

## Voluntary Transition Program—Participation Agreement Form

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Please complete Parts 1, 2 and 3 of this *Participation Agreement Form* (and the *Electronic Funds Transfer (EFT) Form*, if applicable), and ask your plan sponsor (annual conference) to complete Part 4 of this form. Then submit the *Participation Agreement Form* (and the *EFT Form*, if applicable) to Wespath Benefits and Investments (Wespath) in the enclosed return envelope. Alternatively, you may fax the form(s) to **1-847-866-5196** or scan and e-mail them to **cpersivale@wespath.org** or **kguido@wespath.org**.

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### Part 1 – Participant Information

Participant Name \_\_\_\_\_ Social Security # (last 5 digits) \_\_\_\_\_  
Address \_\_\_\_\_ Primary phone # \_\_\_\_\_  
Conference/Plan Sponsor/Employer(s) \_\_\_\_\_ Employer(s) # \_\_\_\_\_

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### Part 2 – Accept Voluntary Transition Program/Surrender of Credentials

I hereby agree to the terms of the Voluntary Transition Program as described in Article VI of the Comprehensive Protection Plan (CPP). These terms include, but are not limited to, officially withdrawing from the ordained ministerial office in accordance with ¶361.2 of *The Book of Discipline (Discipline)*, surrendering my credentials and terminating my relationship with the annual conference.

I hereby acknowledge that I have read and understand the description of the Voluntary Transition Program in the *CPP Summary Plan Description* (available at [www.wespath.org/assets/1/7/3097.pdf](http://www.wespath.org/assets/1/7/3097.pdf)). I understand that benefits under the Voluntary Transition Program are employee welfare plan benefits provided by the denomination, my annual conference and my local church. To the extent that any of these benefits are determined to be subject to taxation, I agree that I am responsible for paying applicable federal or state income taxes or other applicable taxes. I also understand that if I return to ministry in The United Methodist Church, I will be required to repay severance pay benefits and other benefits received under the Voluntary Transition Program.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Part 3 – Health Benefits Continuation – HealthFlex Participants Only

I accept the HealthFlex continuation coverage benefits

I decline the HealthFlex continuation coverage benefits

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are covered through an annual conference plan that is not the HealthFlex plan, your annual conference plan will determine the terms of your continuation coverage under the Voluntary Transition Program.

HealthFlex continuation coverage is available generally for 12 months following the last day of the month in which you separate from service. Under the terms of the Voluntary Transition Program, your conference or local church will continue paying for a portion of the cost of coverage for continuation coverage during the “Transition Period” (the time period for which you are eligible for severance pay benefits). After the Transition Period, you are likely to be required to pay the entire cost of coverage for continuation coverage under HealthFlex. You may cancel your continuation coverage if you wish after the end of the Transition Period. Please review the *HealthFlex Summary Plan Description* (available at [www.wespath.org/assets/1/7/3599.pdf](http://www.wespath.org/assets/1/7/3599.pdf)) for more information about continuation coverage under the plan.

*Note: A separate HealthFlex Enrollment Form for the HealthFlex continuation coverage is not needed if Part 3 of this Agreement Form is completed.*

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#### **Part 4 – Plan Sponsor Acknowledgement**

Voluntary Transition Program Eligibility (*all criteria need to be met*):

- Participant is an eligible clergyperson in good standing.
- Participant has served at least five years in full connection or as an associate member.
- Participant has been an active participant in CPP for the five years immediately preceding separation from service.
- Participant is not within two years of being eligible to retire under ¶1358.2b of the *Discipline*.
- Conference has approved participant’s participation in the Voluntary Transition Program.
- Conference will ensure that participant surrenders credentials in accordance with conference procedures.
- Conference has executed or will execute a separation agreement with the participant.

Plan Sponsor acknowledges that the participant is eligible for the Voluntary Transition Program and that such participation will be effective \_\_\_\_\_.

*Note: The effective date must be the first of the month following date of separation*

_____	_____
District Superintendent Signature	Date
_____	_____
Bishop Signature	Date
_____	_____
Conference Relations Committee of Conference Board of Ordained Ministry Chairperson Signature	Date