



Applicant information <i>(plan member)</i>		
Name		Last 4 digits of SSN
Address		Date of birth
City	State	ZIP
Phone	Email	

Demographic information <i>(your response to this section is optional)</i>	
By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions provides to members of the Benefits Plan of the Presbyterian Church (U.S.A.). Visit pensions.org to learn more about how we ensure your privacy.	
Ethnicity <i>(check one)</i> <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx <input type="checkbox"/> Prefer not to answer	
Race <i>(check one)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer	
Gender identity <i>(check one)</i> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Nonbinary <input type="checkbox"/> Self-described _____ <input type="checkbox"/> Prefer not to answer	

Employer information		
Name	Phone	PIN <i>(if known)</i>
City	State	ZIP

Household information	
How many children in your household are age 0-6? _____	
For each child, please provide their name, date of birth, and current child care arrangements, along with the number of days per week child care is needed.	
1. Name: _____ Date of birth: _____	
<input type="checkbox"/> Daycare <input type="checkbox"/> Preschool <input type="checkbox"/> Babysitter <input type="checkbox"/> Family <input type="checkbox"/> Other: _____	
# Days per week that care is needed: _____ Monthly child care expense for this dependent: _____	
2. Name: _____ Date of birth: _____	
<input type="checkbox"/> Daycare <input type="checkbox"/> Preschool <input type="checkbox"/> Babysitter <input type="checkbox"/> Family <input type="checkbox"/> Other: _____	
# Days per week that care is needed: _____ Monthly child care expense for this dependent: _____	
3. Name: _____ Date of birth: _____	
<input type="checkbox"/> Daycare <input type="checkbox"/> Preschool <input type="checkbox"/> Babysitter <input type="checkbox"/> Family <input type="checkbox"/> Other: _____	
# Days per week that care is needed: _____ Monthly child care expense for this dependent: _____	
4. Name: _____ Date of birth: _____	
<input type="checkbox"/> Daycare <input type="checkbox"/> Preschool <input type="checkbox"/> Babysitter <input type="checkbox"/> Family <input type="checkbox"/> Other: _____	
# Days per week that care is needed: _____ Monthly child care expense for this dependent: _____	

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).



Grant request

Child care support is intended for dependents age 0-6, whose care is provided by someone other than a parent or guardian. You may request up to \$500 per eligible dependent.

Requested monthly grant amount \$ _____

With this grant, do you plan to change your current child care arrangement(s)? Yes No

If you answered 'Yes' above, please use the space below to explain how this grant, if approved, will change your current child care arrangements:

Required documentation

Attach most recently filed federal income tax form 1040 (*with dependents listed*) to this application.

Applicant authorization

I confirm that the information provided in this application is true, correct, and complete to the best of my knowledge.

Applicant's (*i.e., plan member'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-PRESPLAN (800-773-7752) (TTY:711).



Authorization for Direct Deposit

Complete the Authorization for Direct Deposit form to authorize the electronic deposit of your grant payment.

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 Assistance Program grant payment (if approved) to the account listed above. I agree to repay the Board of Pensions any amount erroneously credited to my account.</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.	

IMPORTANT
<ul style="list-style-type: none">To verify your eligibility for a grant, submit a copy of a voided check, bank statement, recent utility bill, or U.S. government-issued ID (e.g., passport or driver's license) with your application.

<p>Complete and email this form to the Board of Pensions at memberservices@pensions.org.</p> <p>Have questions or need help completing or submitting this form? Call the Board at 800-PRESPLAN (800-773-7752) (TTY: 711).</p>
