



School Certificate for Benefits from Comprehensive Protection Plan (CPP)

Student name _____ Birthdate _____
 Student address _____ Social Security # _____
 _____ Conference _____
 Surviving child of _____

Part I – General Information

The Comprehensive Protection Plan (CPP), administered by the General Board of Pension and Health Benefits of The United Methodist Church (General Board), provides educational benefits for children of deceased plan participants. The benefit is available to eligible children ages 18 to 24 who are enrolled in and continue to attend a secondary school or a post-secondary standard school or college as full-time students. The benefit is payable for a maximum of four years of education beyond the secondary school level.

Students of a secondary school must file a school certificate every academic year. For post-secondary students a school certificate must be filed with the General Board every semester, quarter or trimester. This form must be completed and signed by the registrar or another enrollment officer of the school in which the student is enrolled before the student may qualify for an education benefit. Please sign and date this form and return it to the General Board after the registrar or other enrollment official has completed Part 2. The General Board will check with the registrar periodically to confirm your attendance for the entire term. If you do not maintain full-time attendance for the term, the General Board will request that you return the benefits.

If you wish to have your payment sent by electronic funds transfer to your financial institution, please complete a *Depository Agreement for Payments* form.

Part 2 – To Be Completed by the Registrar

This is to certify that the above named student is enrolled as follows:

High School Full-time Semester Beginning _____
 College Part-time Quarter and
 Other Trimester Ending _____

Name of school _____ Accreditation: Yes No
 School address _____ School phone # () _____

With whom (name) _____ Official position _____
 Address _____

Print name of registrar _____
 Signature of registrar _____ Date _____

Official seal (to be stamped by registrar) _____

Part 3 – To be Completed by the Student

Please read the following statement before signing below. Your signature documents your agreement to abide by the terms of the following statement.

I agree that my acceptance of any money advanced to me for the purpose of covering educational expenses shall be subject to the terms and provisions of CPP. Further, I understand and acknowledge that if I discontinue full-time enrollment in an educational institution approved in accordance with the terms of CPP, I shall no longer be entitled to the money advanced to me and shall be required to refund such money to the General Board. In the event I discontinue full-time enrollment in an approved educational institution before the end of the current school term to which this School Certificate applies, I shall refund all of the money advanced to me for such term.

I hereby authorize the school named in Part 2 of this form to respond directly to the General Board and to verify details concerning my enrollment and attendance.

Signature of student _____ Date _____