

Participant Change Form

Employer Information		
Church Name:		Plan No:
Street Address		Division Code
City:	State:	Zip:

Please complete one form for each participant that you are making changes for

Participant Information	
Name:	SSN#:

Status Change	
<input type="checkbox"/> Termination <input type="checkbox"/> Inactive <input type="checkbox"/> Re-Activation <input type="checkbox"/> Disability	Effective Date:

Salary Change	
Salary Change (Annual amt) \$	Effective Date:

Identifying personal information is treated confidentially

Name Change	
Required - attach documentation for name change: marriage license, social security card, divorce decree, separation document, or death certificate	
Name (Changed to):	SSN#:
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	Effective Date:

Address Change	
Effective Date:	Street Address:
	City: State: Zip:

Employee Signature: _____	Date: _____
Employer's Authorized Signature _____	Date: _____
Title: _____	