

## Service Change

Use this form to report a service change with Traditional Program coverage. If the member participates in the Affiliated Benefits Program, please visit [pensions.org](http://pensions.org) under Forms & Publications to obtain the appropriate change forms. Please report this change within 31 days of the change. This process can also be completed quickly and securely through Benefits Connect. Visit [pensions.org](http://pensions.org) for more information.

Please carefully review the information on this form. The member will receive a form confirming current information on record with the Board of Pensions.

If the member is serving multiple PINs, each church or employing organization remitting benefits dues for the member must complete an additional Service Change form (ENR-110).

Do **not** use this form to:

- report salary changes; use form ENR-111
- report employment status changes; use form ENR-116
- report a specialized ministry; use form ENR-115
- enroll a new member or a member returning to the Benefits Plan who has not actively participated for 12 months or more; use the Benefits Plan Membership Application (ENR-001)
- report post-retirement service information for members receiving a PC(USA) pension; use the Post-Retirement Service Registration form (ENR-104)
- report terminations of service or plan participation; use the Service Termination form (ENR-301)

Call 800-773-7752 (800-PRESPLAN) or visit [pensions.org](http://pensions.org) for forms and information, including Administrative Rules.

### A Member Information

**Check One:**     Dr.     Miss     Mr.     Mrs.     Ms.     Rev.

Name \_\_\_\_\_ SSN \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone (    ) \_\_\_\_\_ Cell phone (    ) \_\_\_\_\_ Home phone (    ) \_\_\_\_\_

Primary email \_\_\_\_\_

Check here if your covered partner is also enrolled for Traditional Program coverage as a result of her/his own employment.

Check here if you checked the above box **and** if the following applies:

You and your covered partner (*covered partner's name*) \_\_\_\_\_ are both teaching elders, called to pastoral relationships at the same church, (*name of church/organization*) \_\_\_\_\_, and each of you is employed for fewer than 35 hours per week.

### B Dependent Information

Name	Relationship	Birth Date (mm/dd/yyyy)	SSN

## **C** Employment/Service Information

Church/organization name	PIN	
Address		
City	State	ZIP
Phone ( )	Email address	
Presbytery	Synod	

### Please check one:

- Teaching elder, Presbyterian Church (U.S.A.). Date ordained (mm/dd/yyyy) \_\_\_\_\_
- Minister of another denomination. Please identify denomination \_\_\_\_\_  
Date received into PC(USA) \_\_\_\_\_ (please attach presbytery verification)
- Exempt lay employee\*       Non-exempt lay employee\*

\* Visit the Department of Labor website at [dol.gov](http://dol.gov) for classification information.

Position title	Position code
Total hours scheduled to work per week (e.g., 20, 35, 40)	
Effective date of change reported on this form (mm/dd/yyyy)	

Some frequently used codes are:

- |  |  |  |
|--|--|--|
| <b>101</b> Pastor or Co-Pastor         | <b>107</b> Commissioned Ruling Elder       | <b>301</b> Organizing Pastor   |
| <b>103</b> Associate Pastor            | <b>108</b> Temporary Pastoral Relationship | <b>791</b> Other Validated Ministry  |
| <b>105</b> Interim Pastor or Associate | <b>191</b> Designated Pastor               | <i>Use 791 only if there is no code associated with the position/title in the GA Minutes book.</i> |

## **D** Annual Salary Information

Please enter annual amounts or zero if not applicable.

- Cash salary (including employee contributions to 403(b)(9) plans; tax-sheltered annuity plans; unvouchered book, car, and study allowances; vacation pay and overtime) 1. \$ \_\_\_\_\_
- Housing allowance, utilities, and furnishings allowances 2. \$ \_\_\_\_\_
- Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances (Matching contributions to the Board's Retirement Savings Plan should not be included.) 3. \$ \_\_\_\_\_
- Bonus (will be included in the year in which the bonus is paid; if continuing, you will need to report annually)  
Year in which bonus is paid \_\_\_\_\_ 4. \$ \_\_\_\_\_
- SECA (for reimbursement in excess of 50% of the teaching elder's SECA tax obligation) 5. \$ \_\_\_\_\_
- Other allowances (including copayment and medical expense reimbursement allowances)  
Do not include expenses reimbursed through vouchers or Benefits Plan dues. 6. \$ \_\_\_\_\_
- Manse amount (must be at least 30% of lines 1-6 for members residing in a manse) 7. \$ \_\_\_\_\_
- Total annual effective salary (total of lines 1-7)** 8. \$ \_\_\_\_\_

