax. The Board cannot provide individual tax or financial advice. You should consult with a financial or tax professional about the taxability of this benefit in your state of residence.
- Consider your present needs and the needs of your dependents after you die. Government programs that are available to you now (for example, Social Security disability income) may not be available to your dependents after your death.

Term Life Plan

Your employer may provide Term Life Plan coverage to you and all eligible employees in your benefit group if you work at least 20 hours per week and do not have coverage through the Death and Disability Plan.

ELIGIBILITY AND ENROLLMENT

You are eligible for the Term Life Plan if your employer enrolls you. In addition, you must

- be regularly scheduled to work at least 20 hours per week; and,
- not be enrolled in the Death and Disability Plan.

If your employer provides this coverage, you will be automatically enrolled. The only action you need to take is to designate a beneficiary to receive death benefits.

You do not have to provide a health statement to receive term life coverage, also known as evidence of insurability.

Term life coverage may not be converted to an individual policy and is not available during retirement.

HOW LONG COVERAGE LASTS

Coverage continues as long as your employer provides it and ends when your employment ends or your employer stops providing the coverage.

COST

The cost of term life coverage is fully paid by your employer.

AMOUNT OF BENEFITS

Your employer selects the amount of Term Life Plan coverage provided, which can be

- a fixed amount of coverage: \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, or \$50,000; or
- an income-based benefit amount equal to your effective salary up to a maximum of \$50,000.

Once enrolled by your employer for this coverage, you do not need to take any action other than designating a beneficiary on Benefits Connect (see Designating Beneficiaries).

Supplemental Death Benefits

Your employer may offer supplemental death benefits coverage to enhance your death benefits or Term Life Plan coverage with additional survivor protection.

You can apply for this coverage for yourself, your spouse, and your eligible children.

When deciding whether to apply for supplemental death benefits coverage, you should consider short- and long-term needs, as well as any additional sources of income that may be available, including

- the family's need for income to replace your or your spouse's income if either of you dies;
- additional expenses that will result from your or your spouse's death, e.g., childcare;
- future expenses, such as college tuition and retirement; and
- unplanned expenses, such as funeral costs, a move, or the expense of searching for a job to earn replacement income.

Eligibility and enrollment

You can apply for, increase, or discontinue supplemental death benefits coverage through Benefits Connect

- when you first enroll in the Benefits Plan;
- within 60 days of a new service with an employer;
- within 60 days of a qualifying life event; or
- during annual enrollment, for coverage effective the first of the following year.

To apply for this coverage, you must be enrolled for death benefits through the Death and Disability Plan or for Term Life Plan coverage. If you maintain active, disabled, or transitional participation coverage status (Pastor's Participation only), you do not need to reapply during annual enrollment each year unless making changes to coverage.

This coverage is available to you, your spouse, and eligible dependent children as long as you are in active service with a PC(USA) employer. (Coverage for children includes all eligible dependent children up to age 26.) You do not have to be enrolled for supplemental death benefits coverage to apply for coverage for a spouse or eligible children.

When both you and your spouse are enrolled in the Benefits Plan, you cannot be enrolled in this coverage as the member and a spouse. However, you can transition to spouse coverage (subject to the spouse limit) without medical underwriting if you are ending active employment but become eligible as the spouse.

Evidence of insurability

When you apply for supplemental death benefits coverage for yourself and/or your spouse, the Board may ask you and/or your spouse to complete online health statements, called evidence of insurability.

- If you apply for coverage of \$25,000 or \$50,000 for yourself when you are first eligible, you do not need to provide evidence of insurability; however, it is required at any other time for all coverage amounts regardless of when you enroll.
- Your spouse will always need to provide evidence of insurability, regardless of the coverage amount.
- You do not need to provide evidence of insurability for any children’s coverage.

How long coverage lasts

Coverage begins (pending approval) the same date as Benefits Plan participation if you apply when first enrolling in the Benefits Plan. To begin coverage at the start of service with a different PC(USA) employer, you must apply within 60 days of starting the new service. When you apply during annual enrollment, coverage begins January 1 of the next year.

You must meet any waiting period established by your employer before coverage begins. Coverage is delayed when you or your spouse are not able to perform your regular work or daily responsibilities due to health-related reasons on the date coverage would otherwise begin.

You retain your and your family’s coverage as long as you remain active, including when you end eligible service at one PC(USA) employer and immediately begin at another.

