

Service Change

Use this form to report changes in employing organization, scheduled hours per week, employment classification or Benefits Plan participation. Please report these changes within 31 days of the change. 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 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 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 Pensions.org for forms and information, including Administrative Rules.

A Member Information

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

Home Address _____

City _____ State _____ Zip _____

Daytime Phone () _____ Home Phone () _____

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 (*spouse name*) _____ are both ordained ministers of the Word and Sacrament, 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 Reason(s) for Change

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

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

Was termination form submitted to the Board? Yes No

Other (*specify*) _____

Leave of absence - employing organization will pay dues

Leave of absence - member will pay dues

C Employment/Service Information

Church/Organization Name _____ PIN _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email Address _____

Presbytery _____ Synod _____

Please check one:

Minister member, 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 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 per Week (e.g., 20, 35, 40) _____

Effective date of change reported on this form (mm/dd/yyyy) _____

D Annual Salary Information

Please enter annual amounts, or zero if not applicable.

1. Cash salary (including employee contributions to 403(b)(9) plans; tax-sheltered annuity plans; unvouchered book, car, and study allowances; vacation pay and overtime) \$ _____

2. Housing allowance \$ _____

3. Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans and equity allowances (Effective 1/1/08 matching contributions to the Board's Retirement Savings Plan should not be included.) \$ _____

4. Bonus (will be included for the current year only; if continuing, you will need to report annually) \$ _____
Year in which bonus is paid _____

5. Other allowances (including copayment, medical, furnishings and utility allowances and reimbursement of SECA in excess of 50%) \$ _____
Do not include expenses reimbursed through vouchers.

6. Manse amount (must be at least 30% of Lines 1-5 for members residing in a manse) \$ _____

Total Annual Effective Salary (total of lines 1-6) \$ _____

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

Effective Salary is any compensation a member receives during a Plan year from an employing organization. For more information, see *Understanding Effective Salary* booklet available on Pensions.org.

E Benefits Plan Participation

Please check one box for Traditional coverage.

Full participation - Medical, pension, death, and disability benefits.

Limited participation - Medical, death, and disability benefits. Not available for ministers serving churches in installed 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 the Affiliated Benefits Program coverage.

Medical benefits only. Available only to members in certain Specialized Ministries. See Administrative Rule 111, available at Pensions.org.

Pension, 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 and members on leave of absence.

(see next page)

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 and would like to continue the same level of coverage.
- 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 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 employer and am not interested at this time.

Supplemental Death Benefits/Optional Supplemental Disability

- Coverage at the previous employment will be continued at the new service as applicable.
- 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 from our Web site 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.

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.

G Authorization

Member Authorization

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

Member signature *(required)* _____

Date *(mm/dd/yyyy)* _____

Employing Organization Authorization

By signing this form, the authorized representative of the employing organization 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 not the member submitting the change.

Authorized Representative Name *(required)* _____

(please print, may not be the same as the member)

Official Capacity _____

Daytime Phone () _____

Signature *(required)* _____

Date *(mm/dd/yyyy)* _____

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

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
138	Temporary 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

Please mail or FAX this 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
www.pensions.org