

A-18

Employer Information

PLEASE PRINT OR TYPE

Employer Name	Town/City	State	Zip	Employer Account Number
Print Name of Authorized Church/Employer Representative	Telephone Number	Email Address		
Signature of Authorized Church/Employer Representative	Date Form Completed (mm/dd/yyyy)	Effective Date of Changes (mm/dd/yyyy)		

Compensation Information (Please round to the nearest dollar. This form may be photocopied if more than 8 employees are having compensation changes.)

Member Name (list only employees who have a compensation change)	Social Security Number (111-11-1111)	Annual Cash Salary*	CLERGY ONLY		Social Security/Medicare Offset	Total Annual Compensation
			Housing (Parsonage AND OR Housing Allowance)			
		A	B	OR	C	A+B+C
			PARSONAGE Sum of parsonage rental value, parsonage and utilities allowance	HOUSING ALLOWANCE Housing allowance	Dollar amount	Include in Comprehensive Plan premium calculation? (Y/N)
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No

Please return this completed form to:

MIMBB Financial Services
475 Riverside Drive, Suite 1700 New York, NY 10115-0049
Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mimbb.org

*1 Include amounts to be withheld for Member Contribution Plan and Flexible Spending Account

Page ____ of ____

Billing Reminders

To Request Billing Changes This Form Must Be Returned To MMBB

1. Only an *authorized* Church/Employer representative (an individual authorized to report changes on behalf of the church) should report all compensation changes for employees who are participating in the Comprehensive Plan, Retirement Only, or the Member Contribution Plan using one of the following:
 - a. Mail this form to MMBB Financial Services at 475 Riverside Drive, Suite 1700 New York, NY 10115.
 - b. Email this form to forms@mmbb.org.
 - c. Fax this form to the attention of Billing at 800.986.6782.
 - d. Any questions, please call a Senior Benefit Specialist at 800.986.6222.

Please do not send billing changes to the lockbox address in Dallas.
2. If there are any changes in the amount of contributions for the Member Contribution Plan, a new *Salary Reduction Agreement* form (A-13a) must be completed.
3. If there are any changes to contributions for the Retirement Only Plan, a *Change of Contribution* form (A-13b) must be completed.

New Enrollment in the Retirement Only Plan or the Member Contribution Plan

When a member enrolls in either of these plans for the first time, a *Membership Application* form (A-1) must be completed. In addition when enrolling in the Member Contribution Plan, a *Salary Reduction Agreement* form (A-13a) is also required.

Special Note for Clergy

Clergy who wish to enroll in the Member Contribution Plan **must** have reported cash compensation. In addition there is an IRS limit to the amount of employer contributions available to clergy reporting 100% of compensation as housing allowance. Please contact a Senior Benefits Specialist for details.

To request any of the forms noted above, email us at service@mmbb.org or call us toll free.