



Enrollment

United Methodist Personal Investment Plan (UMPIP), UMLifeOptions—Lay Long-Term Disability (LTD)/Life Insurance Plan

Part 1 – Participant Information. To be completed by the participant or plan sponsor.

Participant name _____ Primary phone # (____) _____

Home address _____ Alternate phone # (____) _____

Country of citizenship _____ Spouse name _____

Participant Social Security # _____ Spouse Social Security # _____

Participant birth date _____ Spouse birth date _____

Participant gender: Male Female Marriage date _____

Part 2 – Employment Information. To be completed by the plan sponsor.

Date of employment _____ Annual compensation _____

Employee classification, if any _____ Open bill*

(Must match description as entered on UMPIP adoption agreement section 2.3(a) under "Other".)

For Lay: Number of hours regularly worked per week:
 30 or more 20 - 29.9 < 20

For Clergy: Appointed to:
 Full-time service ¾ time service
 ½ time service ¼ time service

Parsonage provided
 Housing allowance amount, if any _____
 (Do not include this amount in annual compensation.)

* Check this box if the participant is hourly and you do not want us to use this compensation for contribution calculation purposes. If this box is checked, we will use compensation only for retirement income projections; therefore, you may enter any reasonable approximation of annual compensation (e.g., base pay or average earned pay).

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

First-time enrollee (never previously enrolled in any plan) Re-enrollment after previous participation

Addition of a plan Transferred from another plan sponsor

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

United Methodist Personal Investment Plan Effective date _____

UMLifeOptions—Lay LTD/Life Insurance Plan¹ Effective date _____

¹ Only available for lay employees and for local pastors and Members of Other Denominations appointed to ½ time or ¾ time appointment.

(continued)

Part 5 – Participant Contributions to UMPIP. To be completed by the plan sponsor.

Effective date: _____

The participant completed a *Contribution Election* form and elected to contribute at the following rates. If the participant does not complete this form, but you elected Automatic Enrollment on your *UMPIP Adoption Agreement*, insert the before-tax default percentage below. Enter either the percentage or dollar amount, but **not** both.

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

Roth contributions: _____ % *or* \$_____ per month

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

Part 6 – 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 complete this form and send it by:

- E-mail (scanned copy) to prcwebteam@gbophb.org or
- Fax to **1-847-866-5195** or
- Mail to General Board of Pension and Health Benefits
1901 Chestnut Avenue, Glenview, IL 60025

The plan sponsor/salary-paying unit should keep the original form for its payroll records.