

**A GUIDE TO
APPLYING FOR MEDICAL LEAVE**

and

DISABILITY BENEFITS

from

**THE COMPREHENSIVE PROTECTION PLAN
The United Methodist Church**

and

THE SOCIAL SECURITY ADMINISTRATION

INFORMATION GATHERED AND EDITED BY

David R. Vaughn
Elder on Medical Leave
Holston Annual Conference

Don Nation
Steward of Clergy Concerns
Holston Annual Conference

Effective July 1, 2012
(edited April 4, 2013)

Preface

This guide has been prepared in order to provide clergy members of our Holston Annual Conference with information that, we trust, will be helpful in applying for medical leave. In the event of a disability that may prevent a clergyperson from functioning in his/her particular place of ministry within the Holston Conference, the following “helps” are offered to assist in the lengthy and delicate process of securing appropriate leave and financial benefits.

Information has been provided by the Reverend David R. Vaughn, Holston Conference pastor on medical leave and former District 1 Tennessee Congressional Representative with The Parkinson’s Action Network, Mrs. Peggy Willocks, former Co-State Coordinator for the State of Tennessee with The Parkinson’s Action Network and the Reverend Don Nation, Steward of Clergy Concerns, Holston Annual Conference.

David R. Vaughn
Elder on Medical Leave

Don Nation
Steward of Clergy Concerns

CONTENTS

Definitions	Section 1
Procedures in Applying for Medical Leave	Section 2-1,2,3
Wading Through the Disability Filing Process	Section 3-1,2,3,4
Filing for Social Security Disability Benefits	Section 4-1
Social Security Disability Financial Advantages	Section 5-1
<i>Medical Leave Resulting from Health Matters and Disabling Conditions</i> (Paragraph 357, The Book of Discipline, 2012)	Section 6-1,2
Forms from the <i>General Board of Pensions and Health Benefits</i> required “Medical Leave” application	Section 7-1
Benefit Amounts for Comprehensive Protection Plan	Section 7-2

Section 1-1

Definitions

If there are medically verifiable conditions which prevent a clergy person from performing the roles and duties of their appointment then an appointment may be made to medical leave and application may be made to the Comprehensive Protection Plan if the clergy person qualifies.

Medical leave is an appointment status. It is made by the Bishop and Cabinet after review and approval of the Joint Committee on Clergy on Medical Leave, the Board of Ordained Ministry, and the Conference Board of Pensions. Details are in Paragraphs 357.1 and 357.2 of the 2012 Discipline. They are included in this guide.

CPP is the Comprehensive Protection Plan. It provides disability and death benefits to clergy who qualify. The Salary Worksheet used at Charge Conference has the notation of what salary levels qualify for CPP. The **gbophb.org** website has the full plan of CPP. In the web site home page there is a header bar which includes Health & Welfare. Click on that and a drop down menu has some choices. Click on Health & Welfare Benefits and on that page look for the summary and the quick overview of the CPP. The full plan from that website is attached to this document. Scroll down a full page to begin.

Disability within CPP is defined as a medical or disabling condition which causes the clergy person to be unable to perform their ministerial work. That is the case for the first two years. After 2 years, **Disability within CPP** is defined as being unable to do ANY Occupation.

DAC is the Denominational Average Compensation. It is compiled by the General Board of Pensions and Health Benefits (gbophb) and figures in the limitations on CPP compensation.

Section 2-1

Procedures in Applying For Medical Leave Status

1. Request an appointment with your District Superintendent to discuss your pursuit of medical leave. You may choose to apply for medical leave to begin at Annual Conference, or you may choose to apply for medical leave between Annual Conference sessions. Your request for leave at Annual Conference will follow **Paragraph 357.1 of Book of Discipline (2012)** of The United Methodist Church; request for leave between conference sessions will follow **Paragraph 357.2**.

2. Contact the Holston Conference Pensions and Health Insurance Administrator, Ken Luton, stating that you wish to receive the packet of forms from the office for seeking medical leave.

