



## Enrollment Form

### United Methodist Personal Investment Plan (UMPIP), UMLifeOptions—Lay Long-Term Disability (LTD)/Life Insurance Plan

**Part 1 – Participant Statistical Information.** To be completed by the participant or plan sponsor.

Participant name \_\_\_\_\_ Primary phone # (\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_ Alternate phone # (\_\_\_\_) \_\_\_\_\_

Country of citizenship \_\_\_\_\_ Spouse name \_\_\_\_\_

Participant Social Security # \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_

Participant birthdate \_\_\_\_\_ Spouse birthdate \_\_\_\_\_

Participant gender:  Male  Female Marriage date \_\_\_\_\_

**Part 2 – Employment Information.** To be completed by the plan sponsor.

Date of employment \_\_\_\_\_ Annual compensation\* \_\_\_\_\_

Employee classification, if any \_\_\_\_\_  
\* Please indicate "open" as compensation for hourly employees.

(Must match description as entered on UMPIP adoption agreement section 2.3(a) under "Other".)

For Lay: Number of hours regularly worked per week:

30 or more  20 - 29.9  < 20

For Clergy: Appointed to:

Full-time service  ¾ time service

½ time service  ¼ time service

Parsonage provided

Housing allowance amount, if any \_\_\_\_\_

(Do not include this amount in annual compensation.)

**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

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

United Methodist Personal Investment Plan Effective date \_\_\_\_\_

UMLifeOptions—Lay LTD/Life Insurance Plan<sup>1</sup> Effective date \_\_\_\_\_

<sup>1</sup> Only available for lay employees and for local pastors and Members of Other Denominations appointed to ½ time or ¾ time appointment.

(continued)

**Part 5 – Participant Contributions to UMPIP.** To be completed by the plan sponsor.

Effective date: \_\_\_\_\_

The participant completed a *Before-Tax and After-Tax Contributions Agreement* and elected to contribute at the following rates. If the participant fails to complete this form, but you elected Automatic Enrollment on your *UMPIP Adoption Agreement*, 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

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**Part 6 – 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,  
1901 Chestnut Avenue, Glenview, Illinois 60025-1604. Be sure to keep a copy for your records.  
Or you may fax it to **1-847-866-5195**.