



# COVENANT PENSION PLAN

## UPDATE FORM

Begin Pension Billing     Change of Address     Change of Pastorate

Name  Check one:  Male     Female

Address   
Street, City, State, Zip

Phone     Date of birth     Email

I am a new participant.

I do not hold Covenant standing but would like to participate in the Pension Plan, if eligible. Please send more information.

### Moving from:

Church name     Ending date

Address

### Moving to: (church currently called to or serving)

Church name     Starting date

Address

Send premium invoice to: (check one)     Church     Conference office     Other church

**Position** (check one)     Pastor     Associate pastor     Minister of visitation     Youth director     Missionary

Director of Christian Education     Other:

**Covenant standing** (check one)     Ordained     Commissioned     Licensed, currently hold  license

**Other denomination:**      Ordained

Signature

**Office Use Only**     CIS     Bill     Dbase

The Evangelical Covenant Church  
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