



## 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Provisional Elder    | <input type="checkbox"/> Elder in Full Connection     |
| <input type="checkbox"/> Provisional Deacon   | <input type="checkbox"/> Deacon in Full Connection    |
| <input type="checkbox"/> Student Local Pastor | <input type="checkbox"/> Associate Member             |
| <input type="checkbox"/> Full Member          | <input type="checkbox"/> Member of Other Denomination |
| <input type="checkbox"/> Provisional Member   | <input type="checkbox"/> Part-time Local Pastor       |

Appointment percentage, check one:  ¼  ½  ¾

**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 \_\_\_\_\_ 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.

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**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.**

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**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 no later than 60 days following the effective date of the waiver. Please mail this completed form to the General Board of Pension and Health Benefits, Data Team, 1201 Davis Street, Evanston, Illinois 60201-4118. Be sure to keep a copy for your records. Or you may fax it to the Data Team at 1-847-866-5195.**