

A-2

PLEASE PRINT OR TYPE

Personal Information

First Name*	M.I.	Last Name*		
Home Address*	Town/City*		State*	Zip Code*
Social Security Number (111-11-1111)*		Date of Birth (mm/dd/yyyy)*		
Home Phone*	Email Address*			

Previous Employer (Please complete only if you are terminating employment with this employer)

Previous Employer Name			
City	State	Zip	Salary Termination Date
Benefits for Life premiums will be paid by previous employer through: _____(mm/yy)			

Reason for Employment Change

- I have a new employer. (Please check one below and complete the new employer section on the back of this form.)
 - My new employer is my only employer.
 - My new employer is my second employer. I remain employed with my previous employer.

- I am engaged in ministry as a self-employed minister, i.e. Wandering Minister. (Please check one below and complete the new employer section on the back of this form.)
 - I consider my new position as an exercise of my ministry.
 - I am endorsed as a military chaplain, institution chaplain or pastoral counselor by National Ministries, ABCUSA, or an MMBB-affiliated denomination.

Additionally, for billing purposes:

- I will be billed personally.
- The invoice is to be mailed to my employer noted on back of this form.

- I am requesting Continuation of Participation. (Please check one below.)
 - I am temporarily without work that is an exercise of my ministry but seeking placement within the ABCUSA or an MMBB-affiliated organization or exercising my ministry in another setting.
 - I am in or will be entering full-time graduate study and plan to seek placement within the ABCUSA or an MMBB-affiliated organization after I complete my studies.

*required field or section

New Employer (*Wandering Ministers complete this section as the new employer*)

Church or Organization		Church Administrator or Billing Contact	
Billing Contact Phone		Billing Contact Email Address	
Address	Town/City	State	Zip Code
Employment Start Date (mm/dd/yyyy)		Position	
Denomination/Affiliation		Ordination Status Granted By	

If you are clergy, are benefits from your new employer eligible to be paid to you as tax-free housing allowance (to the extent allowed by law)? (Please check one)

- Yes
- No

Annual Compensation (Please complete only for your new employer, for billing purposes)

New annual compensation basis with this employer will become effective: _____ (mo/yr)

A. Annual cash salary (include certain amounts withheld on a pre-tax basis as provided in the plan(s), such as amounts withheld for TAS and Flexible Spending Accounts)\$_____ per year

FOR CLERGY ONLY

B. Housing (either 1 or 2)

→ 1. Parsonage rental value	\$ _____ per year
Parsonage allowance	+ \$ _____ per year
Utilities allowance	+ \$ _____ per year
OR	
Total parsonage	\$ _____ per year
<hr style="width: 50%; margin: 0 auto;"/>	
→ 2. Housing allowance	\$ _____ per year

Total Housing (either 1 or 2)\$_____ per year

C. Social Security/Medicare tax offset\$_____ per year

- Yes, it should be included in the premium calculation
- No, it should not be included in the premium calculation

D. Total annual compensation* \$_____ TOTAL

* Does not include Benefits For Life premiums or TDA contribution, medical premiums, or ministry-related expenses such as car expenses, continuing education, convention expenses, books, periodicals, etc.

Signature of Account holder*	Date (mm/dd/yyyy)*
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Please return this completed form to:

The Ministers and Missionaries Benefit Board
 475 Riverside Drive, Suite 1700 New York, NY 10115-0049
 Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mmbb.org
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