

## Service Termination for Traditional Plan Members

Please use this form to report termination of Service or Benefits Plan participation within 30 days of the event. **The Board may revise the requested termination date if reported more than 30 days after the event and the member has accessed benefits beyond his/her benefits eligibility period.** See page 2 for important information about severance payments.

### A Member Information

Name \_\_\_\_\_ SSN \_\_\_\_\_

Current mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### B Employing Organization Information

This section must be completed by the employing church/organization.

Name Church/Organization \_\_\_\_\_ PIN \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### C Service Information

**Check all that apply:**

Member Terminating Service. **(Enter the last day worked)**. (mm/dd/yyyy) \_\_\_\_\_

**Employing Organization provided terminating member with:**

No severance payment and no extension of employer-paid benefits beyond the last day worked.

A severance arrangement that includes a lump sum or payout amount of \$ \_\_\_\_\_ but does not include an extension of employer-paid benefits beyond the last day the member worked.

Lump sum amount was given for \_\_\_\_\_.

A severance arrangement that includes an extension of employer-paid benefits through (mm/dd/yyyy) \_\_\_\_\_.

A severance arrangement that includes an extension of employer-paid benefits through (mm/dd/yyyy) \_\_\_\_\_ and a lump sum or payout amount of \$ \_\_\_\_\_.

Lump sum amount was given for \_\_\_\_\_.

Member is being withdrawn from the Benefits Plan but will continue serving this organization.

Enter the effective date of termination of employer-paid benefits (mm/dd/yyyy) \_\_\_\_\_.

**Reason for withdrawal** \_\_\_\_\_

**To report new service information you must submit a completed Service Change Form (ENR-110) within 31 days of the start date listed if you are continuing Benefits Participation at your new service.**

Effective start date of new service (mm/dd/yyyy) \_\_\_\_\_

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**D Instructions****Severance Agreements**

A severance payment is any money given by an employing organization to a Benefits Plan member in association with the member's termination of eligible service regardless of the description of that payment (gift, goodwill payment, pay for unused vacation, etc.) by the employing organization. The presence or absence of a formal, written agreement is not a factor when determining if the payment is considered severance.

Dues must be paid on all severance payments. Severance payments (lump sum or installment payouts) are part of effective salary. Severance payments that do not include a continuation of employer-paid benefits are treated as a salary increase in the year paid. In this instance, the termination date of the member is the last day of service and any free coverage for which the member is eligible starts the following day. Adjustments for dues payable on the severance amount are included on the employing organization's invoice.

Severance payments (with or without a continuation of salary) that include a continuation of employer-paid benefits beyond the last day of service are treated as extending the service period for Benefits Plan purposes. In this instance, the termination date of the member is the last day through which the employing organization agrees to pay for benefits and the employing organization is invoiced accordingly. Benefits provided during any severance period **must continue** at the same level of participation for which the member was enrolled as of the date of termination of service. Any free coverage for which the member is eligible starts after the end of benefits provided during the severance period.

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**E Employer and Employee Authorization**

**The employing organization determines who is authorized to sign the form.**

Authorized Representative

*(please print, cannot be the same as member)*

Official capacity

Daytime phone (       )

Authorized representative's signature

Date

**By signing this form, the employing organization agrees to pay all required dues to the Board of Pensions through the termination date for the member's level of participation in core benefits or through the revised date if required because the termination is reported more than 30 days after the event.**

Member signature

Date

**By signing this form, I certify that the information on this form is complete and accurate.**

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

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**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](http://www.pensions.org)