3. You will have several letters to mail, forms to complete, and medical forms for your physicians to complete. In addition to the forms to be completed, (all General Board of Pension and Health Benefits forms are noted and described in this guide), letters will need to be mailed to the following persons expressing your desire for medical leave and the medical reason for your request:

Bishop Mary Virginia Taylor
P. O. Box 850
Alcoa, TN 37701

Ken Luton
Pensions Director of the Holston Conference
P. O. Box 850
Alcoa, TN 37701

Brian Burch
Chairperson of the Joint Committee on Clergy on Medical Leave
P. O. Box 400
Pearisburg, VA 24134-0400

Carol Wilson
Executive Assistant to the Bishop
P. O. Box 850, Alcoa, TN 37701

Stella Roberts
Chairperson, Conference Board of Ordained Ministry
1350 Oak Ridge Turnpike
Oak Ridge, TN 37830

4. Send in your materials as quickly as possible. The Bishop and Cabinet will be considering the appointment status, covering the ministry needs of the church and such details, so open communication with your District Superintendent is needed. The GBOPHB will be working on the issue of CPP qualifications. Please be aware of the appointment processes for the good of the church and be aware of your needs in relation to timing in that appointment process.

5. Upon completion and return of all GBOPHB forms, a determination will be made regarding your request for a CPP disability claim. If leave is granted, you will need to stay in contact with Deborah Johnson of the General Board of Pensions and Health Benefits of The United Methodist Church. She will be your resource person in following up on the continued requirements for receiving medical leave status and for receiving your benefit checks from the Comprehensive Protection Plan. If every step progresses at a normal pace, this process, from application to determination of eligibility for benefits, may take three to four months. (Hint: Keep a copy of EVERYTHING you can in the process and keep notes on phone contacts and dates of mailings.)

6. Be sure your physician(s) complete the medical forms regarding your claim and that the forms are mailed **by the deadline given by the gbophb**. When you send the medical forms to your physicians include a copy of your “release form” so the doctor will know it is ok to share the information and to avoid any delays. Be sure that your forms, likewise, are mailed **by the deadline**. If the process of the paper work begins **before** your appointment category is changed, there may not be a “deadline”, but you should check that all is done as quickly as possible.

7. During the process of determining your medical claim you will be contacted by a representative from UNUM The Benefits Center of Columbia, S.C. This agency will utilize your completed medical records, and they may request further information from your physicians to enable them to make a decision on your medical condition in regard to approval of disability payments through the CPP.

8. If your CPP disability claim is approved, you will be directed to file for disability status with the Social Security Administration.

9. Consider your needs and necessary plans when going on medical leave. You will have to provide your own housing. If you are on the Conference health insurance, it will continue with the Conference paying the church’s portion and you continuing to pay the participant’s. Up to \$1,500 would be available for moving cost. (a one time benefit). The Conference would continue to contribute to your pension plan. Effective July 1, 2012 when you are on Medical Leave and no longer compensated by your charge you will receive a **LOAN** for your transition and living costs in the amount of \$3,000 per month for three (3) months which will be repaid when the applicant is approved by the CPP procedure. They will back date the CPP compensation to the date of your Medical Leave. **If not approved** *the applicant would be moved to the Voluntary Leave status (unless*

*another is requested by the applicant) as of the first of the month following denial of CPP benefits, There would be no additional income from the Conference through the year nor pension contribution and no conference portion of medical insurance will be paid after that. **Not being approved is your risk.** Therefore, if you are applying mid-year it is very important to get the materials in quickly in order to get the determination of your claim as quickly as possible. You would want to be in the appointment process with full consideration. If you are not approved by CPP for compensation, but are on Medical Leave in appointment status you may find yourself without an appointment for a while. Make sure you consider plans for your time on leave and that you have plans in case you do NOT get approved for disability benefits by CPP.*

Whether or not you are later approved and you are going on Medical Leave you will want to ask yourself questions like these: What will you do to fulfill your call? What will you do to prepare for other work? What will you do in preparing yourself to return to serving a charge?

10. Maintain Contacts. During your time on medical leave you will want to maintain quite a few contacts for both official and unofficial reasons. Check in with the District Superintendent(s) with whom you have ties. If any changes occur or if you have questions call the Pensions Benefit Administrator, Ken Luton. The Steward of Clergy Concerns or the Joint Committee on Clergy on Medical Leave (members or chair) will respond to your contacts. You should also expect to have occasional contacts to see how you are doing from some of these as well as from District clergy. If it doesn't happen you should share that with one of those mentioned. Make sure you have personal pastoral support and a local church.

It is suggested that you have a Mentor through the process. You may choose one, the DS or the Committee on Medical Leave may suggest one for you. A guide is available for the Mentor.

On medical leave you MAY preach if you are able to do so upon occasion or you might perform other clergy roles. You just cannot make any income off of it. You can come to Annual Conference and vote. You can serve on Conference Boards and Committees.