If you have coverage for yourself, your spouse, and/or your children when you retire, you may continue all coverage at the same or lesser amounts until you reach age 70. Spouses can continue their coverage until age 70. Dependent children who are not married can continue their coverage until age 26. If you participate in the Defined Benefit Pension Plan, cost for supplemental death benefits coverage after you retire is deducted directly from your pension check.

Spouse coverage ends in the case of a divorce or dissolution of marriage, effective the date of the event.

Coverage levels

There are different coverage levels available to you, your spouse (if you are married) and your eligible children.

Members							
\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
Spouses							
\$25,000	\$50,000	\$75,000	\$100,000				
Children (covers all children in the family, as defined in the Benefits Plan)							
\$10,000	\$20,000						

Coverage costs

The cost of the coverage is determined by nicotine product use (including but not limited to nicotine, nicotine replacement products, cigarettes, e-cigarettes, vape pens, cigars, and chewing tobacco), coverage level, and age. In the first year of participation, the cost is based on your age on the date coverage begins. After that, the cost is based on your age as of January 1 each year.

Changes in nicotine use

You are responsible for notifying the Board if your or your spouse’s nicotine use changes. If you begin using nicotine products, you must notify the Board so rates are adjusted appropriately. If you quit using nicotine products, you should notify the Board after remaining nicotine-free for 12 months to qualify for lower rates. Report changes in nicotine use by calling the Board at 800-773-7752 (800-PRESPLAN).

NICOTINE-FREE ANNUAL COSTS								
Age	Member or Spouse Costs				Member-Only Costs			
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
Under 29	13	26	38	51	77	102	128	153
30 - 34	16	32	48	64	96	129	161	193
35 - 39	20	41	61	82	122	163	204	245
40 - 44	26	51	77	102	153	204	255	306
45 - 49	38	77	115	153	230	306	383	459
50 - 54	59	117	176	235	352	469	587	704
55 - 59	110	219	329	439	658	877	1,097	1,316
60 - 64	168	337	505	673	1,010	1,346	1,683	2,020
65 - 69	268	536	803	1,071	1,607	2,142	2,678	3,213
70 - 74	408	816	1,224	1,632	2,448	3,264	4,080	4,896
75 - 79	497	995	1,492	1,989	2,984	3,978	4,973	5,967
80 - 84	525	1,051	1,576	2,101	3,152	4,202	5,253	6,304
85 - 89	525	1,051	1,576	2,101	3,152	4,202	5,253	6,304
90 - 94	525	1,051	1,576	2,101	3,152	4,202	5,253	6,304
95 +	525	1,051	1,576	2,101	3,152	4,202	5,253	6,304

TOBACCO CESSATION SUPPORT

The Board provides the Tobacco Cessation Program through Ignite Your Life to help active members and spouses to become nicotine-free. For information or to enroll, go to calltohealth.org and click Ignite Your Life, or call 855-451-6754, Monday through Friday, 7 a.m. to 10 p.m. ET.

NICOTINE USER ANNUAL COSTS

Age	Member or Spouse Costs				Member-Only Costs			
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
Under 29	20	39	59	79	118	157	196	236
30 - 34	27	55	82	109	164	218	273	327
35 - 39	36	71	107	143	214	286	357	428
40 - 44	53	106	158	211	317	422	528	633
45 - 49	91	182	273	364	546	728	910	1,092
50 - 54	162	325	487	650	975	1,299	1,624	1,949
55 - 59	280	559	839	1,119	1,678	2,238	2,797	3,357
60 - 64	340	680	1,020	1,360	2,039	2,719	3,399	4,079
65 - 69	447	894	1,341	1,788	2,682	3,576	4,470	5,364
70 - 74	657	1,314	1,971	2,629	3,943	5,257	6,571	7,886
75 - 79	745	1,491	2,236	2,981	4,472	5,963	7,454	8,944
80 - 84	989	1,977	2,966	3,955	5,932	7,909	9,886	11,864
85 - 89	1,309	2,618	3,927	5,236	7,853	10,471	13,089	15,707
90 - 94	1,681	3,362	5,044	6,725	10,087	13,450	16,812	20,175
95 +	2,049	4,099	6,148	8,198	12,297	16,395	20,494	24,593

ALL ELIGIBLE DEPENDENT CHILDREN IN THE FAMILY

\$10,000 Coverage	\$20,000 Coverage
\$14 annually	\$27 annually

Costs for all eligible dependent children in the family as defined by the Benefits Plan

Note: Displayed costs may be rounded.

