Bethany Benefit Service

Providing church-worker benefit billing for the churches and institutions of the Evangelical Covenant Church.

Transfer of Benefits

Please note that a Termination of Employment form from your previous employer is also required in order to process a transfer of benefits

This letter is to request the transfer of insurance for the following employee to the following Covenant organization.

Name _____ **Social Security Number** _____

Effective date of change _____

Updated home address _____

Phone _____ Home email _____

Type of health coverage: (Note: If your health insurance coverage is changing at the time of transfer, please request the appropriate form to complete the change)

◯ Individual coverage ◯ Family Coverage ◯ Waive health insurance and elect only life & long-term disability insurances

Employment Information

Employer name _____

Billing address _____

Phone _____ Work email _____

Check one: ◯ Minister ◯ Church Worker ◯ Missionary

Check one: ◯ Full time (30 or more hours per week) ◯ Part time (20-29 hours per week)

Annual base salary (include SECA paid to minister or withheld from check) _____

Parsonage provided? (do <u>not</u> include in base salary) ◯ Yes ◯ No

Housing allowance (do <u>not</u> include in base salary) _____

Signature _____ Treasurer/Business Manager Signature _____

Return completed form to Bethany Benefit Service

Mail: P.O. Box 316560; Chicago, IL 60631-6560
Fax: (773) 784-2249
Email: bethany@covchurch.org