

## Employee Application for Membership The Episcopal Church Lay Employees' Retirement Plan (Lay DB Plan)

### Section 1: Employee Information and Marital Status

All information must be provided. Indicate where not applicable with N/A.

Legal Name			
First	MI	Last	
Mailing Address			
Street			
City	State	ZIP	Country
Home Phone		Mobile Phone	
Email			
Social Security #		Date of Birth*	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Spouse's Legal Name			
First	MI	Last	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Social Security #/TIN #		Date of Birth	
Date of Marriage			

### Section 2: Employment Information

All information must be provided. Indicate where not applicable with N/A.

Employer Name		
Mailing/Billing Address		
Street		
City	State	ZIP
Employee's Title	Hire Date	
Hours expected to work per year	Enrollment Effective Date	

### Section 3: Compensation

Other than a one-time payment, list all amounts on an **annual basis**. For explanations, see the instructions on the next page.

\$ _____ Base salary (excluding housing) and scheduled taxable cash payments	\$ _____ Cash housing allowance and/or utilities	Employer-provided housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check Yes if employer provides <b>physical housing</b> for the employee)
\$ _____ Employer contributions to a qualified or non-qualified plan	\$ _____ One-time payments	

Send assessment bills to:  Employer  Diocese

## Section 4: Employee's and Employer's Signatures

Employee's Signature	Date
Employer's Signature	Date
Print Name	Title
Email	

**Submit the completed and signed form to:**

The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services or email to ***benefits@cpg.org***.  
If you have any questions, call us at (866) 802-6333, Monday–Friday, 8:30AM–8:00PM ET (excluding holidays).

## Instructions for Employee Application for Membership The Episcopal Church Lay Employees' Retirement Plan (Lay DB Plan)

### Use this form to:

- Enroll a lay employee in The Episcopal Church Lay Employees' Retirement Plan (Lay DB Plan).

### Who should complete the form:

- The employee enrolling in the Lay Defined Benefit Plan. (Please note that an authorized representative of the employer must sign the form.)

### Instructions

#### Section 1: Employee Information and Marital Status

Complete the information completely. Missing information may delay your enrollment.

#### Section 2: Employment Information

Complete the information about your employment. (Your employer can assist you in completing this information.)

- **Enrollment Effective Date:** This is the effective date of your enrollment into the plan, usually the first date of the month following employment.

#### Section 3: Compensation

Your employer can assist you in completing this information.

Compensation is used to determine Total Assessable Compensation,\* which is the basis for determining the amount paid by employers in assessments for the defined benefit pension plans (Lay DB and Clergy Pension Plan) and/or the compensation used to calculate employer and employee contributions to the defined contribution plans (Lay DC and RSVP). Note that the definition of compensation for a defined benefit plan versus a defined contribution plan is different. See below for information on how compensation is calculated for the Lay DB Plan.

Enter the amounts described below. **Please complete all fields**, even if the compensation for that category has not changed. Except for One-Time Payments, show all amounts on an annual basis.

- **Base salary (excluding housing) and scheduled taxable cash payments:** Includes base salary (excluding the amount designated as a housing allowance in accordance with the U.S. tax code or a similar law of a local jurisdiction), Social Security tax reimbursements, employer-paid tuition for dependents (if taxable), and other scheduled taxable income.
- **Cash housing allowance and/or utilities:** Includes cash payments that are paid on a regular basis and are excludible from an employee's gross income for income tax purposes under the U.S. tax code or a similar law of a local jurisdiction. (For example, the amount of a cleric's base salary that has been designated as a housing allowance.) Also includes amounts paid by the employer to cover the cost of utility bills, including but not limited to fuel, gas, and electricity, or amounts paid on the employee's behalf.

- **Employer-provided housing:** Indicate whether physical housing, either owned or rented directly by the employer, is provided to the employee.
  - ~Employer-provided housing is considered compensation even if no cash compensation is paid.
  - ~If a home is owned or rented directly by the employee, it should not be reported as employer-provided housing regardless of whether (1) the employer pays the mortgage or rent directly to the mortgage holder or landlord or (2) the employer reimburses the employee for the full amount of the mortgage or rent payments. (In this case, report the amount of the mortgage or rent as (1) a cash housing allowance, if excludible from the employee's gross income for income tax purposes, or (2) as scheduled taxable cash payments, if includible in the employee's gross income for income tax purposes.)
- **One-time payments:** Includes one-time cash payments, such as bonuses or overtime, that are taxable. Also includes one-time cash payments that are excludible from an employee's gross income for income tax purposes under the U.S. tax code or a similar law of a local jurisdiction. (For example, the portion of a cleric's bonus that has been designated as a housing allowance.)

#### **Section 4: Employee's & Employer's Signature**

Sign and date the application. Please review the entries on this application before signing to verify that all entries are complete and correct. By signing this form, you are verifying its accuracy.

#### **Submit the completed and signed form to:**

The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services or email to [benefits@cpfg.org](mailto:benefits@cpfg.org). If you have any questions, call us at (866) 802-6333, Monday–Friday, 8:30AM–8:00PM ET (excluding holidays).

Note: This Beneficiary Designation Form is provided to you for informational purposes only and should not be viewed as investment, tax, or other advice. In the event of a conflict between the information contained on this form and the official plan document, the official plan document will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate, or modify the terms of any benefit plans described on this form at any time, without notice, and for any reason.