

Application for Distribution of Medical Benevolence Funds

(for Pastors Affected by COVID-19)

During the COVID-19 crisis, a provision has been made for distributions for the purpose of covering medical insurance out-of-pocket expenses for pastors who have suffered a reduction in their compensation due to a revenue shortfall in the church or organization at which they serve.

Beneficiary Name				
Address				
City		State	ZIP	
Phone	_ ∏ H ∏ C Email Addres	ss		
Minister Salary	Other Family Income _	Total Fam	nily Income	
Cost of monthly EPC health	insurance premium			
Amount requested to cover	cost of medical out-of-pocl	ket expenses		
Time period in which these	expenses were incurred _	t	0	
Briefly describe circumstan and reduction of income sin	1 1 0 1	c, including the pre-CO	VID-19 compensation	
Submitted by				
	Presbytery Us	e Only		
Presbytery officer approval		Title		
Presbytery			Date	
Email address				
Presbytery Stated Clerk approval				
Sign using Acrobat's "Add Signatu	re" Tool: 🖺 🌣 🕫 🖶 🖂 🗨	① ① <u>1</u> /6	63.5% - 🖫 🛡 👂 🖉 🚳 🕏	