

CBB Acct# \_\_\_\_\_

Please check below the participant program enrollment(s), indicate monthly contribution amount or salary annual percentage, and the plan effective date.

	Monthly Contributions	Effective Date
<input type="checkbox"/> <b>403(b) Church/Employer Retirement Plan Contribution</b>		
<input type="checkbox"/> <b>403(b) Employee Deferral Election Contribution</b> <i>I elect to defer from each paycheck the following percentage or amount as pre-tax contribution. Complete the <b>CBB SRA Form</b> for payroll processing, see 2<sup>nd</sup> page for more info on Employee Plan</i>		
<input type="checkbox"/> <b>Employer Participation in Insurance &amp; Services</b> <i>Requires enrollment in a <b>403(b) Employer Retirement Plan</b> to be eligible. Complete the <b>Life &amp; Disability Insurance Beneficiary Form</b> for insurance company compliance.</i>	<b>3%</b>	

**Note:** The effective date can't be prior to the employee's hire date. The first month's premium check will be allocated to the month indicated above.

Participant Information					
Title	Last Name	First Name		Middle Initial	
Home Address		Town/City State Zip Code			
Email		Social Security #		Date of Birth	
Date of Hire	Position	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Home Phone		
Dependent Information (if applicable)					
Spouse's Full Legal Name First/Middle/Last		Social Security Number		Date of Birth	
Child's name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth		
Child's name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth		
Child's name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth		
Child's name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth		
Employment Information					
Church or Organization		Employer/Administrator Phone		Fax#	
Address		Town/City State Zip Code			
Administrator Name		Email			
For Clergy: Please indicate ministerial status <input type="checkbox"/> Ordained <input type="checkbox"/> Commissioned <input type="checkbox"/> Licensed		Ordination Status Granted By <input type="checkbox"/> CBF church <input type="checkbox"/> Other church			
For Clergy: Is your employer eligible to designate a portion of your compensation as housing allowance or rental value of parsonage, plus utilities, which would not be reported as taxable income? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you currently enrolled in a medical plan, or do you intend to enroll following the submission of the Retirement Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Contributions will continue until I request an end date <input type="checkbox"/> Contributions will end (provide date):					

**COMPENSATION INFORMATION IS REQUIRED TO ENSURE COMPLIANCE WITH IRS REGULATIONS**

(Calculate carefully; amount is used to ensure compliance with IRS regulations regarding contribution limits. Application won't be processed without this information)

Compensation Amount (round to the nearest dollar)	Per Year	Per Year Total
<b>A) Annual Cash Salary</b> (include amounts to be withheld for per year Employee Payroll Contribution & Flexible Spending Accounts)		
<b>B) Housing (complete either 1 or 2)</b>		
<b>1 Housing Allowance.</b>		
<b>OR</b>		
<b>2 Parsonage rental value</b>		
Parsonage allowance		
Utilities allowance		
<b>Total Parsonage</b>		
<b>Total Housing (from 1 or 2)</b>		
<b>C) Social Security/Medicare Tax Offset</b>		
<input type="checkbox"/> Yes, it should be included in the premium calculation		
<input type="checkbox"/> No, it should not be included in the premium calculation		
<b>D) Total Annual Compensation</b>		
Does not include life & disability premiums or retirement contribution, medical premiums, or ministry—related expenses such as car expenses, continuing education, convention expenses, books, periodicals, etc		

**403(b) Employee Payroll Election Contributions**

- The maximum deferral limits are calendar year limits that include all plans you have participated in during the year is **\$16,500**.
- Participants who will be age 50 or older this year, may elect to make catch-up contributions. You may defer an additional **\$5,500** catch-up contribution. Participants must first reach the maximum deferral limits under the regulations or other limits defined by the plan before any catch-up contributions may be made.

By checking this box, I am confirming that I will be age 50 or older this year and would like to make catch-up contributions. Furthermore, I confirm that the 403(b) Employer Payroll deferral election made above includes any amounts that I am permitted to designate as catch up contributions.

**Insurance & Service Participant**

Effective on the 1st of the following month that the employee is approved and for which premiums are paid. The eligible employee shall be enrolled in the CBF-CBB *Group Life, AD&D, Long Term Disability* and all other insurance and benefit programs available to its eligible employees and their eligible dependents. The effective date of this insurance coverage is intended to be first of the month as outlined above or such other date as the Insurance Companies approve, whichever is later. If approved, no insurance for which evidence of insurability or good health is required will become effective until approved by the Insurance Company at its Home Office.

By this application, the Employer/Applicant agrees and accepts the terms of the Insurance Agreements established by CBB for so long as they elect to participate in the Benefits Program. This includes all future amendments to any Agreement and any Rules and Regulations adopted by the CBB under the Agreements.

The Employer/Applicant authorizes the Church Benefits Board to act as its agent for the purposes set forth in any and all Insurance agreements for the individual named above. This includes functions relevant to the procurement of group insurance policies, including but not limited to: (1) execution of applications for any master group insurance policy(ies); (2) holding any master group insurance policy(ies); and (3) delegation of agency to insurers.

The Employer/Applicant acknowledges that the master group insurance policy or summary of benefits held by CBB under which insurance is provided may contain numerous optional provisions which are available in order to provide each participating employer with the ability to select provisions which meet its own needs. It is understood and agreed that only those provisions which appear in a Summary of Benefits or certificate provided to the each participating employer apply to such participating employer's insurance coverage, including the Employer/Applicant.

**Participation Authorization**

- I authorize the Church Benefits Board to execute my directions as set forth above.
- I understand these directions will be in effect until a subsequent election is submitted, or as required by law or the Plan.
- I understand that all benefits and rights to which I am entitled under the Plan will be determined only in accordance with the Plan and Trust Agreement, all amendments thereto, and regulations thereunder. I agree, if more than one beneficiary is designated, payments will be made in equal shares to those persons designated as beneficiaries who survive me, unless indicated otherwise
- I understand that my ability to take distributions from my account may be limited.
- I understand my contributions and account balance are automatically invested in the default fund directive, unless I elect to make investment choices.
- I understand that my eligibility for premium-paying membership depends upon my continuing to serve a church or organization appropriately related to the Cooperative Baptist Fellowship, Inc., continuing to serve in ministry as a member ordained by the CBF, and/or continuing to serve in ministry as a member whose ordination is in good standing with CBF.
- I agree to adhere to the provisions and any amendments of said plans for which I apply.

Signature of Applicant	Date
Signature of Employer	Date

Please keep a copy of this form for your records and return the original to:

**Church Benefits Board**  
2930 Flowers Road, Suite 133A  
Atlanta, GA 30341

Phone: (800) 352-8741  
Fax: (770) 220-1661  
Web: [www.churchbenefits.org](http://www.churchbenefits.org)