

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.

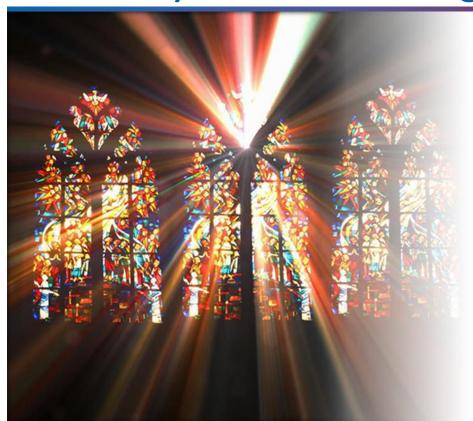
Part 1 – To be completed by participant	
Name	Participant #
Address	Social Security # (last 5 digits)
	Primary phone #
Conference name	
Part 2 – To be completed by physician	
In my medical judgment, as a physician* licensed to practice	e in the United States, (patient's name)
as of (effective date) is unable to	engage in his or her own occupation by reason of a medically
determinable physical or mental impairment to be of at lea of the date of this certification.	st six months duration from its onset. This disability continues as
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		
Clergyperson name	Participant #	
Conference (name and conference number)		
Please check one of the following:		
The clergyperson has been or will be granted medical leave to begin on (date)		
The clergyperson 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