Your employer may require you to pay the cost for supplemental death benefits or may contribute to all or part of its cost. The Board will bill your employer for coverage and the appropriate charges, if any, will be deducted from your paycheck.

Designating beneficiaries

You should designate beneficiaries on Benefits Connect when first enrolled for death benefits coverage, or Term Life Plan coverage, or when applying for supplemental death benefits coverage. It is important to regularly review and update beneficiary designations when appropriate so that your death benefits are paid as you intend. You can name any person, institution, or trust as a primary or secondary beneficiary. Secondary beneficiaries receive the benefit only when all primary beneficiaries are deceased or an institution (if designated) no longer exists.

You may specify the proportions for dividing the benefits among beneficiaries. The percentages must total 100 percent for primary and 100 percent for secondary. If percentages are not specified, the beneficiaries will receive equal portions.

If one or more primary beneficiaries predecease you, the benefit is divided proportionately among the surviving primary beneficiaries unless specifically designated otherwise. If all of the primary beneficiaries predecease you, the Board pays benefits to the secondary beneficiaries. If all of the primary beneficiaries predecease you and one or more of the secondary beneficiaries predeceases you, the benefit is divided proportionately among the surviving secondary beneficiaries.

For supplemental death benefits for spouses and children, the beneficiaries will be the participating member as primary and the estate as the secondary beneficiary.

Beneficiary designations can be different for death benefits provided under the Death and Disability Plan and those under supplemental death benefits coverage and Term Life Plan coverage. Beneficiary designations for each plan must be completed online through Benefits Connect, the Board's secure benefits website.

Applying for and receiving benefits

Generally, when your family member or survivor reports your death to the Board of Pensions, the Board sends a Death Benefits Claim form to your spouse and/or when applicable, covered dependents. The beneficiary or executor may also request this claim form, as well as assistance with completing the form, from the Board by calling 800-773-7752 (800-PRESPLAN) and asking to speak to a service representative. The Board of Pensions requires a copy of the death certificate before benefits can be paid. After it receives the required documentation, the Board can begin payment of the death benefits.

PAYMENT OF BENEFITS

If you do not designate beneficiaries, the Board will pay salary continuation benefits, supplemental death benefits, and Term Life Plan benefits in equal shares to eligible survivors in the following order:

1. your surviving spouse, provided you were married at least one year before your death
2. your unmarried dependent children under age 21 (and unmarried totally disabled children 21 or older, if totally disabled before age 21), if they were dependent on you for support on the date of your death and during the preceding 12 months
3. your children, regardless of dependency or age

For the order of benefits payment for lump-sum death benefits, see Payment of benefits in the Lump-Sum Death Benefit section of this guide.

APPEALING A DENIED CLAIM

If all or part of the claim for death benefits is not processed, the beneficiary receives a written notice from the Board of Pensions. This notice can include

- the reason that the death benefit is not payable, including specific plan provision(s) that prevent payment of a benefit (if applicable);
- a request for additional information, if needed for the claim to be reconsidered;
- an explanation of the appeals procedures.

If a beneficiary disagrees with the decision, he or she may appeal. For more information about the appeals process, please call 800-773-7752 (800-PRESPLAN) and ask for a copy of the appeals process guidelines.

Contact Information

The Board of Pensions of the Presbyterian Church (U.S.A.)

Toll-free: 800-773-7752 (800-PRESPLAN)

TTY: 877-522-7948

To expedite processing and service, please email requests and documents to memberservices@pensions.org. For assistance, call the Board at 800-773-7752 (800-PRESPLAN).

2000 Market St.

Philadelphia, PA 19103-3298

Monday-Friday (except holidays) 8:30 a.m. - 7 p.m. ET

Main number: 215-587-7200

Fax: 215-587-6215

Website: pensions.org

Plan amendment and termination

The right to amend the Benefits Plan is reserved solely for the Board of Pensions. The Board notifies the General Assembly, plan members, employers, and presbyteries of changes to the Benefits Plan in a manner that is reasonable and appropriate depending on the nature of the changes.

Although members' employers and the Board of Pensions expect and intend to continue the Benefits Plan indefinitely, they reserve the right to modify, end, or suspend this plan and its provisions at any time by action of the Board of Directors.

The Board of Pensions of the Presbyterian Church (U.S.A.) offers robust benefits and services to PC(USA) churches, agencies, and affiliated employers — educational institutions, camps and conference centers, retirement and senior housing communities, and human services organizations.



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

2000 Market Street
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