11. If you need assistance with your application for medical leave status, you are welcome to contact the following resource people:

David R. Vaughn
Elder on Medical Leave

Don Nation
Steward of Clergy Concerns

Phone: (423) 586-3467 H

Phone: (865) 690-4080

Section 3-1

Wading Through the Disability Filing Process

By Peggy Willocks and David R. Vaughn
Successful Applicants for SSDI

This list of tips has been compiled from the authors' experiences and hours of research, from ideas offered by people with Parkinson's disease who have been through the process, and from others who have independent expertise. It is important to note that each case is different and that the authors of this article are not attorneys. This article therefore should not be construed in any way as legal advice. Consulting with an attorney specializing in disability may be advisable.

1. Keep in mind that SSDI is not WELFARE. It is an earned benefit. If you meet the required criteria, and you have paid into the system for the required length of time, you are entitled to benefits. You must show that any physical or mental ailments you have so reduce your work capacity that you cannot work on a full-time competitive basis. You are free to prove that multiple medical conditions such as depression, diabetes, Parkinson's disease, sciatica, etc effect your work capacity and contribute to your disability instead of trying to make the evidence fit the narrower criteria of impairments.
2. The process is not a difficult one for Holston Conference ministers, but it does take organizational skills, patience, and most importantly -- perseverance. Do not be discouraged if you are turned down the first time by the Social Security Administration. Your first contact with them will be through a telephone interview. If your initial contact is in person, you should be aware that you will be asked if you drove to the interview.....DO NOT DRIVE YOURSELF!
3. Buy a notebook and take notes on every phone and personal conversation you have with doctors, nurses, insurance companies, pharmacists, and especially with your Social Security representatives. Include the day, date, time, the person's name, title, phone number, and extension.

4. Start today to collect all records pertaining to your illness(es). Buy a three-ring binder and organize everything in chronological order. Request your medical records...gather records from your primary physician with medications being taken, from other physicians who can show relevant evidence of your disability such as: neurologist, therapists, podiatrist, chiropractors, OB/GYN, urologists, physical therapists, etc. Also, gather information from anyone who observes your condition and is able to confirm you are disabled. Submit evaluations from your job that might indicate you are regressing (such as a lower score on an evaluation and why).
5. Assume that some of your forms that are to be filled out and submitted will get lost. Do not assume either that you will get anything back. Send everything by registered mail, and get a receipt for it. Be sure to keep copies of all documents. If a Social Security Office is near you, and you are not using an attorney or organization to assist you, deliver the forms. Have them date and sign your copies. Keep meticulous records in order to respond intelligently to a denial of receipt or a report. Make sure your own records are complete enough you can show something like: "On Friday, August 12, 2012, at 8:30 a.m., I handed these papers to Mr. John Doe at his office at 100 Main Street; and I have his signature in my hands."
6. If you are filing without any outside assistance, be sure you fill out all forms completely and attach extra sheets if necessary. Do not limit yourself to short answers. Emphasize what you CANNOT DO -- not what you CAN DO. List special tools needed in accomplishing task, handicap bathroom facilities needed, canes, walker, and /or wheel chair needed, special utensils for eating, etc.
7. Make notes of how long it takes you to accomplish everyday tasks, compared to how long the tasks took you before your disability. Be specific.
8. You will be asked what you do each day and how you occupy your time. Again, be specific and be prepared. Include an hour-by-hour typical day. (For example: 7:30 a.m. awaken, take medicines, go back to bed or sit in a chair until medicine takes affect; 8:00 a.m. get out of bed or get up, let dog out, shower, etc.)
9. You may be asked to see a doctor that the Social Security personnel have chosen. Independent examinations might be given, especially if your initial report mentions secondary symptoms such as pulled muscles, difficulty focusing thoughts, psychological issues, etc. Such symptoms requiring additional testing will most likely strengthen your case.

10. Be sure to retain a copy of everything sent to Social Security by you and others so there are no misunderstandings about what is and is not in your file.

MEET ALL DEADLINES GIVEN!

11. You will be asked to get statements from relatives, co-workers, or friends who can attest to your disability. Ask them to be honest and emphasize what YOU CANNOT do. You will get to choose some of these individuals who will fill out these forms. For Holston Conference clergy a letter from your District Superintendent or placing their name on the list of persons to be contacted is wise.

