

A-18

Employer Information

PLEASE PRINT OR TYPE

Employer Name	Town/City	State	Zip	Employer Account Number
Print Name of Authorized Church/Employer Representative	Telephone Number (123-123-1234)	Email Address		
Signature of Authorized Church/Employer Representative		Effective Date of Changes (mm/dd/yyyy)		

Compensation Information (Please round to the nearest dollar. This form may be photocopied if more than 8 employees are having compensation changes.)

Member Name (list only employees who have a compensation change)	Social Security Number (xxx-xx-6789)	Annual Cash Salary* A	CLERGY ONLY		Social Security/Medicare Offset C	Total Annual Compensation A+B+C
			Housing (Parsonage AND OR Housing Allowance) B			
			PARSONAGE Sum of parsonage rental value, parsonage and utilities allowance	HOUSING ALLOWANCE Housing allowance OR	Dollar amount Include in Comprehensive Plan premium calculation? (Y/N) <input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	

Please return this completed form to:

MIMBB Financial Services
475 Riverside Drive, Suite 1500, New York, NY 10115-0032
Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mimbb.org

*Include amounts to be withheld for Member Contribution Plan and Flexible Spending Account

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Billing Reminders

To Request Billing Changes This Form Must Be Returned To MMBB

1. Compensation changes for employees can only be completed by an individual authorized to report changes on behalf of the church/employer (Authorized Representative). An Authorized Representative may not report changes to their own compensation. In such cases, a separate A-18 form must be completed for that individual and signed by a different Authorized Representative.

All compensation changes for employees who are participating in the Comprehensive Plan, Retirement Only Plan, or the Member Contribution Plan must be completed using one of the following methods:

- a. Mail this form to MMBB Financial Services at 475 Riverside Drive, Suite 1700 New York, NY 10115.
 - b. Email this form to forms@mmbb.org.
 - c. Fax this form to the attention of Billing at 800.986.6782.
2. If there are any changes to the contributions for the Member Contribution Plan, a new *Salary Reduction Agreement* form (A-13a) must be completed.
 3. If there are any changes to contributions for the Retirement Only Plan, a *Change of Contribution* form (A-13b) must be completed.
 4. Please do not send billing changes to the lockbox address in Dallas.
 5. If you have any questions, please call a Senior Benefit Specialist at 800.986.6222.

New Enrollment in the Retirement Only Plan or the Member Contribution Plan

When a member enrolls in either of these plans for the first time, a *Membership Application* form (A-1) must be completed. In addition, when enrolling in the Member Contribution Plan, a *Salary Reduction Agreement* form (A-13a) is also required.

Special Note for Clergy

Clergy who wish to enroll in the Member Contribution Plan must have reported cash compensation. In addition, there is an IRS limit to the amount of employer contributions available to clergy reporting 100% of compensation as housing allowance. Please contact a Senior Benefits Specialist for details.