



## Pre-qualification

Before you incur an expense, you may request the Board predetermine if you qualify. Submit this application with a copy of the itemized, estimated costs. If pre-approved, submit your receipt(s) after you receive the itemized services and the Board will reimburse you the allowed amount.

## Applicant information

Applicant's name		Last 4 digits of SSN	
Address			
City		State	ZIP
Daytime phone		Email	

## Demographic information *(your response to this section is optional)*

By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions offers to plan members and employees affiliated with the Presbyterian Church (U.S.A.). Completion of this section is optional. Visit [pensions.org](http://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"/> Non-binary <input type="checkbox"/> Self-described _____ <input type="checkbox"/> Prefer not to answer			

## Type of reimbursement

<i>(check one or both as applicable)</i>
<input type="checkbox"/> Dental services
<input type="checkbox"/> Hearing aids

## Grant eligibility

To be eligible for this grant, you must be age 65, have a household income that is less than 1.2 times the congregational minister's median (\$74,520 for 2022), and meet certain medical coverage and Benefits Plan participation criteria.

<input type="checkbox"/> I AM enrolled in the Medicare Supplement Plan through the Board of Pensions.
<input type="checkbox"/> I AM NOT enrolled in the Medicare Supplement Plan through the Board of Pensions; but I am enrolled in Medicare Parts A & B and in a Medicare Supplement (Medigap) plan, OR a Medicare Advantage Plan.

**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).



## Required documentation

Applications will not be processed without the following information attached.

1. A copy of your most recently filed tax return.
  - If you do not file a return because your income is below the IRS minimum, you may attach a wage statement.
2. A copy of the receipt(s) for services rendered on or after July 1, 2019, that includes the total amount to be considered for reimbursement through the grant; OR if you are applying for pre-qualification, a copy of the itemized estimated costs.

IF YOU ARE NOT ENROLLED in the Medicare Supplement Plan through the Board you must also submit:

1. A copy of your Medicare Part A & B cards, as well as proof you are enrolled in a Medicare Advantage Plan or Medicare Supplement (Medigap) Plan.
2. A copy of the Explanation of Benefits for services rendered.

## Authorization

I certify that the information provided is accurate. I understand that if I am approved for this grant, I will not be eligible for another Retiree Medical Grant for three years.

**Applicant's signature**

**Date** (mm/dd/yyyy)

**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).



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 ( <i>first, middle, last</i> )	Last 4 digits of SSN

  

Account information
Name of financial institution
Routing number ( <i>9 digits</i> )
Your bank account number
<b>Account type:</b> <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 ( <i>required</i> )	Date ( <i>mm/dd/yyyy</i> )
If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.	

**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).