



PHI authorization

If you are enrolled in the Medical Plan, through the Board of Pensions, and requesting assistance in paying for medical expenses, please read the statement below and signify agreement by checking the box following the statement and initialing.

I hereby authorize the Benefits Plan of the Presbyterian Church (U.S.A.) and its vendors to release my personal health information (PHI) to the Board of Pensions for the purpose of verifying medical expenses and claims payments related to this request for financial assistance.

Applicant's initials _____

Note: If applicant is married, please include income and assets of spouse.

Income

Please show the monthly amount for each type of income, even if you receive that income on a quarterly, semiannual, or annual basis (interest, dividends, annuities, etc.). Complete all lines; use zero (0) if no income is received from a listed source.

| | Applicant | Spouse |
|--|-----------|-----------|
| Salary from current employment (<i>unless retired</i>) | \$ | \$ |
| Housing allowance from current employment (<i>Ministers only</i>) | | |
| Other earned income (<i>i.e., taxable income and wages; specify, using a separate sheet</i>) | | |
| Interest on savings | | |
| Earnings on stocks, bonds, mutual funds, etc. from the past 12 months | | |
| Pension from the Presbyterian Church (U.S.A.) | | |
| Other pensions or annuity payments | | |
| Social Security | | |
| Regular gifts/contributions from family, friends, foundations, etc. | | |
| Other income (<i>rents, royalties, mineral rights, etc.</i>) | | |
| Total monthly income | \$ | \$ |

Assets

Please list current balance or value for each asset at the time this statement is completed. Complete all lines; use zero (0) if there are no assets from a listed source.

| | Applicant | Spouse |
|---|-----------|-----------|
| Cash and checking account(s) | \$ | \$ |
| Savings account(s) | | |
| Certificates of deposit (CDs) | | |
| Stocks, bonds, mutual funds, etc. (<i>most recent value</i>) | | |
| Retirement savings plan(s) (<i>e.g., 401k, 403b</i>) | | |
| Real estate [<i>current market value(s), less balance due on mortgage(s), if any</i>] | | |
| Other assets | | |
| Total assets | \$ | \$ |

Complete and email this form to the Board of Pensions at memberservices@pensions.org.

Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY:711)



| Household expenses | |
|---|-----------------------|
| Please show the monthly amount for each type of expense. Complete all lines; use zero (0) if the expense is not applicable. | |
| | Monthly amount |
| Rent/mortgage | \$ |
| Renters/home insurance | |
| Utilities | |
| Credit card payment(s) | |
| Student loan payment(s) | |
| Groceries | |
| Auto loan | |
| Auto insurance | |
| Health insurance | |
| Child care | |
| Internet/cable | |
| Laundry | |
| Charitable giving/donation(s) | |
| Other: | |
| Total household expenses | \$ |

| Applicant authorization | |
|---|-------------------|
| I confirm that the information provided in this application is true, correct, and complete to the best of my knowledge. | |
| Applicant's signature | Date (mm/dd/yyyy) |

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| | | |
|--|-------|--------------------------|
| Grant partner information <i>(presbytery, synod, church, or employer)</i> | | |
| Name of grant partner <i>(print)</i> | | |
| Address | | |
| City | State | Zip |
| Contact person | | Phone |
| Contact person's title | | |
| Phone <i>(if different from above)</i> | Email | |
| 1. After your review of the application and its documentation, what is the total amount of assistance you are recommending for this applicant? <i>The amount you recommend does not have to match the amount requested.</i> | | \$ (A) |
| 2. What amount, if any, is the grant partner contributing to this grant? | | \$ (B) |
| 3. What amount are you asking the Board of Pensions to contribute to this grant? <i>The total of (B) and (C) should equal (A). If the amount on line (C) is greater than 50 percent of the total assistance amount recommended on line (A), please explain at end of application.</i> | | \$ (C) |
| The grant partner will send their portion(s) of the grant to the <input type="checkbox"/> applicant <input type="checkbox"/> Board of Pensions* | | |
| * NOTE: This option is not available if the grant partner paid compensation to the applicant in the same calendar year as this grant will be paid. | | |
| The grant should be paid in <input type="checkbox"/> one lump sum <input type="checkbox"/> (#) equal monthly installments, beginning <i>(mm/dd/yyyy)</i> | | |
| The Board's check(s) should be made payable to the <input type="checkbox"/> Applicant <input type="checkbox"/> Grant partner | | |
| The Board's check(s) should be sent to the <input type="checkbox"/> Applicant <input type="checkbox"/> Grant partner | | |
| Grant partner authorization | | |
| The grant partner and co-sponsor (if any) agree(s) to pay its/their portion(s) of this grant according to the information submitted on this application. | | |
| Grant partner's signature | | |
| Signatory's name <i>(print)</i> | | Date <i>(mm/dd/yyyy)</i> |
| Please provide any additional information on behalf of your organization or the applicant that the Board should consider when assessing this Emergency Assistance application. | | |

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THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Authorization for Direct Deposit

Complete the Authorization for Direct Deposit form to authorize the electronic deposit of your benefit payment. This form must be received by the Board of Pensions no later than the 10th of the month to be effective the first of the following month.

| Your personal information | |
|----------------------------|----------------------|
| Name (first, middle, last) | Last 4 digits of SSN |

| Account information |
|---|
| Name of financial institution |
| Routing number (9 digits) |
| Your bank account number |
| Account type: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account |

| Authorization | |
|--|-------------------|
| <p>On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my benefit and/or Assistance Program grant payment to the account listed above. I agree to repay the Board of Pensions any benefit amount erroneously credited to my account, and I authorize the Board of Pensions to offset from my account and/or any death benefit payable to my estate, survivors, designated beneficiaries, or heirs at law any amount erroneously credited to my account under this authorization. This agreement shall survive the termination of the direct deposit authorization.</p> <p>This authorization shall remain in effect until the Board of Pensions receives written notification from me of its termination in such a time and manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.</p> | |
| Authorized signature (required) | Date (mm/dd/yyyy) |
| If this form is being completed by a legal representative, include the supporting documents, if not previously submitted. | |

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