



COVENANT PENSION PLAN UPDATE FORM

Begin Pension Billing Change of Address Change of Pastorate Stop Pension Billing

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.
 I am no longer employed full time (30 hours) and/or my income is less than \$9,000. **Please remove me from the Pension Plan.**

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

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 Date

The Evangelical Covenant Church
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Department of the Ordered Ministry
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