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



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 Website: ConcordiaPlans.org

PLEAS	SE PRINT OR TYPE ALL INFORM	MATION IN BLUE OR B	LACK 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 Add	ress	
Member Information				
First Name	Middle Name	Last Name		
Home Address	City		State	Zip Code
Date of Birth	Social Security Numb	per	Preferred Phone Number	
Preferred Email Address		Assig	Assignment End Date	
Member Intentions				
Please indicate your future	plans.			
It is my intention to a	actively seek another TIM assignme	ent.		
	at I have Benefit coverage through nning and having already met the el sel.			
• I understand th form.	at when I have a new assignment, I	will need to complete a r	new TIM enr	ollment

I intend to fully retire after this TIM assignment.

Member Signature			
Member Signature		Date	
Employer Signature	Title	Date	