

GENERAL BOARD OF PENSION
AND HEALTH BENEFITS OF
THE UNITED METHODIST CHURCH



1201 Davis Street
Evanston, Illinois 60201
847.869.4550

Billing Change Form for the Personal Investment Plan

Instructions

- Complete all the information below for each employee making a change to his or her Personal Investment Plan (PIP) before-tax or after-tax billing amount. Indicate a percentage or dollar amount for which the participant wants to be billed. Participants can make before-tax or after-tax contributions, or a combination of both. If you wish to discontinue billing, write in "0" next to before-tax or after-tax.
- To make before-tax or after-tax contributions, the employee and salary-paying unit must complete a *Before-tax and After-tax Agreement to the Personal Investment Plan*. This form does not need to be returned to the General Board.
- Please mail this billing change form to the General Board of Pension and Health Benefits at the address above, or fax it to the attention of the Data team at **(847) 866-5195**.

Name of employer/salary-paying unit _____ Employer # _____

Address of employer/salary-paying unit _____ Daytime phone # (_____) _____

Name _____

Social Security # _____

Effective date _____

Indicate the amount you want to be billed monthly. If you wish to discontinue billing, indicate "0." Choose one or both:

Before-tax: _____
(Indicate % rate or \$ amount)

After-tax: _____
(Indicate % rate or \$ amount)

Name _____

Social Security # _____

Effective date _____

Indicate the amount you want to be billed monthly. If you wish to discontinue billing, indicate "0." Choose one or both:

Before-tax: _____
(Indicate % rate or \$ amount)

After-tax: _____
(Indicate % rate or \$ amount)

Name _____

Social Security # _____

Effective date _____

Indicate the amount you want to be billed monthly. If you wish to discontinue billing, indicate "0." Choose one or both:

Before-tax: _____
(Indicate % rate or \$ amount)

After-tax: _____
(Indicate % rate or \$ amount)

Name _____

Social Security # _____

Effective date _____

Indicate the amount you want to be billed monthly. If you wish to discontinue billing, indicate "0." Choose one or both:

Before-tax: _____
(Indicate % rate or \$ amount)

After-tax: _____
(Indicate % rate or \$ amount)

Additional Information

- Participants have the responsibility to determine that contributions made on their behalf are within the limits specified by the Internal Revenue Code and regulations issued thereunder.
- Billing for the amounts listed above will continue until:
 - the participant is no longer employed by this employer;
 - the employer submits another *Billing Change Form* to the General Board; or
 - the employer provides written notice to the General Board that the before-tax and after-tax contribution agreement has been terminated or the billing amount has been changed.