

Service/Salary Change

Use this form to report changes in employing organization, scheduled hours per week, employment classification, salary, or Benefits Plan participation. Please report these changes within 31 days of the change. Remind the member to review the information on this form. The member will receive a form confirming current information on record with the Board of Pensions.

Print legibly in ink or type. Each church or employing organization remitting benefits dues for the member must complete a form.

Do **not** use this form to

- report service or salary changes for members with Affiliated Benefits Program coverage; use form ENR-103.
- enroll a new member or a member returning to the Benefits Plan who has not actively participated for 12 months or more; use the Application for Membership, ENR-001.
- report post-retirement service information for members receiving a PC(USA) pension; use the Post-Retirement Service Registration, ENR-104.
- report terminations of service or Plan participation; use the Service Termination Form, ENR-301.

Call 800-773-7752 (800-PRESPLAN) or visit www.pensions.org for forms and information including Administrative Rules.

A Member Information

Name _____ Soc. Sec. # _____

Home address _____

City _____ State _____ Zip _____

Daytime phone () _____ If new address, give effective date _____

(mm/dd/yy)

If the address above is a P.O. box, include street address _____

Home phone _____ Email address _____

- Check here if your spouse is also enrolled under the Benefits Plan as a result of her/his employment for traditional program coverage, not the Affiliated Benefits Program.
- Check here if you checked the above box and if the following applies:
You and your spouse, _____, are both ordained ministers of the Word and Sacrament, called to pastoral relationships at the same church, _____, and each of you is employed for fewer than 35 hours per week.

Reason(s) for Change

Check all that apply:

- Activation for military service
- Change of employment classification at current employing organization (service)
- Change of hours at current employing organization (service)
- Change in level of Benefits Plan participation at current employing organization
- Change of salary at employing organization (salary)
- Starting work/service with a new employing organization.

If terminating from another service, enter the effective date of termination _____
(mm/dd/yy)

- Other (specify) _____
- Leave of absence - employing organization will pay dues
- Leave of absence - member will pay dues

B Employment/Service InformationChurch/organization name PIN

Address

City State ZipPhone Email addressPresbytery Synod**Please check one:** Minister member, date ordained, Presbyterian Church (U.S.A.) _____
(mm/dd/yy) Minister of another denomination. Please identify denomination: _____ Date received into PC(U.S.A.): _____ Exempt* lay member Non-exempt* lay member* Visit the Department of Labor Web site at <http://www.dol.gov> for classification information.

Position title

Position Code from page 4 of this form

Total hours scheduled to work a week

Effective date of changes reported on this form
(mm/dd/yy)**Annual Salary Information**See either the *Benefits Administrative Handbook for Churches and Employing Organizations of the Presbyterian Church (U.S.A.)* or the *Understanding Effective Salary* booklet for more information.

Express in U.S. dollars. Please enter zero if not applicable.

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|--|----------|
| 1. Annual cash salary (including employee contributions to 403(b) plans, tax-sheltered annuity plans) | \$ _____ |
| 2. Housing, utility and furnishings allowances | \$ _____ |
| 3. Employing organization contributions to 403(b) plans, tax-sheltered annuity plans, equity allowances | \$ _____ |
| 4. Bonuses, overtime pay, unvouchered professional expense allowances, gifts from employing organization | \$ _____ |
| 5. Other allowances (for example, medical deductible, SECA in excess of 50%) | \$ _____ |
| 6. Manse amount (must be at least 30% of Lines 1-5 for members residing in employer-provided housing) | \$ _____ |
| 7. Total Effective Salary (Lines 1-6) Dues are computed and benefits are determined on this amount. | \$ _____ |

C Benefits Plan Participation**Please check one box for participation.**

- Medical, pension, and death and disability benefits (full participation)
- Medical and death and disability benefits (limited participation). Not available for ministers serving churches in installed positions. After three years of limited participation, members must be enrolled for full participation or withdrawn from the Benefits Plan. Members enrolled for limited participation may not change to the Affiliated Benefits Program coverage.
- Medical benefits only. Available only to members in certain Specialized Ministries. See Administrative Rule 111.
- Pension and death and disability benefits only. Available only to members in certain Specialized Ministries. See Administrative Rule 111.
- Contact the Board of Pensions for continuing Benefits Plan participation options for military reservists.

Optional Coverage in a Service Change

- For members starting a new service immediately after terminating a prior service.
- The new employing organization will be billed for all optional coverage elections.

Optional Dental

- I had optional dental coverage at my previous employment and would like to continue the same level of coverage.
 - If you have moved, and your coverage options changed, (you can call the Board at 800-773-7752 (800-PRESPLAN) with your new zip code for the available options) you will be sent an application with your options. If your current dental option is not available, you must submit a completed application to continue coverage. If you have additional options available, your current coverage will be continued, but you can change your plan (e.g., DMO to PPO) by submitting a completed application.
- I did not have optional dental coverage at my previous employer, but would like to consider enrollment. Please send me an application and material for consideration.
 - I understand that I have 30 days to complete and mail the application from the date mailed to me.
 - I understand that I will have a 12-month limitation on dental services should I enroll (Please see dental material for additional information.)
- I had dental coverage at my previous employment, but do not wish to continue at this time.
 - I understand that I am not eligible to re-elect the dental coverage for 24 months even if I experience a life-change event or during open enrollment.
- I did not have dental coverage at my previous employment and am not interested at this time.