12. DO NOT BE DISCOURAGED IF YOU ARE TURNED DOWN ON THE INITIAL APPLICATION. You may request to be placed on “reconsideration status” or request a hearing before an administrative law judge (ALJ). Hearings are typically low-keyed, always private, relatively informal, and non-adversarial. At this point, if you are not using an attorney or an agency for help, it would be wise to employ an experienced disability lawyer.

13. In preparation of your appeals hearing, it is advisable to get new letters or narratives from your doctors. Some of your doctor’s statements may be several months old by this time. The more current or up-to-date the statements, the better.

14. If your case goes before a hearing, you are allowed to go before the date of your hearing and make copies of your file. You will probably be surprised at how large and inclusive it is. For your appeals hearing, wear business or business-casual clothing.

15. Be honest. Do not exaggerate or understate your impairment. It is not necessary to exaggerate; and it is in fact, illegal and certainly immoral, and it will undermine your credibility and jeopardize your case. When a SSA decision maker determines you are credible, you have gone a long way toward winning your claim.

Peggy Willocks was diagnosed at age 44 with Parkinson’s disease. In 1997 she was voted Tennessee Elementary Principal of the Year. In 1998 she had to give up her job and was awarded disability status. Peggy has served as the Co-Tennessee State Coordinator for the Parkinson’s Action Network. She received the Louis Fishman Advocacy Award in 2003, and in 2005 she received the Milly Kondracke Award for the Top Parkinson’s Advocate in America.

David R. Vaughn is an elder within the Holston Conference. After twenty-eight years of active pastoral work, David took incapacity status on January 31, 2005 due to the progression of his Parkinson's disease. David has served as the District 1 Tennessee Congressional Representative for the Parkinson's Action Network, and he is the founder of the Lakeway Area Parkinson's disease Support Group which meets monthly in Morristown, Tennessee.

Section 4-1

Filing For Social Security Disability Benefits

The General Board of Pensions and Health Benefits, after approval of benefits **requires application to be made with the Social Security Administration for disability income.** The applicant may elect to file with Social Security on their own. The applicant also has the options of hiring an attorney or using the services of a Social Security filing agency.

Section 5-1

Social Security Disability Financial Advantages

1. **INCREASED MONTHLY INCOME** = Social Security disability benefits will supplement your current income, and may increase when Social Security cost-of-living allowances are paid.
2. **INCREASED RETIREMENT AND SURVIVOR'S BENEFITS** = Social Security disability entitlement "freezes" your Social Security record. Social Security regulations stipulate that any years "wholly or partially within a period of

disability” will be excluded from the computation of future benefits. Your dependent’s benefits, or even a subsequent disability or survivors’ benefits, may be higher because these lost years of earnings will not be considered in future computations.

3. TAX-FREE INCOME = Since January, 1984, a portion of an individual’s Social Security benefits may be taxable if certain criteria are met. However, many beneficiaries continue to receive their benefits totally tax free.

4. MEDICARE COVERAGE = After you have received Social Security disability benefits for 24 months, regardless of your age, you also become eligible for Medicare benefits. These include: Part A hospital benefits, Part B medical benefits, and Part D drug benefits.

5. VOCATIONAL REHABILITATION AND RETURN TO WORK INCENTIVES = When Social Security approves your claim for disability benefits, it will decide whether or not your medical condition is expected to improve. If a person recovers or their condition improves while participating in a vocational rehabilitation program that is likely to lead to becoming self-supporting, Social Security benefits may continue until the program ends. If medical improvement is not expected, you will be eligible for a “trial work period”. This period allows you to test your ability to work for up to nine months. During this period, you will continue to receive your disability benefits. If you are unable to continue working beyond the trial work period, your Social Security benefits will continue.

Section 6-1

¶ 357. *Medical Leave Due to Medical and Disabling Conditions that Prevent Performance of Ministerial Duties*—1. When clergy who are members of an annual conference (¶ 370) are unable to perform their ministerial duties because of medical and disabling conditions, upon recommendations of the conference Board of Ordained Ministry and the conference board of pensions, and by a majority vote of the executive session of clergy members in full connection with the annual conference who are present and

