



Shared Ministry Registration Form

Use this form to start the enrollment process for a minister of the Word and Sacrament participating in shared ministry as identified by the presbytery.

Minister Information This is how your name will appear on all documents and identification cards.		
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr.		
Name (first, middle, last)		
Birth date (mm/dd/yyyy)	Social Security number (last 4 digits)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Address (do not use PO Box)		
City	State	ZIP
Phone	Email	

Submitting Congregation* - Service Information *The Submitting Congregation is the congregation that has agreed to enter salary and benefits information into Benefits Connect.		
Effective date of ministry (mm/dd/yyyy)		
Employer name	Tax ID#	PIN (if applicable)
Address		
City	State	ZIP
Phone	Fax	
Email		
Position title	Number of scheduled hours per week (excluding overtime)	
Ordination date/date received into PC(USA) (mm/dd/yyyy)		
Please select the dues package offered by the submitting congregation (the submitting and cooperating congregations must offer the same option). <input type="checkbox"/> Congregational Pastors Package <input type="checkbox"/> Covenant Package <input type="checkbox"/> Transitional Pastor's Participation <input type="checkbox"/> Benefits Plan offerings		
Will the submitting congregation be responsible for the full dues associated with the above-stated offering? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please indicate submitting and cooperating congregations' percentage of dues responsibility. Submitting _____% Cooperating _____% (total between employers should equal 100%)		

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY:711)



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Cooperating Congregation - Service Information			
Effective date of ministry (mm/dd/yyyy)			
Employer name	Tax ID#	PIN (if applicable)	
Address			
City		State	ZIP
Phone	Fax		
Email			
Position title		Number of scheduled hours per week (excluding overtime)	
Ordination date/date received into PC(USA) (mm/dd/yyyy)			
Please select the dues package offered by the cooperating congregation. <input type="checkbox"/> Congregational Pastors Package <input type="checkbox"/> Covenant Package <input type="checkbox"/> Transitional Pastor's Participation <input type="checkbox"/> Benefits Plan offerings			
Will the cooperating congregation be responsible for the full dues associated with the above-stated offering? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please indicate cooperating congregation's percentage of dues responsibility. Submitting _____% Cooperating _____% (total between employers should equal 100%)			

Call the Board of Pensions at 800-PRESPLAN (800-773-7752) (TTY: 711) to set up your benefits offerings. We will walk you through the process.

Covenant Acknowledgement	
I certify that all the information provided is true and a signed covenant agreement has been completed.	
Signatory name (print)	
Signature (required)	Date (mm/dd/yyyy)
Title	Daytime phone

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