



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 # _____

Birth date _____ Spouse birth date _____

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 category, check one: Three-quarter time Half-time

Compensation Information:

Effective date of compensation _____

1. Total cash salary: \$ _____
(Cash paid to clergyperson by the church/charge and/or conference. Total cash salary consists of base pay, cash bonuses, equitable compensation, cash allowances, cash to clergyperson for benefit programs, before-tax and after-tax deferrals to UMPIP and other 403(b) programs, section 125 medical reimbursement and designated housing exclusion.) **Total cash salary does not include cash allowances provided in lieu of parsonage.**

IRC Section 107 Housing Exclusion: \$ _____

(Amount included in Total Cash Salary above that has been designated by the charge conference for housing expenses and not subject to federal income taxation.)

2. Housing (check only one):
 - Parsonage provided
 - Housing allowance in lieu of parsonage: \$ _____
(Cash provided to clergyperson in lieu of parsonage.) **This amount should not be included in Total Cash Salary.**

(continued)

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.

Beginning _____ (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 or your appointment date. 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 the previous 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 _____

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

Part 4 – Conference Signature

Conference name _____

Conference # _____ Employer # 3 3 5 _____

Authorized signature _____

Print name and title _____ Date _____

Upon receipt, please verify, sign and date the form no later than 60 days following the effective date of the waiver.

Please complete this form and send it by:

- E-mail (scanned copy) to prcwebteam@gbophb.org or
- Fax to **1-847-866-5195** or
- Mail to General Board of Pension and Health Benefits, Retirement Benefits Team
1901 Chestnut Ave., Glenview, IL 60025-1604

Be sure to keep a copy for your records.