



# Change of Medical Plan Participation for Mission Personnel

PIN 91004 & PIN 60212

Member information			
Name <i>(first, middle, last)</i>		Last 4 digits of SSN	
Address			
City		State	ZIP
Daytime phone		Email	

Mailing Address:		
All written communication will be sent to the member's home address, listed above, unless a mailing address is on file. If the member wishes to add a mailing address, complete the section below. If the member is maintaining the mailing address on file with the Board of Pensions, select "Keep existing address" below.		
Mailing address		
City	State	ZIP
<input type="checkbox"/> Keep existing address		
<b>Note:</b> If the member's home address has changed or will soon change, please have the member complete and submit an Address and Contact Information Change form (ENR-106). This process may also be completed quickly and securely through Benefits Connect.		

Medical plan election
Please change my medical plan enrollment to:
<input type="checkbox"/> Highmark PPO <i>(for members living in the United States)</i>
<input type="checkbox"/> GeoBlue plan <i>(only for those working and living outside of the United States)</i>
<input type="checkbox"/> Member couple

Effective date	
If more than 30 days in the past, the effective date will be the first of the month following receipt of completed form.	
Date <i>(mm/dd/yyyy)</i>	PIN

Employer authorization (Minister must sign if self-employed)	
On behalf of the employer, I certify that all the information provided is true.	
Authorized person's name <i>(print)</i>	
Signature <i>(required)</i>	Date <i>(mm/dd/yyyy)</i>
Title	
Daytime phone	

**Complete and email this form to the Board of Pensions at [memberservices@pensions.org](mailto:memberservices@pensions.org).**  
Questions? Call the Board at 800-773-7752 (800-PRESPLAN)