

Compensation/Contribution Change Request

Please Print or Type

Account Number:	Town/State/Zip	
Employer/Church Name:	Tel Number:	Fax Number:
Print Name of Person Completing the Form:	Email Address:	
Date Form Completed:	Effective Date of Changes:	

			CLERGY ONLY					Contributions Use Percentage or Dollar Amounts		
Member Name: <small>(list only employees who have a compensation or contribution change)</small>	Social Security No. (last 4 digits)	Annual Cash Salary	Parsonage or Housing Allowance	Social Security /Medicare Offset Total	Total Annual Compensation	403 (b) Employer/ Church Contribution	* Employee Deferral Contribution	LOAN Payroll Deduction	INSURANCE Enrolled (Yes or No)	

* **Employee Deferral Contribution:** For new or change please complete the Salary Reduction Agreement Form printed on the other side of this page.

Please return this completed form to the address below or fax it to 770-220-1661 for processing:
Church Benefits Board
 2930 Flowers Road South, Suite 133A
 Atlanta, GA 30341
 Phone: (800) 352-8741