Bethany Benefit Service

P.O. Box 316560, Chicago, Illinois 60631
Fax: (773) 784-2249 | Email: bethany@covchurch.org

Transfer of Benefits

Instructions: Fill out and return this form to Bethany Benefit Service.

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

1. YOUR INFORMATION

Name: _____ SSN: _____

Effective Date of Change: _____ /_____ /_____

Previous employer: _____

Updated home address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone #: _____

2. TYPE OF 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

3. 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 not include in base salary) ☐ Yes ☐ No

Housing allowance (do not include in base salary) $ _____

4. AUTHORIZED SIGNATURES

This form, signed by the policyholder and an authorized representative of the employer (treasurer, business manger, etc.), is to request the transfer of benefits or employment for the indicated policyholder as stated above.

Policyholder Signature: _____ Date: _____ /_____ /_____

Treasurer/Businesss
Manager Signature: _____ Date: _____ /_____ /_____