voting, they may be granted annual medical leave without losing their relationship to the annual conference; provided, however, that such leave may be granted or renewed upon reasonable and appropriate investigation of the case by the joint committee on clergy medical leave of the annual conference, or the part responsible for managing clergy medical leaves in accordance with the annual conference's policies, which will report its findings to the conference Board of Ordained Ministry and the conference board of pensions. This relationship may be initiated by the clergy member or cabinet with or without the consent of the clergy member through the Board of Ordained Ministry. When medical leave is given without the clergy member's consent, reasonable accommodation shall be offered whenever possible. When a clergy member is granted medical leave by the annual conference, if the medical evidence has not yet met the standards for the receipt of benefits as set forth in the Comprehensive Protection Plan, section 5.04, the conference board of pensions may authorize payment of the benefits in the amount that would otherwise be payable from the Comprehensive Protection Plan. The payments shall be made by the General Board of Pension and Health Benefits as a charge to the annual conference granting the medical leave. If payments from the Comprehensive Protection Plan are subsequently approved, the annual conference will be reimbursed for benefits already paid, not to exceed the amount otherwise payable from the Comprehensive Protection Plan. Each medical leave granted by the annual conference shall be recorded in the conference minutes.

2. When clergy who are members of an annual conference are unable to perform their ministerial duties between sessions of the annual conference on account of medical conditions, with the approval of a majority of the district superintendents, after consultation with the executive committee of the conference Board of Ordained Ministry and the executive committee of the conference board of pensions, a medical leave may be granted by the bishop for the remainder of the conference year; provided, however, that such leave may be granted upon reasonable and appropriate investigation of the case including accommodation provisions by the joint committee on clergy medical leave of the annual conference, or the party responsible for managing clergy medical leaves in accordance with the annual conference's

policies, which will report its findings to the conference Board of Ordained Ministry and the conference board of pensions. When a clergy member is granted medical leave by the bishop, if the medical evidence has not yet met the standards for receipt of benefits as set forth in the Comprehensive Protection Plan, section 5.04, the conference board of pensions may authorize payment of the benefits in the amount that would otherwise be payable from the Comprehensive Protection Plan. The payments shall be made by the General Board of Pension and Health Benefits as a charge to the annual conference granting the medical leave. If payments from the Comprehensive Protection Plan are subsequently approved, the annual conference will be reimbursed for benefits already paid, not to exceed the amount otherwise payable from the Comprehensive Protection Plan.

3. When clergy members on medical leave provide medical evidence that they have recovered sufficiently to resume ministerial duties, or are able to return through reasonable accommodation, in consultation with the appointive cabinet, upon recommendation of the joint committee on clergy medical leave or the conference relations committee, and with the approval of the executive committee of the conference Board of Ordained Ministry, they may receive an appointment from a bishop between sessions of the annual conference, thereby terminating the medical leave. Such appointment shall be reported immediately by the cabinet to the conference board of pensions and to the General Board of Pension and Health Benefits. Such termination of leave, together with the effective date, shall also be recorded in the minutes of the annual conference at its next regular session.⁴⁵

4. A person under consideration for medical leave shall have the right to appear before the joint committee on clergy medical leave or to designate someone to meet with the committee on his or her behalf. In the event of unresolved issues, a person will be ensured of fair process per the guidelines for administrative hearings in ¶ 362.2.

5. Any person eligible to receive an appointment from a bishop and able to perform ministerial duties may not be placed on involuntary medical leave solely because of a medical condition. All reasonable accommodations should be made to enable qualified clergy with disabilities to serve in ministry settings compatible with their gifts and graces. (See 2008 *Book of Resolutions*,

3002.)

Section 7-1 Description of Application Forms for CPP Medical Leave:

Authorization Form- Grants release of medical information to UNUM. (a copy should be sent to UNUM and a copy should be sent along with forms that are sent to a health care provider who is referenced.)

FORM A - General information on the clergy applicant as to occupation, addresses, disabling condition, physician information, and other sources of disability Benefits.

FORM B - attending physician statements. May be several FORM B's.

FORM C - application for Clergy Disability Benefits. Contains information on the plan. Requests primary contact information, signed notation that it has been read and signatures of DS, Conference Benefits Officer and JCOI chair.

FORM F - Conference Medical Leave Notification. Notes the Annual Conference's knowledge and action related to the Medical Leave request.

Section 7-2 Benefit Amount

70% of Line 12 on Salary Support Worksheet is the benefit amount for qualifying participants. Cannot exceed 200% of the DAC nor will it be less than 40% of DAC. Benefit will be reduced by other income. There are provisions within the CPP which specify the time one may receive benefits. These have to do with the age of the applicant at time of approved CPP Disability. If you are on CPP Disability prior to age 60 you may remain until June 30th following your 65th birthday. If you are on CPP after age 60, then you may remain until the earlier of either the June 30th following the fifth anniversary of your disability or your retirement date. That would be a maximum of 5 years. There is a specific table of termination dates in the full CPP plan on the GBoPHB site and in the copy which follows based on age at time of Medical Leave. *Limitations on benefits related to mental conditions were added in the 2012 General Conference. It defines*

“treatable and returnable” and limits those mental reasons to two (2) years of benefits.

