

# END OF CALL NOTIFICATION

FOR PASTORS OR ROSTERED LAYPERSONS

## A EMPLOYER INFORMATION

Sponsoring congregations and other employers are responsible for benefit contribution payments until the ELCA Board of Pensions receives written notification of the termination or the actual date of termination, whichever is later. Please send this completed form to the Board of Pensions as soon as the termination date is determined. NOTE: Terminations cannot be retroactive.

NAME OF EMPLOYER \_\_\_\_\_

ELCA EMPLOYER ID \_\_\_\_\_

## B MEMBER INFORMATION

NAME (FIRST, MIDDLE INITIAL, LAST) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

( )  
HOME PHONE \_\_\_\_\_

( )  
WORK PHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

COUNTY \_\_\_\_\_

## C DATE SERVICE ENDS

Last date of ELCA service with above employer, including accrued vacation (MM/DD/YYYY) \_\_\_\_\_

Pay date of last FSA deduction, if applicable (MM/DD/YYYY) \_\_\_\_\_

Was this a called interim position from your synod?

(check [✓] one)

Yes  No

Will this member be on leave from call? (if known/applicable)

Yes  No

Name of new ELCA employer (if known/applicable) \_\_\_\_\_

## D POST-EMPLOYMENT CONTRIBUTIONS

If your church or organization wishes to continue ELCA benefits for this individual beyond the last date of employment, this would not be considered an extension of sponsorship. Therefore, you cannot extend coverage for disability or survivor benefits. This arrangement would be between you and your pastor or rostered layperson and the billing for benefits beyond the last date of paid ELCA service would be as follows:

- The member will be billed for health and lump-sum survivor benefits.
- The employer will be billed for any additional retirement contributions.

To make contributions for this member beyond the termination date, complete steps 1 and 2 below.

1. We will continue to pay contributions to this individual's ELCA Retirement Plan account in the amount of \$ \_\_\_\_\_ and will submit the contribution (check [✓] one)  Monthly  In a lump sum

2. We will stop making contributions to this individual's Retirement Plan account effective the date of a new call. (check [✓] one)  Yes  No

continued on reverse side



**E SIGNATURE(S)**

MEMBER SIGNATURE (OPTIONAL)

DATE (MM/DD/YYYY)

**Employer signature**

I confirm the employment ended for the pastor or rostered layperson as stated on this form. We will make the contributions as indicated in Section D. My signature is your authorization to process this change.

PRINT NAME OF EMPLOYER REPRESENTATIVE

( )  
WORK PHONE

EMPLOYER REPRESENTATIVE SIGNATURE (**REQUIRED**)

TITLE

DATE (MM/DD/YYYY)

**Please return this completed form to the Board of Pensions Service Center.**

Service Center  
ELCA Board of Pensions  
800 Marquette Ave., Suite 1050  
Minneapolis, MN 55402-2892  
(800) 352-2876 • (612) 333-7651  
Fax: (612) 334-5399  
*mail@elcabop.org • www.elcabop.org*