



Enrollment Form

Clergy Retirement Security Program (CRSP), United Methodist Personal Investment Plan (UMPIP), Comprehensive Protection Plan (CPP), Basic Protection Plan (BPP)

Part 1 – Participant Statistical Information. To be completed by the clergyperson or plan sponsor or salary-paying unit.

Participant name _____ Home phone # (____) _____

Home address _____ Work phone # (____) _____

_____ Spouse name _____

Participant Social Security # _____ Spouse Social Security # _____

Participant birthdate _____ Spouse birthdate _____

Participant gender: ☐ Male ☐ Female Marriage date _____

Member conference _____ Effective date of status _____

The clergyperson is appointed:

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

Check one of the statuses below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Probationary Elder* | <input type="checkbox"/> Elder in Full Connection* | <input type="checkbox"/> Associate Member* |
| <input type="checkbox"/> Probationary Deacon* | <input type="checkbox"/> Deacon in Full Connection* | <input type="checkbox"/> Member of Other Denomination* |
| <input type="checkbox"/> Student Local Pastor* | <input type="checkbox"/> Full-time Local Pastor* | <input type="checkbox"/> Part-time Local Pastor* |
| <input type="checkbox"/> Full Member* under <i>The Book of Discipline</i> , 1992 | | |
| <input type="checkbox"/> Probationary Member* under <i>The Book of Discipline</i> , 1992 | | |

* If serving less than full time, check one: ☐ ¾ ☐ ½ ☐ ¼

Part 2 – Church/Employer Information. To be completed by the plan sponsor or salary-paying unit.

Church/employer name _____ Church/Employer # _____

Address _____ Conference _____

_____ Phone # (____) _____

Hours of availability _____

Part 3 – Reason for Enrollment. To be completed by the plan sponsor.

- | | |
|--|---|
| <input type="checkbox"/> First-time enrollee (never previously enrolled in any plan) | <input type="checkbox"/> Re-enrollment after previous participation |
| <input type="checkbox"/> Addition of a plan | <input type="checkbox"/> Transferred from another plan sponsor |

Part 4 – Plan Enrollment. To be completed by the plan sponsor.

- ☐ UMPIP Effective date _____
- ☐ CRSP* Effective date _____
- ☐ CPP Effective date _____
- ☐ BPP Effective date _____

* Only a conference may sponsor CRSP.

Part 5 – Participant Contributions to UMPIP. To be completed by the plan sponsor or salary-paying unit.

Effective date _____

The participant completed a *Before-Tax and After-Tax Contributions Agreement* (or a *Before-Tax and After-Tax Contributions Agreement/Automatic Enrollment Notice*) and elected to contribute at the following rates. If you elected Automatic Enrollment on your UMPIP adoption agreement and the participant failed to complete one of these forms, insert the before-tax default percentage below. Enter either the percentage or dollar amount, but *not* both.

Before-tax contributions: _____ % *or* \$ _____ per month

After-tax contributions: _____ % *or* \$ _____ per month

Part 6 – Compensation Information. To be completed by the plan sponsor or salary-paying unit.

Effective date of compensation _____

1. Total Cash Salary: \$ _____

(Cash paid to clergyperson by the church/charge and/or conference. Total cash salary consists of base pay, cash bonuses, equitable compensation, cash allowances, cash to clergyperson for benefit programs, before-tax and after-tax deferrals to UMPIP and other 403(b) programs, section 125 medical reimbursement and designated housing exclusion.) **Total cash salary does not include cash allowances provided in lieu of parsonage.**

IRC Section 107 Housing Exclusion: \$ _____

(Amount included in Total Cash Salary above that has been designated by the charge conference for housing expenses and not subject to federal income taxation.)

2. 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 Total Cash Salary.**

Part 7 – Plan Sponsor Information. To be completed by the plan sponsor.

Plan sponsor name _____ Employer # _____

Plan sponsor address _____ Phone # (____) _____

Authorized representative _____ Title _____

Authorized signature _____ Date _____

Please mail this form to the Data team at the address on the first page. Be sure to keep a copy for your records.
Or, you may fax it to the Data team at 1-847-866-5195.