FULL PLAN FOLLOWS. (scroll till it appears)

Comprehensive Protection Plan

Summary Plan Description



General Board

Pension and Health Benefits

Caring For Those Who Serve



Table of Contents

Welcome	1
About the Plan	1
Serving The United Methodist Church	1
Explanation of Terms	1
Questions	1
Important Notices	1
Claims Administrator.....	1
This Plan Is Not a Contract of Employment.....	2
Eligibility	2
Plan Sponsors.....	2
Adoption Agreements.....	2
General Participation.....	2
Participation Under Special Arrangements.....	3
Contributions	5
Delinquent Contributions.....	5
Disability Benefits	6
Definition of Disability.....	6
Limitations and Exclusions.....	6
Submitting an Application for Disability Benefits.....	7
Disability Benefit Amount.....	8
Reductions.....	8
Effective Date of Disability Benefits.....	11
Other Disability Benefits.....	11
Suspensions and Terminations.....	12
Death Benefits	14
Active Participant Death Benefits.....	14
Retired Participant Death Benefits.....	14
Surviving Children Benefits.....	14
Spouse Death Benefits.....	15
Surviving Spouse Death Benefits.....	15
Child Death Benefits.....	15
Beneficiary Designations.....	16
Voluntary Transition Program	17
Eligibility.....	17
Submitting an Application for Transition Benefits.....	18
Transition Payments.....	18
Other Transition Benefits.....	19
Return to Ministry.....	20
End of Program.....	20
Claims and Appeals	20
Claims.....	20
Appeals.....	20
Plan Sponsor Responsibilities	22
Amendment and Termination	22

Important Miscellaneous Provisions	23
Not Insurance	23
Interpretation of the Plan and Benefits	23
No Waiver	23
Clerical Error	23
Applicable Law	23
Plan Document Controls.....	23
Recovery of Excess Benefits.....	23
Unclaimed Benefits	24
Relinquishment or Refusal of Benefits	24
Non-Alienation of Benefits.....	24
Legal Disability or Incapacity.....	24
CPP Benefits under the Prior Plan	24
Definitions	25
General Information	28

Comprehensive Protection Plan

WELCOME

The General Board of Pension and Health Benefits of the United Methodist Church, Incorporated in Illinois (General Board) and has prepared this *Summary Plan Description* (SPD) to help you understand your disability and death benefit coverage the terms of the benefits under the Voluntary Transition Program (VTP) a severance (unemployment benefits) plan. Please read it carefully.

ABOUT THE PLAN

The General Conference of The United Methodist Church established a welfare benefit plan for Clergy effective January 1, 1982. The General Board maintains the Comprehensive Protection Plan, more commonly known as CPP (Plan), for the benefit of Clergy of The United Methodist Church.

The Plan is a “Church Plan” as defined in §414(e) of the Internal Revenue Code (Code), as amended, and §3(33) of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan’s status as a Church Plan has significant legal meaning; you can read more about it in the “Important Miscellaneous Provisions” section.

SERVING THE UNITED METHODIST CHURCH

The General Conference established the General Board to supervise and administer the employee benefit plans of The United Methodist Church. The General Board, in accordance with the provisions of *The Book of Discipline*, administers the Plan for the benefit of its Participants to better enable them to serve the Church. You can help the General Board be a good steward by ensuring that the information you provide to your Plan Sponsor and the General Board is timely and accurate.

EXPLANATION OF TERMS

You will find terms starting with capital letters throughout this SPD. Most of the terms are explained in the “Definitions” section; others may be defined in the text.

QUESTIONS

If you have questions about the benefit plans administered by the General Board, please do not hesitate to contact us. For more information, please visit our website at www.gbophb.org. Or you may call the General Board at **1-800-851-2201**.

IMPORTANT NOTICES

Claims Administrator

The Claims Administrator for the disability benefits under the Plan is Unum Life Insurance Company of America. The General Board has engaged the Claims Administrator through administrative service agreements and contracts to provide the Plan’s Claims processing and Claims determination. The General Board has assigned some of its administrative duties with respect to the Plan to the Claims Administrator. The General Board has delegated the administrative authority to review and recommend approval or denial of Claims for disability benefits to the Claims Administrator. Please contact the General Board if you have questions regarding the manner in which the Claims Administrator and the General Board share duties under the Plan.

