

Waiver of Participation

Compass Retirement Plan (Compass)

Part 1 – Participant Information. To be completed by the clergyperson or conference.

Name _____	Primary phone # (____) _____
Home address _____	Alternate phone # (____) _____
_____	Spouse name _____
Social Security # ____ _	Spouse Social Security # ____ _
Birth date _____	Spouse birth date _____
Gender: ☐ Male ☐ Female	Marriage date _____
Member conference _____	Effective date of status _____
Church/employer name _____	Church/Employer # _____

The clergyperson is appointed:

- ☐ To a local church
☐ To an extension ministry
☐ To another conference responsible unit such as the conference or district office

Check one of the statuses below:

- | | |
|---|---|
| ☐ Provisional Elder | ☐ Elder in Full Connection |
| ☐ Provisional Deacon | ☐ Deacon in Full Connection |
| ☐ Student Local Pastor | ☐ Associate Member |
| ☐ Full Member | ☐ Member of Other Denomination |
| ☐ Provisional Member | ☐ Part-time Local Pastor |

Appointment category, check one: ☐ Three-quarter time ☐ Half-time

Compensation Information:

Effective date of compensation _____

- Cash Salary: \$ _____
 (Annual base wages or salary paid to clergyperson by the church/charge and/or conference. This amount should include, at the conference's election on a plan adoption agreement, any additional wages or salary paid to the clergyperson in lieu of conference-provided group health plan coverage, including coverage of the clergyperson's family members.)
Cash salary reported here should not include cash housing allowance provided in lieu of parsonage (see #2 below).
- Housing (check only one):
☐ Parsonage provided
☐ Housing allowance in lieu of parsonage: \$ _____
 (Cash provided to clergyperson in lieu of parsonage.) **This amount should not be included in Cash Salary above in #1.**

Part 2 – Waiver of Participation

I, as a clergyperson serving less than full-time, a part-time local pastor or student local pastor, hereby elect to waive my right to the following contributions in Compass, administered by Wespath. I understand that because of this election, no contributions of the type specified below will be remitted to this plan on my behalf for the period for which I have waived participation. This waiver is binding on me, on my heirs, on my personal representatives and on all other persons who might otherwise claim benefits because of my participation in the plan.

I waive my right to the following Compass contributions (check one):

- ☐ Plan sponsor (UMC) contributions only
☐ Participant and plan sponsor contributions

Beginning _____ (effective date), I waive participation in Compass with respect to the contributions selected above until such time I revoke this waiver. I understand I cannot waive participation for any period prior to the effective date of this waiver. [The effective date must be the first day of a month or your appointment date. The waiver form must be signed, notarized and submitted to the conference no later than 60 days following the effective date. (For example, the form must be completed and submitted to the conference by August 29 to be effective the previous July 1 of the same year.)]

I also understand that the conference is not responsible for contributions for any period of time for which my waiver of participation is in effect.

Part 3 – Participant Signature and Notarization

Signature _____ Date _____

Sworn before me on this _____ day of _____, 20 _____

Signature of notary _____ Seal _____

Clergyperson: After completion, please provide the original signed and notarized form to your conference office no later than 60 days following the effective date of the waiver.

Part 4 – Conference Signature

Conference name _____

Conference # _____ Employer # 3 3 5 _____

Authorized signature _____ Date _____

Print name _____ Title _____

Conference: Upon receipt, please verify, sign and date the form no later than 60 days following the effective date of the waiver.

Please complete this form and either enter this waiver information in Benefits Access Portal or send it by:

- E-mail (scanned copy) to activeteam@wespath.org, or
- Fax to **1-847-866-5195**, or
- Mail to Wespath
Active Benefits
1901 Chestnut Avenue, Glenview, IL 60025

Be sure to keep a copy for your records.