

**Form C – Clergy Disability Benefits Application:**  **Initial**  **Continuance**

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**Applicant Instructions**

- Complete Part 1
- Read Part 2
- Sign Part 3
- Sign Part 4

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**Part 1 – Applicant Information.** Your application for disability cannot be reviewed until this form is completed.

Applicant name \_\_\_\_\_ Participant # \_\_\_\_\_  
 Present address \_\_\_\_\_ Applicant birth date \_\_\_\_\_  
 \_\_\_\_\_  
 Primary phone # (     ) \_\_\_\_\_ Alternate phone # (     ) \_\_\_\_\_  
 Country of citizenship \_\_\_\_\_  
 Future address \_\_\_\_\_ As of date \_\_\_\_\_  
 \_\_\_\_\_ New primary phone # (     ) \_\_\_\_\_  
 Conference/Plan sponsor (name and conference or employer #) \_\_\_\_\_

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**Part 2 – Explanation of Plan Provisions**

1. The granting of disability benefits from the Comprehensive Protection Plan is subject to:
  - a determination that the applicant is eligible to receive benefits under the terms of the Comprehensive Protection Plan if applicable, and
  - receipt and review of medical evidence sufficient to support the claim of a disabling condition by Wespath Benefits and Investments (Wespath).
2. Comprehensive Protection Plan disability benefits shall begin only on the first day of the month for which the applicant did not receive salary.
  - No disability benefits shall be payable on a retroactive basis for any period of time in excess of 365 days from the date the payment of disability benefits is approved.
3. While the disability claim is pending approval, the clergy member can receive a temporary payment for up to 90 days from the Comprehensive Protection Plan. The clergy member and the clergy member’s physician must complete a Comprehensive Protection Plan Certification of Employee Disability and return it to Wespath Benefits and Investments (Wespath).
4. The actual terms, conditions, benefits and limitations of the Comprehensive Protection Plan are contained in the plan document. Please consult the summary plan description for details.

**Part 3 – Applicant Signature.** To be completed and signed by the applicant.

I, by reason of a bodily injury, disease, or behavioral illness or disorder, for at least six continuous months, am unable to perform the usual and customary duties of a United Methodist clergyperson. **I became, or anticipate becoming, unable to perform the usual and customary duties of my job on or about (date)** \_\_\_\_\_. I hereby apply for disability benefits in accordance with the provisions of the Comprehensive Protection Plan.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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**Part 4 – Signatures**

I have read the information and notes on page 1, and acknowledge that the individual named is applying for disability benefits under the terms of the Comprehensive Protection Plan.

District superintendent \_\_\_\_\_ Date \_\_\_\_\_

Conference benefits officer \_\_\_\_\_ Date \_\_\_\_\_

Chair Joint Committee on Clergy Medical Leave  
\_\_\_\_\_ Date \_\_\_\_\_

**When signed and dated, this application form should be submitted promptly to:**  
  
Disability Benefits Administrator  
Wespath Benefits and Investments  
1901 Chestnut Avenue  
Glenview, Illinois 60025