

## Form F – Conference Medical Leave Notification

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This form may be submitted at any time during the claim application process.

### Part 1 – To be Completed by Conference Benefits Officer

Clergy person name \_\_\_\_\_ Participant # \_\_\_\_\_

Conference (name and conference number) \_\_\_\_\_

Please check one of the following:

- The clergy person has been or will be granted medical leave to begin on (date) \_\_\_\_\_.
- The clergy person has been or will be granted a health care stipend to begin on (date) \_\_\_\_\_.

**Please charge the conference deposit account** for the conference health care stipend from the above date.

Please specify monthly amount: \$ \_\_\_\_\_

**Note:** *This conference grant amount may be changed at any time.*

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

**NOTE: Benefits will be paid by direct deposit only. Please complete the Direct Deposit – Information and Instructions form.**