This Plan Is Not a Contract of Employment

Nothing contained in this SPD or the Plan will be construed as a contract or condition of employment between the General Board, any Conference, other Plan Sponsor or any other employer and any Participant. All Participants are subject to discharge to the same extent as if their Conference or employer had never adopted the Plan.

ELIGIBILITY

If you are appointed to a Plan Sponsor of CPP, you may be eligible for coverage under the Plan. Your eligibility depends on the rules of the Plan and the elections made by your Plan Sponsor in its Adoption Agreement. Contact your Plan Sponsor or the General Board if you have questions regarding your eligibility under the Plan. The descriptions below are some general rules that govern the Plan.

Plan Sponsors

Generally, the Conference is the Plan Sponsor for elders, deacons and local pastors who are not appointed to extension ministries. The Salary-Paying Unit is the Plan Sponsor for elders who are appointed to extension ministries.

- If you are a Bishop, your Plan Sponsor is the General Council on Finance and Administration (GCFA).
- If you are an elder, deacon or local pastor who is not appointed under ¶344.1a(2), (3) or (4), ¶344.1b or ¶344.1d of *The Book of Discipline*, your Plan Sponsor is the Conference.
- If you are a deacon who is appointed to a Salary-Paying Unit that is not subject to Code section 79(d) and is an exempt organization described in Code section 501(c)(3), or if you are an elder appointed under ¶344.1a(2), (3) or (4), 344.1b or 344.1d of *The Book of Discipline*, your Plan Sponsor is your Salary-Paying Unit.
- If you are appointed to a general agency that has a voting representative on GCFA's Committee on Personnel Policies and Practices, your Plan Sponsor is the general agency to which you are appointed.

Adoption Agreements

A Plan Sponsor elects to sponsor CPP by executing an Adoption Agreement with the General Board. An Adoption Agreement is a contract through which a Plan Sponsor agrees to cover its Employees in the Plan, promises to abide by the terms of the Plan, and assumes certain duties and obligations.

Through *The Book of Discipline*, CPP requires that certain Clergy be covered under the Plan, as outlined in the "General Participation" section below. In addition, Plan Sponsors have the discretion to elect coverage for additional Clergy through the Plan's "special arrangements." A Plan Sponsor must specify in its Adoption Agreement the individuals it wishes to make eligible under a special arrangement. The Adoption Agreement may also specify what portion of the Contribution is your responsibility as the Participant, if any.

General Participation

If you are a Clergy in one of the classes described below, your Plan Sponsor must provide coverage for you under the Plan.

- An active Bishop of The United Methodist Church or the Puerto Rico Methodist Church.
- A full, probationary or associate Clergy member (including a deacon or central conference clergy member appointed to a Conference) of The United Methodist Church or another Methodist denomination, or a local pastor, who is:
 - under full-time Episcopal appointment to The United Methodist Church, and
 - receiving Plan Compensation equal to at least:
 - 60% of the applicable Conference Average Compensation (CAC), or
 - 60% of the Denominational Average Compensation (DAC), whichever is less.

- A Clergy person of another denomination who is:
 - under full-time Episcopal appointment to The United Methodist Church or the Puerto Rico Methodist Church,
 - not participating in a similar program sponsored by your own denomination, and
 - is receiving Plan Compensation equal to at least:
 - 60% of the applicable CAC, or
 - 60% of the DAC, whichever is less.

To participate in the Plan, you must be eligible to participate in a Church Plan as defined by Code §414(e), properly enrolled by your Plan Sponsor and satisfy the equivalent of either: 1) a certificate of good health, or 2) the tests provided for in ¶315.6 of *The Book of Discipline*. The required Contributions made on your behalf must be remitted on a timely basis to continue coverage in the Plan (see the “Contributions” section).

Participation Under Special Arrangements

If you do not satisfy the general participation eligibility rules, you still may be eligible to participate if your Plan Sponsor has made a special arrangement for Clergy persons in your category. A Plan Sponsor can make special arrangements under the Plan to cover certain groups, such as Clergy on certain types of leave, Clergy appointed less than full-time and Clergy receiving compensation amounts less than 60% of DAC, by making the appropriate election on its Adoption Agreement.

