



Wespath

BENEFITS | INVESTMENTS

**Comprehensive Protection
Plan
General Conference
Legislation**

May 2024

Agenda

- Temporary Disability Benefit
- Voluntary Transition Program
- Death Benefit Harmonization



General Conference Legislation



Temporary Disability Benefit

Elimination of conference grant

- Up to 90 Days
 - Benefit equal to 70% of plan compensation
 - Benefit will terminate earlier of 90 days or denial by LFG
- Physician Certification Required
 - Physician must certify that disabling condition will last at least 6 months to be eligible for the temporary benefit
 - Applications without physician certification will be sent to LFG for adjudication without a temporary benefit



Certification Form

Comprehensive Protection Plan Certification of Employee Disability

To receive a payment from the Comprehensive Protection Plan due to disability, the participant and the participant's physician must complete and return this form to Wespath Benefits and Investments (Wespath).

Please note: This form may not be altered in any way or substituted with any other form of disability certification. Any such alteration or substitution is considered invalid and distributions will not be processed.

Part 1 – To be completed by participant

Name _____ Participant # _____
Address _____ Social Security # (last 5 digits) _____

Primary phone # _____
Conference name _____

Part 2 – To be completed by physician

In my medical judgment, as a physician* licensed to practice in the United States, (patient's name) _____ as of (effective date) _____ is unable to engage in his or her own occupation by reason of a medically determinable physical or mental impairment to be of at least six months duration from its onset. This disability continues as of the date of this certification.

Physician's name* (printed) _____ Degree _____
State or jurisdiction of medical license _____ Specialty _____
Signature _____ Date _____

Form F - Updated

Form F – Conference Medical Leave Notification

This form may be submitted at any time during the claim application process.

Part 1 – To be Completed by Conference Benefits Officer

Clergy person name Participant #

Conference (name and conference number)

Please check one of the following:

- The clergy person has been or will be granted medical leave to begin on (date) .
- The clergy person has been or will be granted a health care stipend to begin on (date) .

Please charge the conference deposit account for the conference health care stipend from the above date.

Please specify monthly amount: \$

Note: This conference grant amount may be changed at any time.

Authorized signature _____ Date

Voluntary Transition Program



“Staying in a vocation
when it is no longer
life-giving is detrimental
to health.”

— *Church Systems Task Force Report*

Voluntary Transition Program



Eligible CPP participants who wish to leave ordained ministry

- Withdrawal
- Conference approval
- Severance benefits

Voluntary Transition Eligibility

- Minimum 5 years in full connection
 - Includes associate members
- In good standing
- Active CPP participant 5 years immediately preceding separation
- Not within 2 years of eligibility to retire
- Must surrender credentials

Voluntary Transition Program—Severance Benefits

Transition Payments

- 2 weeks of participant’s plan compensation (housing plus cash salary) for each full year of continuous service
- Up to maximum 26 weeks—“Transitional Period”
- Lump-sum payment via direct deposit



Harmonization of Death Benefits

- Equal flat dollar death benefit amounts for retirees and active participants and dependents that pass away

Participant	Death Benefit Amount
Active Participants	\$50,000
Retired Participant	\$24,000
Active/Retired Spouse	\$16,000
Active/Retired Surviving Spouse	\$12,000
Active/Retired Child	\$8,500



Wespath

BENEFITS | INVESTMENTS