

Application for a Pension Grant—Chaplains Supplemental Pension GrantFund

A clergyperson who meets the conditions of eligibility in accordance with paragraph 3.01 of the Chaplains Supplemental Pension Grant Fund shall be eligible to apply for a pension grant from the Fund.

The following information is needed by Wespath Benefits and Ir pension grant from the Chaplains Supplemental Pension Grant		ur eligibility for a
Name	Conference	
Address	Social Security # (last 5 digits)	
	Primary phone #	
Country of citizenship		
Part 2 – To be completed by the employer. If more than one en	mployer is involved, a form must be c	ompleted by each.
Name of employer		
Period the above-named clergyperson was employed by the above-hodist Endorsing Agency (previously known as the Section of		endorsed by The United
Date of employment: From To		
Is the above-named clergyperson eligible to receive any pension the Social Security Administration), for the period he or she was If <i>yes</i> , what is the period of coverage by your pension program?	s employed by the above-named em	ployer? 🔲 Yes 🖵 No
Did the above-named clergyperson relinquish any pension ben	nefits which he or she was entitled t	o receive? 🗖 Yes 📮 No
Signature on behalf of employer		
	Date	
Part 3 – To be completed by the applicant (if he or she is or will she served as a Chaplain)	I be receiving pension benefits from	the agency where he or
I am or will be receiving pension benefits from the agency listed Chaplains Supplemental Pension Grant Fund.	d below and do not wish to apply for	a grant from the
Name of employer	Period of service from	To
Applicant's signature		
Comments:		

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.