



Enrollment Form

United Methodist Personal Investment Plan (UMPIP), UMLifeOptions—Lay Long-Term Disability (LTD)/Life Insurance Plan

Part 1 – Participant Statistical Information. To be completed by the participant or plan sponsor.

Participant name _____ Primary phone # (____) _____

Home address _____ Alternate phone # (____) _____

Country of citizenship _____ Spouse name _____

Participant Social Security # _____ Spouse Social Security # _____

Participant birthdate _____ Spouse birthdate _____

Participant gender: Male Female Marriage date _____

Part 2 – Employment Information. To be completed by the plan sponsor.

Date of employment _____ Annual compensation* _____

Employee classification, if any _____
* Please indicate "open" as compensation for hourly employees.

(Must match description as entered on UMPIP adoption agreement section 2.3(a) under "Other".)

For Lay: Number of hours regularly worked per week:

30 or more 20 - 29.9 < 20

For Clergy: Appointed to:

Full-time service ¾ time service

½ time service ¼ time service

Parsonage provided

Housing allowance amount, if any _____

(Do not include this amount in annual compensation.)

Part 3 – Reason for Enrollment. To be completed by the plan sponsor.

First-time enrollee (never previously enrolled in any plan) Re-enrollment after previous participation

Addition of a plan Transferred from another plan sponsor

Part 4 – Plan Enrollment. To be completed by the plan sponsor.

United Methodist Personal Investment Plan Effective date _____

UMLifeOptions—Lay LTD/Life Insurance Plan¹ Effective date _____

¹ Only available for lay employees and for local pastors and Members of Other Denominations appointed to ½ time or ¾ time appointment.

(continued)

Part 5 – Participant Contributions to UMPIP. To be completed by the plan sponsor.

Effective date: _____

The participant completed a *Before-Tax and After-Tax Contributions Agreement* and elected to contribute at the following rates. If the participant fails to complete this form, but you elected Automatic Enrollment on your *UMPIP Adoption Agreement*, insert the before-tax default percentage below. Enter either the percentage or dollar amount, but **not** both.

Before-tax contributions: _____ % *or* \$ _____ per month

After-tax contributions: _____ % *or* \$ _____ per month

Part 6 – Plan Sponsor Information. To be completed by the plan sponsor.

Plan sponsor name _____ Employer # _____

Plan sponsor address _____ Phone # (____) _____

Authorized representative _____ Title _____

Authorized signature _____ Date _____

Please mail this completed form to the General Board of Pension and Health Benefits,
1901 Chestnut Avenue, Glenview, Illinois 60025-1604. Be sure to keep a copy for your records.
Or you may fax it to **1-847-866-5195**.