Wespath

1901 Chestnut Avenue
Glenview, Illinois 60025-1604
wespath.org

Critical or Terminal Illness Certification

Compass Retirement Plan (Compass) and Ministerial Pension Plan (MPP)

Information

This *Critical or Terminal Illness Certification* form should be completed by participants who meet the Compass Retirement Plan or Ministerial Pension Plan (Compass or MPP) definition of Disability, are retired or terminated, with the participant's physician certifying that the participant is critically or terminally ill. Upon such certification, the participant will be eligible to elect an immediate distribution of Compass plan sponsor contributions and associated earnings (Compass Directed Balance), and/or their entire MPP balance and will be exempt from the requirement to receive that balance in the form of LifeStage Retirement Income or an annuity.

The IRS may require you to pay a 10% additional tax on early distributions (generally prior to age 59½)—in addition to any federal or state taxes that would otherwise be due—except under certain circumstances, including permanent disability.

If your physician certifies via this form that you are permanently disabled, Wespath will apply the IRS code as being due to permanent disability to your early distribution from your retirement accounts in Box 7 of your *Form 1099-R*. This will exempt your distribution from the additional 10% tax.

This form may not be altered in any way or substituted with any other form of disability certification. Any such alteration or substitution is considered invalid.

Wespath will mail you a confirmation once the completed form has been processed.

Instructions

Use a black pen and print clearly in CAPITAL LETTERS.

Part 1 – Enter your personal information.

Part 2 – Ask your physician to complete this section of the form.

Part 3 – Ask your physician to complete this section of the form (if applicable).

Make sure your physician provides their name, credentials and signature at the bottom of the form before submitting the form to Wespath.

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Part 1 – Personal Information

Name _____ Social Security # (last 5 digits) _____ _____

Address _____ Primary phone # _____

_____ Conference/Employer _____

Part 2 – Critical or Terminal Illness Physician Certification (to be completed by physician)

I hereby certify that in my medical opinion (*print patient's name*) _____

as of (*effective date*) _____ meets the definition of critical or terminal illness as those terms defined below.

Critical Illness: Any life-threatening condition that requires pharmacological and/or mechanical support of vital organ functions without which death would be imminent. Examples of illnesses include but are not limited to: heart attack, stroke, major organ transplant and certain cancers.

Terminal Illness: An illness that has no known cure or has progressed to a point where it cannot be cured, and in my opinion as the participant's physician, it is expected to lead to death within 24 months.

Part 3 – Permanent Disability Physician Certification (to be completed by physician, if applicable)

I hereby certify that in my medical opinion (*print patient's name*) _____

as of (*effective date*) _____ is permanently disabled, as defined below by Section 72(m)(7) of the Internal Revenue Code:

Permanently Disabled: Unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment, which can be expected to result in death or to be of long-continued and indefinite duration.

I further certify that I am a physician licensed to practice medicine in one or more states of the United States of America and that I have examined the foregoing patient in the course of forming my opinion.

Physician name (*printed*) _____ Degree _____

State of jurisdiction of medical license _____ Specialty _____

Signature _____ Date _____

If you are NOT completing this document online, please complete it and return to Wespath by one of the following methods:

Email scanned copy to: retirementteam@wespath.org or
Fax to: 847-866-4677 or
Mail to: Wespath
Attention: Retirement Team
1901 Chestnut Avenue
Glenview, IL 60025-1604

Be sure to keep a copy for your records.

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.