



Enrollment Form

Clergy Retirement Security Program (CRSP), United Methodist Personal Investment Plan (UMPIP), Comprehensive Protection Plan (CPP), UMLifeOptions

Part I – Participant Statistical Information. To be completed by the clergyperson or plan sponsor or salary-paying unit.

Participant name _____ Primary phone # (____) _____

Home address _____ Alternate phone # (____) _____

_____ Spouse name _____

E-mail address _____ Spouse Social Security # _____

Participant Social Security # _____ Spouse birthdate _____

Participant birthdate _____ Marriage date _____

Participant gender: Male Female Effective date of status _____

Member conference _____

The clergyperson is appointed:

- To a local church To attend school To an extension ministry
 To another conference responsible unit such as the conference or district office

Check one of the statuses below:

- Provisional Elder* Elder in Full Connection* Associate Member*
 Provisional Deacon* Deacon in Full Connection* Member of Other Denomination*
 Student Local Pastor* Full-time Local Pastor* Part-time Local Pastor*
 Full Member* under *The Book of Discipline*, 1992
 Provisional Member* under *The Book of Discipline*, 1992

* If serving less than full-time, check one: ¾ ½ ¼

Part 2 – Church/Employer Information. To be completed by the plan sponsor or salary-paying unit.

Church/employer name(s) _____ Church/Employer #(s) _____

Address _____ Conference _____

_____ Phone # (____) _____

Hours of availability _____ E-mail address _____

Part 3 – Reason for Enrollment. To be completed by the plan sponsor.

- First-time enrollee (never previously enrolled in any plan) Re-enrollment after previous participation
 Addition of a plan Transferred from another plan sponsor

(continued)

Part 4 – Plan Enrollment. To be completed by the plan sponsor.

- UMPIP Effective date _____
- CRSP¹ Effective date _____
- CPP Effective date _____
- UMLifeOptions—Clergy Supplemental Life Insurance Plan^{2,4} Effective date _____
- UMLifeOptions—Lay Long-Term Disability/Life Insurance Plan^{3,4} Effective date _____

¹ Only a conference may sponsor CRSP

² Only available for clergy enrolled in CPP and appointed to at least ½ time appointment

³ Only available for lay employees, and for local pastors and Members of Other Denominations appointed to ½ or ¾ time appointment

⁴ Participants are enrolled automatically if the plan sponsor has adopted the plan and the participants meet the eligibility criteria

Part 5 – Participant Contributions to UMPIP. To be completed by the plan sponsor or salary-paying unit.

Effective date _____

The participant completed a *Before-Tax and After-Tax Contributions Agreement* (or a *Before-Tax and After-Tax Contributions Agreement/Automatic Enrollment Notice*) and elected to contribute at the following rates. If you elected Automatic Enrollment on your UMPIP Adoption Agreement and the participant failed to complete one of these forms, insert the before-tax default percentage below. Enter either the percentage or dollar amount, but *not* both.

Before-tax contributions: _____ % *or* \$ _____ per month

After-tax contributions: _____ % *or* \$ _____ per month

Part 6 – Compensation Information. To be completed by the plan sponsor or salary-paying unit.

Effective date of compensation _____

1. Total Cash Salary: \$ _____

(Cash paid to clergyperson by the church/charge and/or conference. Total cash salary consists of base pay, cash bonuses, equitable compensation, cash allowances, cash to clergyperson for benefit programs, before-tax and after-tax deferrals to UMPIP and other 403(b) programs, section 125 medical reimbursement and designated housing exclusion.) **Total cash salary does not include cash allowances provided in lieu of parsonage.**

IRC Section 107 Housing Exclusion: \$ _____

(Amount included in Total Cash Salary above that has been designated by the charge conference for housing expenses and not subject to federal income taxation.)

2. Housing (check only one):

Parsonage provided

Housing allowance in lieu of parsonage: \$ _____

(Cash provided to clergyperson in lieu of parsonage.) **This amount should not be included in Total Cash Salary.**

Part 7 – Plan Sponsor Information. To be completed by the plan sponsor.

Plan sponsor name _____ Employer # _____

Plan sponsor address _____ Phone # (____) _____

Authorized representative _____ Title _____

Authorized signature _____ Date _____

Please mail this completed form to the General Board of Pension and Health Benefits, Data Team,
1201 Davis Street, Evanston, Illinois 60201-4118. Be sure to keep a copy for your records.
Or you may fax it to the Data Team at **1-847-866-5195**.