Optional Death Benefits/Optional Supplemental Disability

- Coverage at the previous employment will be continued at the new service as available.
- To enroll for coverage or discontinue coverage with this service change, please call the Board at 800-773-7752 (800-PRESPLAN) for forms or download them from our Web site at www.pensions.org.

Retirement Savings Plan

You must complete a new Retirement Savings Plan Salary Deferral/Employer Agreement, Form ORS-001, to elect or continue participation in the Retirement Savings Plan.

D Waiver of Pre-existing Condition Exclusion

If the member's active Medical Plan coverage ended 63 or more days before this form is submitted, include a Certificate of Creditable Coverage to document coverage during that gap. A certificate may reduce the 12-month exclusion when expenses for treatment of pre-existing conditions are not covered.

- The certificate is included.
- The certificate is being sent separately and we understand that this may delay the processing of claims.

E Authorization

By signing this form, the authorized employing organization representative confirms that the organization agrees to pay all required dues without member contributions for medical, pension, and death and disability or, for a leave of absence, that the member intends to return to work at the same organization and has not been terminated. The authorized representative may be the treasurer, clerk of session, business manager, or financial secretary, but may not be the member submitting the change.

Authorized representative *(please print)* _____
(May not be the same as the member.)

Official capacity _____ Daytime phone _____

Authorized representative's signature _____ Date _____
(mm/dd/yy)

I certify that the information reported on this form is complete and accurate.

Member signature _____ Date _____
(mm/dd/yy)

For information or publications, please call the Board at 800-773-7752 (800-PRESPLAN) or visit our Web site at www.pensions.org.

Please send the completed form to
The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street
Philadelphia, PA 19103-3298 Fax to 215-587-6215

Authorized Ecclesiastical Occupational Designations

These designations are for use by ministers only. Commissioned lay pastors use code 107. All other lay members use code 788.

Particular Church

101	Pastor or Co-Pastor
103	Associate Pastor
105	Interim Pastor or Interim Associate
106	Stated Supply
107	Commissioned Lay Pastor
108	Temporary Supply
109	Pastor Emeritus/Emerita

Larger Parish or Yoked Field

111	Pastor or Co-Pastor
113	Associate Pastor
115	Interim Pastor or Interim Associate
116	Stated Supply
117	Commissioned Lay Pastor
118	Temporary Supply

Federated, Parish, or Community

121	Pastor or Co-Pastor
123	Associate Pastor
125	Interim Pastor or Interim Associate
126	Stated Supply

Union Church

131	Pastor or Co-Pastor
133	Associate Pastor
135	Interim Pastor or Interim Associate
136	Stated Supply

Member of Another Denomination

151	Pastor or Co-Pastor
153	Associate Pastor
155	Interim Pastor or Interim Associate
156	Stated Supply
158	Temporary Supply

Tentmaker

171	Pastor or Co-Pastor
173	Associate Pastor
175	Interim Pastor or Interim Associate
176	Stated Supply
178	Temporary Supply

Stated Clerk of Presbytery or Synod

181	Pastor or Co-Pastor
183	Associate Pastor
185	Interim Pastor or Interim Associate
186	Stated Supply
191	Designated Pastor
193	Designated Associate Pastor
299	Honorably Retired Member of Presbytery

Middle Governing Bodies

301	Organizing Pastor or Evangelist
302	Executive
303	Stated Clerk
304	Executive & Stated Clerk
305	Staff
306	Missionary
309	Middle Governing Bodies Emeritus/Emerita

General Assembly Entities

402	Chief Executive Officer
403	Headquarters Staff
404	Field Staff
405	Missionary or Fraternal Worker

Serving Another Denomination, Ecumenical Agency, or Non-Denominational Agency

501	Pastor or Co-Pastor
503	Associate Pastor
505	Interim Pastor
506	Stated Supply
562	Chief Administrative Officer
565	Staff

Secondary/Elementary Schools

631	Pastor/Chaplain
632	President or Chief Administrator
633	Administrative Staff
634	Faculty Majority in Religious Studies
635	Faculty Majority in Non-Religious Studies
636	Librarian or Other Professional

College or University

641	Pastor/Chaplain
642	President or Chief Administrator
643	Administrative Staff
644	Faculty Majority in Religious Studies
645	Faculty Majority in Non-Religious Studies
646	Librarian or Other Professional
648	Student

Seminary

651	Pastor/Chaplain
652	President or Chief Administrator
653	Administrative Staff
654	Faculty Majority in Religious Studies
655	Faculty Majority in Non-Religious Studies
656	Librarian or Other Professional

Serving Other Institutions

701	Pastor/Chaplain
702	Chief Administrator
703	Staff

Military Services

741	Air Force Chaplain
751	Army Chaplain
761	Navy Chaplain
771	Veterans Administration Chaplain

Pastoral Counselor

781	Parish Based
782	Pastoral Counseling Center
783	Vocational
784	Spiritual Director

Other Codes

791	Other Validated Ministry
795	Inactive
796	Inactive/Exclusion from Office
797	Member at Large