



## Enrollment

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### United Methodist Personal Investment Plan (UMPIP), UMLifeOptions—Lay Long-Term Disability (LTD)/ Life Insurance Plan

#### Part 1 – Participant Information. To be completed by the participant or plan sponsor.

Participant name \_\_\_\_\_ Primary phone # (\_\_\_\_) \_\_\_\_\_  
Home address \_\_\_\_\_ Alternate phone # (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Country of citizenship \_\_\_\_\_ Spouse name \_\_\_\_\_  
Participant Social Security # \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_  
Participant birth date \_\_\_\_\_ Spouse birth date \_\_\_\_\_  
Participant gender: ☐ Male ☐ Female Marriage date \_\_\_\_\_

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#### Part 2 – Employment Information. To be completed by the plan sponsor.

Date of employment \_\_\_\_\_ Annual compensation \_\_\_\_\_  
Employee classification, if any \_\_\_\_\_ ☐ Open bill \*  
(Must match description as entered on UMPIP adoption agreement section 2.3(a) under "Other". )

#### For Lay: Number of hours regularly worked per week:

☐ 30 or more ☐ 20 - 29.9 ☐ < 20

#### For Clergy: Appointed to:

☐ Full-time service ☐ ¾ time service  
☐ ½ time service ☐ ¼ time service

☐ Parsonage provided

☐ Housing allowance amount, if any \_\_\_\_\_

(Do not include this amount in annual compensation.)

\* Check this box if the participant is hourly and you do not want us to use this compensation for contribution calculation purposes. If this box is checked, we will use compensation only for retirement income projections; therefore, you may enter any reasonable approximation of annual compensation (e.g., base pay or average earned pay).

#### Part 3 – Reason for Enrollment. To be completed by the plan sponsor.

☐ First-time enrollee (never previously enrolled in any plan) ☐ Re-enrollment after previous participation  
☐ Addition of a plan ☐ Transferred from another plan sponsor

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#### Part 4 – Plan Enrollment. To be completed by the plan sponsor.

☐ United Methodist Personal Investment Plan Effective date \_\_\_\_\_  
☐ UMLifeOptions—Lay LTD/Life Insurance Plan<sup>1</sup> Effective date \_\_\_\_\_

<sup>1</sup> Only available for lay employees and for local pastors and Members of Other Denominations appointed to ½ time or ¾ time appointment.

(continued)

**Part 5 – Participant Contributions to UMPIP.** To be completed by the plan sponsor.

Effective date: \_\_\_\_\_

The participant completed a *Contribution Election* form and elected to contribute at the following rates. If the participant does not complete this form, but you elected Automatic Enrollment on your *UMPIP Adoption Agreement*, insert the before-tax default percentage below. Enter either the percentage or dollar amount, but **not** both.

Before-tax contributions: \_\_\_\_\_% **or** \$\_\_\_\_\_ per month

Roth contributions: \_\_\_\_\_% **or** \$\_\_\_\_\_ per month

After-tax contributions: \_\_\_\_\_% **or** \$\_\_\_\_\_ per month

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**Part 6 – Plan Sponsor Information.** To be completed by the plan sponsor.

Plan sponsor name \_\_\_\_\_ Employer # \_\_\_\_\_

Plan sponsor address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Authorized representative \_\_\_\_\_ Title \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and send it by:

- E-mail (scanned copy) to [prcwebteam@wespath.org](mailto:prcwebteam@wespath.org) or
- Fax to **1-847-866-5195** or
- Mail to Wespath Benefits and Investments  
1901 Chestnut Avenue, Glenview, IL 60025

The plan sponsor/salary-paying unit should keep the original form for its payroll records.