



Compensation/Contribution Change Request

Please Print or Type

Account Number:		Print Name of Person Completing the Form:	
Employer/Church Name:		Tel Number:	Fax Number:
Employer/Church Address:		Email Address:	
Date Form Completed:		Effective Date:	

Member Name: <small>(list only employees who have a compensation or contribution change)</small>	Social Security No. <small>(last 4 digits)</small>	Annual Cash Salary	CLERGY ONLY		Total Annual Compensation	Insurance Commence or Termination Date	Contributions Use Dollar Amounts or Percentages		
			Parsonage or Housing Allowance	Social Security /Medicare Offset Total			403 (b) Employer/Church Contribution	* 403 (b) Employee Deferral (SRA Form)	Additional Lump Sum Contrib.

* To change an Employee's Deferral Contribution, please complete and submit a CB Salary Reduction Agreement Form.

Please keep a copy of this form for your records and return the original to:
Church Benefits Board
 160 Clairmont Avenue, Suite 500,
 Decatur, GA 30030

Phone: (800) 352-8741
 Fax: (770) 220-1661
 Web: www.churchbenefits.org