

Application for Distribution of Medical Benevolence Funds (for Ministers Between Calls)

Beneficiary Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ H C Email Address _____

Family Members and Ages

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Current Status

Without Call Mission Pastor (daughter church of _____)

Minister Salary _____ Other Family Income _____ Total Family Income _____

Cost of monthly EPC health insurance premium _____

Briefly describe circumstances prompting this request

Submitted by _____

Presbytery Use Only

Presbytery officer approval _____ Title _____

Presbytery _____ Date _____

Email address _____

Approval time period _____ to _____

Presbytery Stated Clerk approval _____ Date _____

Sign using Acrobat's "Add Signature" Tool: 

Approval of this application is considered a contractual agreement between the Medical Benevolence Fund and the Presbytery. Each party to this contract agrees to pay one-half (1/2) the monthly EPC health insurance premium agreed to by the Medical Benevolence Fund.

If a term extension is desired, application must be made from 30 days in advance of the end of this agreement.