



Enrollment

Compass, United Methodist Personal Investment Plan (UMPIP), Comprehensive Protection Plan (CPP), UMLifeOptions

Part 1 – Participant Information. To be completed by the clergy person or plan sponsor or salary-paying unit.

Participant name _____ Primary phone # (____) _____
 Home address _____ Alternate phone # (____) _____
 _____ Spouse name _____
 E-mail address _____ Spouse Social Security # _____
 Participant Social Security # _____ Spouse birth date _____
 Participant birth date _____ Marriage date _____
 Participant gender: Male Female Effective date of status _____
 Member conference _____

The clergy person is appointed:

- To a local church To attend school To an extension ministry
 To a conference responsible unit such as the conference or district office

Check one of the statuses below:

- Provisional Elder* Elder in Full Connection* Associate Member*
 Provisional Deacon* Deacon in Full Connection* Member of Other Denomination*
 Student Local Pastor* Full-time Local Pastor Part-time Local Pastor*
 Full Member* under *The Book of Discipline, 1992*

* If serving less than full-time, check one: ¾ ½ ¼ Less than ¼ (applies to Part-time Local Pastors and Deacons only)

Part 2 – Church/Employer Information. To be completed by the plan sponsor or salary-paying unit.

Church/employer name(s) _____ Church/Employer #(s) _____
 Address _____ Conference _____
 _____ Phone # (____) _____
 Hours of availability _____ E-mail address _____

Part 3 – Reason for Enrollment. To be completed by the plan sponsor.

- First-time enrollee (never previously enrolled in any plan) Re-enrollment after previous participation
 Addition of a plan Transferred from another plan sponsor

(continued)

Part 4 – Plan Enrollment. To be completed by the plan sponsor.

- UMPIP Effective date _____
- Compass¹ Effective date _____
- CPP Effective date _____
- UMLifeOptions—Clergy Supplemental Life Insurance Plan^{2,4} Effective date _____
- UMLifeOptions—Lay Long-Term Disability/Life Insurance Plan^{3,4} Effective date _____

¹ Only a conference may sponsor CRSP

² Only available for clergy enrolled in CPP and appointed to at least ½ time appointment

³ Only available for lay employees, and for local pastors and Members of Other Denominations appointed to ½ or ¾ time appointment

⁴ Participants are enrolled automatically if the plan sponsor has adopted the plan and the participants meet the eligibility criteria

Part 7 – Plan Sponsor Information. To be completed by the plan

sponsor. Plan sponsor name	Employer #
_____	_____
Plan sponsor address	Phone # ()
_____	_____
Authorized representative	Title
_____	_____
Authorized signature	Date
_____	_____

If you are NOT completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to activeteam@wespath.org or
- Fax to **1-847-866-5195** or
- Mail to Wespath Benefits and Investments
1901 Chestnut Avenue, Glenview, IL 60025

The plan sponsor/salary-paying unit should keep the original form for its payroll records.
Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at benefitsaccess.org. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.