

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

**Transitional Interim Ministry (TIM) Pastor
Under Age 65 Enrollment Form**

Toll Free: 888-927-7526
St. Louis: 314-965-7580
Fax: 314-996-1127

E-mail: info@ConcordiaPlans.org
Website: ConcordiaPlans.org

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

Clear

Employer Information

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 Date

1	2	3	4	5
Annual Cash Salary Paid Over 12-Month Period	Annual Amount for Housing if: Home Provided (25% of Column 1) Calculate 25% Cash Paid to Worker		Annual Cash Utility Allowance Paid to Worker	Total Compensation Columns 1-4
				\$ 0.00

Member Package Enrollment

To enroll in the Transitional Interim Ministry Pastor program, you are stating that you work more than 20 hours per week. The benefits offered under the program are:

- You will be enrolled as a member in the Concordia Retirement Plan. Any Primary Retirement Benefit in pay status will stop. Service credits extend between assignments. *
- You will be enrolled as a member in the Concordia Disability & Survivor Plan. Coverage continues between assignments. *
- Your participation in the Concordia Retirement Savings Plan is optional.
- You may elect to enroll in the Healthy Me HSA A (BCBS) Option with Dental Premium and Vision Premium. Coverage continues between assignments. *
- If you enroll in the Healthy Me HSA A Option, your eligible dependent(s) may enroll in the Healthy Me HSA A (BCBS) Option with Dental Premium and Vision Premium. Coverage continues between assignments. *

☐ I elect to enroll in the Transitional Interim Ministry Pastor program.

*Transition period maximum of 3 months with contributions waived while seeking another assignment. Continued coverage may be available beyond the 3 months at your expense under the CHP extension program.

Member Concordia Health Plan Election (CHP)

Please indicate the health care option you wish to elect:

- ☐ Healthy Me HSA A (BCBS) with Dental Premium and Vision Premium
- ☐ Decline Coverage

Eligible Dependent(s) Concordia Health Plan Election (CHP)

Important Reminders:

- You must be enrolled in the CHP in order for your eligible dependent(s) to enroll in the CHP.
- Your eligible dependent(s), under age 65, may enroll in the Healthy Me HSA A (BCBS) Option with Dental Premium and Vision Premium
- Your eligible dependent(s), over age 65, may enroll in the Healthy Me HSA A (BCBS) Option with Dental Premium and Vision Premium.

Please indicate the health care option you wish to elect for your eligible dependent(s):

Dependent's Full Name	Date of Birth	Relationship	Social Security Number
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- ☐ Healthy Me HSA A (BCBS) with Dental Premium and Vision Premium
- ☐ Decline Coverage

Dependent's Full Name	Date of Birth	Relationship	Social Security Number
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- ☐ Healthy Me HSA A (BCBS) with Dental Premium and Vision Premium
- ☐ Decline Coverage

Member Signature

Member Signature

Date

Employer Signature

Title

Date