


Concordia Plan Services  
The Lutheran Church - Missouri Synod  
PO Box 229007  
St. Louis, MO 63122-9007

 **CONCORDIA PLANS**  
**Transitional Interim Ministry**  
**(TIM) Pastor Status Change Form**

Toll Free: 888-927-7526  
St. Louis: 314-965-7580  
Fax: 314-996-1127  
E-mail: [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org)  
Website: ConcordiaPlans.org

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

**Employer Information** - Ministry in which placement is commencing

Employer Name		CPS Employer ID #	
Employer Address	City	State	Zip Code
Contact Name	Contact Phone Number	Contact Email Address	

**Member Information**

First Name	Middle Name	Last Name	
Home Address	City	State	Zip Code
Date of Birth	Social Security Number	Preferred Phone Number	
Preferred Email Address	Assignment End Date		

**Member Intentions**

Please indicate your future plans.

It is my intention to actively seek another TIM assignment.

- I understand that I have Benefit coverage through CPS for up to 3 months if enrolled prior to my extension beginning and having already met the eligibility requirements set by the Intentional Ministry Counsel.
- I understand that when I have a new assignment, I will need to complete a new TIM enrollment form.

I intend to fully retire after this TIM assignment.

**Member Signature**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_