



Waiver of Participation

Clergy Retirement Security Program (CRSP)

Part I – Participant Information. To be completed by the clergyperson or plan sponsor or salary-paying unit.

Name _____ Primary phone # (____) _____
 Home address _____ Alternate phone # (____) _____
 _____ Spouse name _____
 Social Security # _____ Spouse Social Security # _____
 Birthdate _____ Spouse birthdate _____
 Gender: Male Female Marriage date _____
 Member conference _____ Effective date of status _____
 Church/employer name _____ Church/Employer # _____

The clergyperson is appointed:

- To a local church
- To an extension ministry
- To another conference responsible unit such as the conference or district office

Check one of the statuses below:

- Provisional Elder Elder in Full Connection
- Provisional Deacon Deacon in Full Connection
- Student Local Pastor Associate Member
- Full Member Member of Other Denomination
- Provisional Member Part-time Local Pastor

Appointment percentage, check one: ¾ ½ ¼

Part 2 – Waiver of Participation

I, as a clergyperson serving less than full-time, a part-time local pastor or student local pastor, hereby elect not to participate in CRSP, administered by the General Board of Pension and Health Benefits. I understand that by waiving participation in CRSP, I waive participation in both the monthly defined benefit and the defined contribution account portions of the program. Because of this election, no contributions will be remitted to this plan on my behalf and I will receive no credited service for the period for which I have waived participation. This waiver is binding on me, on my heirs, on my personal representatives and on all other persons who might otherwise claim benefits because of my participation in the plan.

(continued)

Beginning _____ 1, 20__ __ (effective date), I waive participation in CRSP until such time I revoke this waiver. I understand I cannot waive participation for any period prior to the effective date of this waiver. The effective date must be the first day of a month. The waiver form must be signed, notarized and submitted to the conference no later than 60 days following the effective date. For example, the form must be completed and submitted to the conference by August 29 to be effective July 1 of the same year.

I also understand that the plan sponsor is not responsible for contributions for any period of time for which my waiver of participation is in effect.

Part 3 – Participant Signature and Notarization

Signature _____ Date _____

Sworn before me on this _____ day of _____, 20_____

Signature of notary _____ Seal _____

Participant: After completion, please mail the original signed and notarized form to your conference office no later than 60 days following the effective date of the waiver.

Part 4 – Plan Sponsor (Conference) Signature

Conference name _____

Conference # _____ Employer # 3 3 5 _____

Authorized signature _____

Print name and title _____ Date _____

Plan Sponsor: Upon receipt, please verify, sign and date the form. After completion, please mail the original of this form to the Data Team at the address on the first page of this form, or fax it to 1-847-866-5195. Be sure to keep a copy for your records.