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

CONCORDIA PLANS

Intentional Interim Pastor
Age 65 or Older
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 | Annual Salary

Member Package Enrollment

Please indicate your Package election below. To enroll in Package B, you are stating that you work more than 20 hours per week.

☐ Package A
- You waive participation in the Concordia Retirement Plan
- Your Retirement benefits in pay status will continue
- You waive participation in the Concordia Disability & Survivor Plan
- You waive participation in the Concordia Health Plan
- Your participation in the Concordia Retirement Savings Plan is Optional

☐ Package B
- You will be enrolled as a member in the Concordia Retirement Plan (CRP)
- Any Primary Retirement Benefit in pay status will stop but you may elect to begin In-Service Benefits. To request an In-Service application kit, contact Concordia Plan Services.
- If retirement pension payments do not start when an assignment ends, CRP 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. *

*Transition period maximum of 3 months with contributions waived while seeking another assignment. Continued coverage for your spouse and/or dependents under age 65 may be available beyond the 3 months at your expense under the CHP extension program.

Member Concordia Health Plan Election (CHP) Package B Only

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) Package A or Package B

Important Reminders:

- If you elect Package A:
  - Your eligible dependent(s), age 65 or older, are not eligible 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

- If you elect Package B:
  - Your eligible dependent(s), age 65 or older who wish to enroll in the CHP, must enroll in the same option as you
  - Your eligible dependent(s), under age 65, may enroll in the Healthy Me HSA A (BCBS) Option with Dental Premium and Vison 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

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

Dependent's Full Name | Date of Birth | Relationship | Social Security Number

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

Member Signature

Member Signature | Date

Employer Signature | Title | Date