

Waiver of Coverage for Specialized Ministries

The Benefits Plan considers a Minister of the Word and Sacrament employed by an organization not under the jurisdiction of the Church as being in a “specialized ministry” when such employment is validated by the member’s presbytery.

A member in a specialized ministry required to participate in her or his employer’s group benefits plan as a condition of employment may waive part or all of the Benefits Plan coverage.

A Member Information

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

Home Address _____

City _____ State _____ Zip _____

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

B Waiver

I hereby certify that:

- I am engaged in a validated specialized ministry and, as a condition of my employment, am required to participate in the benefits plan of my employer.

Name of Employing Organization _____

Address _____

City _____ State _____ Zip _____

- My employer, through a program other than the Benefits Plan of the Presbyterian Church (U.S.A.), will provide the following coverage(s):
- Pension, Death, and Disability Benefits Medical Benefits
- I do not have the option to decline the above-stated benefit(s) from my employer. The coverage(s) indicated above to be provided by my employer is sufficient for my purposes.
- I hereby waive the following coverage(s) for me and my family provided by the Benefits Plan of the Presbyterian Church (U.S.A.):
- Pension, Death, and Disability Benefits Medical Benefits

C Member Authorization

I understand that:

- By waiving coverage through the Benefits Plan of the Presbyterian Church (U.S.A.), I am relinquishing substantial benefits to which I might otherwise be entitled. I relieve The Board of Pensions of the Presbyterian Church (U.S.A.) from any and all responsibility/liability for the loss of benefits which I am waiving.
- If my validated ministry service is in a country with national healthcare, I will not be eligible for retiree medical coverage when I retire unless I have participated in the Medical Plan immediately before retirement.
- Future election of coverage in the Benefits Plan for the option(s) which I have waived is subject to re-entry rules and policies of the Benefits Plan of the Presbyterian Church (U.S.A.).
- I must provide a letter from my presbytery to verify that I must participate in my employer’s benefit plan.

Minister Signature (required) _____ Date (mm/dd/yyyy) _____

Print Name _____ SSN _____

D Employing Organization Authorization

The employee noted above is mandated to participate in the following coverages as a condition of employment:

Pension, Death, and Disability Benefits

Medical Benefits

Employer Signature *(required)*

Date *(mm/dd/yyyy)*

(please print, cannot be the same as member)

Print Name

Title

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