



Application for a Pension Grant—Chaplains Supplemental Pension Grant Fund

A clergyperson who meets the conditions of eligibility in accordance with paragraph 3.01 of the Chaplains Supplemental Pension Grant Fund shall be eligible to apply for a pension grant from the Fund.

Part 1 – To be completed by the applicant.

The following information is needed by the General Board of Pension and Health Benefits of The United Methodist Church in order to determine your eligibility for a pension grant from the Chaplains Supplemental Pension Grant Fund.

Name _____ Conference _____
Address _____ Social Security # _____

Primary phone # _____
Country of citizenship _____

Part 2 – To be completed by the employer. If more than one employer is involved, a form must be completed by each.

Name of employer _____

Period the above-named clergyperson was employed by the above-named employer as a Chaplain endorsed by The United Methodist Endorsing Agency (previously known as the Section of Chaplains and Related Ministries):

Date of employment: From _____ To _____

Is the above-named clergyperson eligible to receive any pension, or other benefits in lieu thereof (excluding any benefits from the Social Security Administration), for the period he or she was employed by the above-named employer? Yes No

If yes, what is the period of coverage by your pension program? From _____ to _____

Did the above-named clergyperson relinquish any pension benefits which he or she was entitled to receive? Yes No

Signature on behalf of employer _____

Title _____ Date _____

Part 3 – To be completed by the applicant (if he or she is or will be receiving pension benefits from the agency where he or she served as a Chaplain)

I am or will be receiving pension benefits from the agency listed below and do not wish to apply for a grant from the Chaplains Supplemental Pension Grant Fund.

Name of employer _____ Period of service from _____ to _____

Applicant's signature _____ Date _____

Comments: _____

