

Optional Coverages Termination Form

A Member Information

Name *(first, middle, last)* _____ SSN _____

Home Address _____

City _____ State _____ ZIP _____

Daytime Phone () _____ Cell Phone () _____ Home Phone () _____

Primary Email *(optional)* _____

B Employer Information

Church/Organization Name _____ PIN _____

C Optional Coverages

Dental** _____ * Effective Date of Termination *(mm/dd/yyyy)* _____

Supplemental Death *(check all that apply)* _____ * Effective Date of Termination *(mm/dd/yyyy)* _____

Member Spouse Children *(check boxes should be next to spouse and children as well).*

Optional Supplemental Disability _____ * Effective Date of Termination *(mm/dd/yyyy)* _____

* Coverage cannot terminate prior to the first day of the month following receipt of form at the Board of Pensions.

** If your coverage ends because you voluntarily terminate dental or fail to make the required contributions for it, you may not re-enroll yourself nor your eligible dependents for a period of two years from the date your coverage terminates.

D Reason for Change

- Change in Service (You must also submit Service Change form ENR-110.)
- Termination from Current Service (You must also submit form ENR-301 for the Traditional Program or Affiliated Benefits Program Service Termination form ENR-113.)
- Other

(Supplemental Death Coverage can be continued after the initiation of pension benefits, but not past age 70 for the member and/or spouse. Member must complete form ODB-003 to continue coverage.)

E Authorization

I confirm the accuracy of the information reported. I also understand that if I voluntarily terminate dental, I may not re-enroll myself and my eligible dependents for a period of two years from the date my coverage terminates.

Member's Signature *(required)* _____ Date *(mm/dd/yyyy)* _____

Employer's Signature *(cannot be the member)* _____ Date *(mm/dd/yyyy)* _____

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
Pensions.org