

The Corinthian Plan

Together, providing health care for pastors and church workers

Application for Subsidy

from the Fair Balance Fund

1. Name of congregation _____
2. Address _____

3. Area Conference _____
4. Name of person filing out this form _____
5. Name of pastor for whom the subsidy is requested _____
6. Information about the pastor's family (if applicable)
Spouse name _____ Age _____
Child name _____ Age _____
Child name _____ Age _____
Child name _____ Age _____
7. How many hours per week (on average over the last year) is this pastor giving to pastoral ministry in this congregation? _____
8. Is the congregation currently providing any assistance to the pastor or his/her family for health related costs? (For example, health insurance premium, cash to help pay for health care costs paid directly by the pastor, pastor reimbursed by the congregation for health care costs, etc.) _____ Yes _____ No

If yes, explain below or on the back of this form.

Continued on back



9. Total annual offerings/income received by the congregation from local sources and sources beyond the congregation

\$ _____

How much was given to the ministry of your area conference over the past year?

\$ _____

10. The Corinthian Plan subsidy does not cover dental or vision coverage. In order to calculate your total premium please answer the following:

Our church is enrolled or enrolling in dental coverage through The Corinthian Plan for our staff:

____ Yes ____ No

Our church is enrolled or enrolling in vision coverage through The Corinthian Plan for our staff:

____ Yes ____ No

11. Provide any other information that you think would support this application for a subsidy. (You may use the space below or attach documentation.)

Signature of person filling out this form _____

Date _____

Telephone number _____

E-mail address _____

Signature of Conference Representative _____

Date _____

Role in the conference _____

Telephone number _____

E-mail address _____

Send completed application form by mail, scan to email or fax to:

E-Mail/Scan: DuncanS@MennoniteUSA.org

Mail: **The Corinthian Plan, Mennonite Church USA**
Duncan Smith, Director
3614 Portage Lane #104, Anacortes, WA 98221

Phone (Direct): **(316) 281-4255**

Fax: **(316) 283-0454 (Attn: Duncan Smith, The Corinthian Plan)**