## **EdAssist Interest Form**



| Personal information                                                                                                                                                                                                                                                                                                                        |  |                                                                                       |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|-----|
| Name                                                                                                                                                                                                                                                                                                                                        |  |                                                                                       |     |
| Address                                                                                                                                                                                                                                                                                                                                     |  |                                                                                       |     |
| City                                                                                                                                                                                                                                                                                                                                        |  | State                                                                                 | ZIP |
| Phone Email                                                                                                                                                                                                                                                                                                                                 |  |                                                                                       |     |
| Demographic information (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 offers to plan members and employees affiliated with the Presbyterian Church (U.S.A.). Completion of this section is optional. Visit pensions.org to learn more about how we ensure your privacy. |  |                                                                                       |     |
| Ethnicity (check one)                                                                                                                                                                                                                                                                                                                       |  |                                                                                       |     |
|                                                                                                                                                                                                                                                                                                                                             |  | ☐ Native Hawaiian or Other Pacific Islander☐ Two or more races ☐ Prefer not to answer |     |
| Gender identity (check one)                                                                                                                                                                                                                                                                                                                 |  |                                                                                       |     |
|                                                                                                                                                                                                                                                                                                                                             |  |                                                                                       |     |
| Employer information                                                                                                                                                                                                                                                                                                                        |  |                                                                                       |     |
| Employer name                                                                                                                                                                                                                                                                                                                               |  |                                                                                       |     |
| Address                                                                                                                                                                                                                                                                                                                                     |  |                                                                                       |     |
| City                                                                                                                                                                                                                                                                                                                                        |  | State                                                                                 | ZIP |
| Phone                                                                                                                                                                                                                                                                                                                                       |  |                                                                                       |     |

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

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