

Request for Exemption from Pension & Long Term Disability Plans

Name	Diocese/Employer	
Date of Birth	Marital Status	
Plan from which exemption is being requested	General Synod Pension Plan	<input type="checkbox"/>
	Lay Retirement Plan	<input type="checkbox"/>
Reason for seeking an exemption		
Is your employment for a fixed period of time?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, please indicate length of time		
How many hours do you work each week?		
Are you a member of another pension plan?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, will you continue to earn a pension during this period of employment?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, please advise of expected pension amount at retirement		
Are you in receipt of a pension from another pension plan?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, please indicate amount of monthly pension		
Do you have Long Term Disability coverage?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Does your employing Diocesan Bishop/Director concur with your decision to apply for exemption?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes, please attach letter from Bishop/Director		
<p>I understand that if I am granted exemption from the above-named pension plan I will not earn any pension in this plan during my employment with the above Diocese/Employer and I will not be entitled to coverage under the Long Term Disability Plan.</p> <p>I understand that if I am granted exemption that the decision is irrevocable.</p> <p>I understand that I am encouraged to consult an independent financial advisor and that there may be disadvantages to being granted an exemption.</p>		
_____ Signature of Employee	_____ Date	
_____ Signature of Witness	_____ Date	