### Dues are computed and benefits are determined on this amount (subject to minimums and maximums).

You may use the Total Effective Salary Calculator and the Dues Calculator on [pensions.org](http://pensions.org) to determine the impact the reported effective salary has on dues.

Effective salary is any compensation a member receives during a plan year from an employing organization. For more information, see the *Understanding Effective Salary* booklet, available on [pensions.org](http://pensions.org).

## **E Benefits Plan Participation**

**Please check one box for Traditional Program coverage.**

- Full participation** - Medical, pension, death, and disability benefits.
- Limited participation** - Medical, death, and disability benefits. Not available for teaching elders serving churches in mandated positions. After three years of limited participation, members will be automatically enrolled for full participation, or the employer can withdraw the member from the Benefits Plan. Members enrolled for limited participation may not change to Affiliated Benefits Program coverage.

### **Optional Benefits in a Service Change**

- This is for members starting in a new service immediately after terminating a prior service. The new employing organization will be billed for all optional benefit elections.

### **Optional Dental Benefits**

- I had optional dental coverage at my previous employment or under transitional participation coverage and would like to continue the same level of coverage listed below:  
Coverage type:       DMO               PPO               Passive PPO  
Coverage level:       Member               Member/Covered partner               Member/Child(ren)               Family
  - If you have moved and your coverage options changed, you will be sent an application with your options. You can call the Board at 800-773-7752 (800-PRESPLAN) with your new ZIP code or visit pensions.org for the available 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 a dental application packet for consideration.
  - I understand that I have 30 days to complete and mail the dental application from the date it was mailed to me.
  - I understand that I will have a 12-month limitation on dental services should I enroll (please see dental application packet for additional information).
- I had dental coverage at my previous employment or under transitional participation coverage 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 qualified life-change event or during annual enrollment.
- I did not have dental coverage at my previous employer and am not interested at this time.

### **Optional Supplemental Death Benefits/Optional Supplemental Disability**

- I had supplemental death benefits at my previous employment or under transitional participation coverage and would like to continue the same level of coverage listed below:

Member:               \$25,000               \$50,000               \$75,000               \$100,000  
                              \$150,000               \$200,000               \$250,000               \$300,000

Covered partner:     \$25,000               \$50,000               \$75,000               \$100,000

Children:              \$5,000                 \$10,000

- To enroll for coverage or discontinue coverage with this service change, please call the Board at 800-773-7752 (800-PRESPLAN) to request the required forms, or you may download them at pensions.org.

### **Optional Retirement Savings Plan**

- You must complete a new Retirement Savings Plan Salary Deferral Agreement form (ORS-001) to elect or continue participation in the Retirement Savings Plan.

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**F Waiver of Pre-Existing Condition Exclusion**

If the member's Medical Plan coverage ended 63 or more days before the effective date of the new coverage, 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.

**Check one:**

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

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**G Authorization****Member Authorization**

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

**Member signature** *(required)*

Date *(mm/dd/yyyy)*

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**Employing organization authorization** - On behalf of the employing organization, I certify that we have confirmed eligibility for plan benefits for covered partner and the children as defined by the Benefits Plan of the Presbyterian Church (U.S.A.). I confirm the accuracy of the information concerning benefits selection, and that the employing organization agrees to pay all required dues without member contribution 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 not the member submitting the change.

Authorized representative name *(required)*

*(please print; may not be the same as the member)*

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Official capacity

Daytime phone (      )

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**Signature** *(required)*

Date *(mm/dd/yyyy)*

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For information or publications, please call the Board at 800-773-7752 (800-PRESPLAN) or visit [pensions.org](http://pensions.org).

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**Mail or fax the 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 [pensions.org](http://pensions.org)