

## Service Termination for Traditional Program Members

Please use this form to report termination of service or Benefits Plan participation in advance of or immediately upon termination. **The Board may revise the requested termination date if the member has accessed benefits beyond his/her benefits eligibility period.** To terminate or withdraw a member from the plan, complete sections A, B, C, and E. To terminate a member who has also been provided with a severance arrangement, complete sections A, B, C, D, and E. This process can also be completed quickly and securely through Benefits Connect. Visit Pensions.org for more information.

### A Member Information

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

Current Mailing Address \_\_\_\_\_

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

Daytime Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Primary Email \_\_\_\_\_

### B Employing Organization Information

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

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

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

### C Service Termination/Withdrawal Information

Check one:

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

Please complete section D of this form if the terminated member has received a severance agreement.

Member is being withdrawn from the Benefits Plan but will continue serving this organization.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, please enter the effective date on the line provided below. You must also 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 Severance Arrangements**

**Please complete the section below if the terminated member has received a severance arrangement.**

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. For more information on severance, visit Pensions.org.

- A severance arrangement that includes a severance payment in the amount of \$ \_\_\_\_\_ but **does not** include an extension of employer-paid benefits beyond the last day the member worked. I understand that dues are paid in a single payment on all components of effective salary included in the severance payment.
- A severance arrangement that includes the extension of plan benefits through (mm/dd/yyyy) \_\_\_\_\_. I understand that when a severance arrangement extends benefits beyond the last day worked, dues continue until the date specified in the arrangement as if the employee were still on the payroll.
- A severance arrangement that includes the extension of plan benefits through (mm/dd/yyyy) \_\_\_\_\_ **AND** a severance arrangement that also includes a severance payment in the amount of \$ \_\_\_\_\_. Do not include the amount of dues paid for extended plan benefits in the severance payment amount.

I understand that when a severance arrangement extends benefits beyond the last day worked, dues continue until the date specified in the arrangement as if the employee were still on the payroll. I also understand that additional dues will be required in a single payment on all components of effective salary included in the severance payment if provided.

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**E Employer and Employee Authorization**

**By signing this form, the employing organization agrees to pay all required dues to the Board of Pensions through the terminated date for the member's level of participation in plan benefits, through the revised date if required because the member has accessed benefits beyond his or her benefits eligibility date, and all dues associated with the extension of plan benefits or severance payments provided to the member as part of a severance arrangement.**

Authorized Representative \_\_\_\_\_

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

Official Capacity \_\_\_\_\_

Daytime Phone (       ) \_\_\_\_\_

Authorized Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

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 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  
Pensions.org