



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

Emergency Assistance Application

All parts of this application must be completed before submitting to the Board of Pensions. The applicant should complete pages 1, 2, and 3. The grant partner (presbytery, synod, employer) should complete pages 4 and 5. Grants are shared between the grant partner and the Board of Pensions on a 50/50 basis, unless other arrangements have been negotiated.

Due to current circumstances, DO NOT mail this form to the Board of Pensions.
To avoid delays in processing, email your completed form to memberservices@pensions.org. If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).

Applicant <i>(active or retired member, or surviving spouse)</i>			
Name		SSN <i>(last 4 digits)</i>	
Address			
City		State	ZIP
Daytime phone		Email	
Are you the surviving spouse of a member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of your late spouse			
Please explain why you are seeking financial assistance <i>(continue on an additional sheet if more space is needed)</i> .			
How much financial assistance are you seeking? \$ Do you expect this to be a continuing need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long do you estimate the need will continue? Please attach documentation corresponding to the amount of assistance requested. Examples of documentation include, but are not limited to: Explanations of Benefits (EOBs) for medical expenses; invoices, receipts, or estimates for repairs, items to be purchased, or services to be obtained.			

PHI Authorization
If you are enrolled in the Board of Pensions Medical Plan and requesting assistance to help pay 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.
<input type="checkbox"/> Applicant's initials _____

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



Emergency Assistance Application

All parts of this application must be completed before submitting to the Board of Pensions. The applicant should complete pages 1, 2, and 3. The grant partner (presbytery, synod, employer) should complete pages 4 and 5. Grants are shared between the grant partner and the Board of Pensions on a 50/50 basis, unless other arrangements have been negotiated.

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, semi-annual, or annual basis (e.g., 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	\$	\$
Housing allowance from current employment (<i>Ministers only</i>)		
Other regular, earned income (<i>stipends, honoraria, etc.</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 (<i>e.g. 401k, 403b</i>)		
Real estate (<i>current market value, less balance due on mortgage, 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 800-773-7752 (800-PRESPLAN)



Emergency Assistance Application

All parts of this application must be completed before submitting to the Board of Pensions. The applicant should complete pages 1, 2, and 3. The grant partner (presbytery, synod, employer) should complete pages 4 and 5. Grants are shared between the grant partner and the Board of Pensions on a 50/50 basis, unless other arrangements have been negotiated.

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

Applicant Authorization	
I certify that, to the best of my knowledge, the information contained in this application is complete and truthful.	
Applicant's signature	Date (mm/dd/yyyy)

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



Emergency Assistance Application

All parts of this application must be completed before submitting to the Board of Pensions. The applicant should complete pages 1, 2, and 3. The grant partner (presbytery, synod, employer) should complete pages 4 and 5. Grants are shared between the grant partner and the Board of Pensions on a 50/50 basis, unless other arrangements have been negotiated.

Grant Partner <i>(presbytery, synod, church, or employer)</i>		
The presbytery, synod, church, or employer sponsoring this grant should complete this section, not the applicant.		
Name of grant partner <i>(print)</i>		
City	State	Daytime phone
Contact person's name <i>(print)</i>		
Contact person's title <i>(print)</i>		
Phone <i>(if different from above)</i>	Email <i>(print)</i>	
Will any other organization be contributing to (co-sponsoring) this grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following for that organization:		
Name of co-sponsoring organization		
City	State	Daytime phone
Contact person's name <i>(print)</i>		
Contact person's title <i>(print)</i>		
Phone <i>(if different from above)</i>	Email <i>(print)</i>	
Has someone from the grant partner or co-sponsor (if any) discussed the need for financial assistance with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why not:		
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 by the applicant.</i>	\$	(A)
2. What amount is the grant partner contributing to this grant?	\$	(B)
3. What amount is the co-sponsor (if any) contributing to this grant?	\$	(C)
4. What amount are you asking the Board of Pensions to contribute to this grant? <i>The total of (B), (C), and (D) should equal the amount shown at (A). If the amount on line (D) is greater than 50 percent of the total assistance amount recommended on line (A), please explain at end of application.</i>	\$	(D)
The grant partner and co-sponsor (if any) 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 or the co-sponsor (if any) 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 <input type="checkbox"/> Co-sponsor <i>(if any)</i>		
The Board's check(s) should be sent to the <input type="checkbox"/> Applicant <input type="checkbox"/> Grant partner <input type="checkbox"/> Co-sponsor <i>(if any)</i>		

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



Emergency Assistance Application

All parts of this application must be completed before submitting to the Board of Pensions. The applicant should complete pages 1, 2, and 3. The grant partner (presbytery, synod, employer) should complete pages 4 and 5. Grants are shared between the grant partner and the Board of Pensions on a 50/50 basis, unless other arrangements have been negotiated.

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>)
Co-sponsor's signature	
Co-sponsor's signatory's name (<i>print</i>)	Date (<i>mm/dd/yyyy</i>)
If the grant partner and/or co-sponsor (if any) are not able to contribute 50 percent of the amount requested, please provide a statement indicating why emergency or benevolence funds are not available to assist with this grant.	

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

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