Conference Plan Sponsors may elect special arrangements to cover:

- Clergy on sabbatical, maternity/paternity, medical, voluntary or involuntary leave, or attending school;
- Clergy appointed less than full-time; or
- Clergy earning less than 60% but at least 25% of the lesser of the DAC or CAC.

Plan Sponsors that are not Conferences (i.e., Salary-Paying Units, such as employers) may elect coverage arrangements for:

- Clergy appointed less than full-time; or
- Clergy earning less than 60% of the DAC or CAC, whichever is less.

Clergy of the Puerto Rico Methodist Church are not eligible to participate in CPP through a special arrangement.

Through its Adoption Agreement, your Plan Sponsor may require you to participate in the Plan if you are eligible under a special arrangement; this is a required special arrangement. Alternatively, your Plan Sponsor may allow you to choose whether or not to participate under a special arrangement; this is an optional special arrangement. Whether you are covered under a required special arrangement or an optional special arrangement may affect what sort of contribution you may have to make toward your own coverage under the Plan.

Your Plan Sponsor may not have elected, through its Adoption Agreement, to allow, or the Plan’s terms may not allow, you to participate if you are on certain types of leaves, you are appointed less than full-time, or your compensation is below certain levels. Please contact your Plan Sponsor to determine whether it has elected any special arrangements.

Retired Participation

You will be covered by the Plan during retirement as a Retired Participant and therefore eligible for a death benefit in retirement if you:

- were an Active Participant on or after January 1, 1987 who:
 - retired while participating in CPP,

- was eligible to receive a benefit on your retirement date from the Clergy Retirement Security Program (CRSP), if you were participating in CRSP at the time of retirement, or
- retired at age 62 or older with at least 30 years of service if you were serving a general agency or extension ministry and not participating in CRSP on your retirement date, and
- have been an Active Participant for:
 - at least six* of the 10 years immediately preceding your retirement, or
 - 25 years or more.
- were an Active Participant prior to January 1, 1987 who:
 - retired while participating in CPP, and
 - began receiving an annuity under the Ministerial Pension Plan (MPP).
- were receiving an annuity benefit from your Conference as of January 1, 1982 and:
 - had lump-sum death benefit coverage from your Conference on December 31, 1981; or
 - received pension credit from your Conference in the year in which you entered into the annuity, if your Conference did not have a death benefit plan on December 31, 1981.
- are a Bishop elected by a jurisdictional conference who retired prior to January 1, 1982.

Effective Date of Participation

If you are eligible to be an Active Participant through general participation described above, your Plan Sponsor will enroll you in CPP. Generally, your effective date of participation is the date you satisfy the eligibility requirements.

However, if you are eligible for participation under a special arrangement (see the “Participation Under Special Arrangements” section), your Plan Sponsor must enroll you in CPP within 90 days of the later of:

- the date you entered a leave or other category for which your Plan Sponsor has made a special arrangements, or
- the date your Plan Sponsor first elects in its Adoption Agreement to make a special arrangement for a category in which you belong.

If you are eligible to participate under a special arrangement, your effective date of participation will generally be the date you first satisfy the eligibility requirements of the special arrangement.

Mistaken Participation

Enrollment of an Ineligible Clergy person

If you are not eligible for CPP but your Plan Sponsor enrolls you by mistake, you will not have any rights to benefits. If the error is discovered after Contributions have been made, the General Board will return the amounts contributed on your behalf (unless benefit payments have been made). If you or your Beneficiary have received benefit payments, the General Board will not return the Contributions unless and until you reimburse the General Board for the mistaken benefit payments. The General Board has the right to obtain reimbursement of any mistaken benefit payments from you or the recipient of such payments.

Omission of an Eligible Clergy person

If you should be enrolled in CPP but are not enrolled, you will not have any rights to benefits under CPP until you are properly enrolled. Upon discovery of the error, the Plan will permit your enrollment retroactively to the date you were first eligible. However, if the error is discovered after Contributions for you would have been due, the Plan will only allow retroactive enrollment after your Plan Sponsor pays retroactive Contributions and related penalties and fees as determined by the General Board.

* This provision is effective for the 2013 Plan Year. Each year thereafter through 2019, the years of participation requirement to be eligible will increase by increments of one year, up to 12 of the last 15 years for retirement in 2019 and thereafter.

These provisions for late or retroactive enrollment do not apply to you, and you cannot enroll in the Plan, if you:

- were eligible to enroll in CPP pursuant to an optional special arrangement;
- were given proper notice of your eligibility by your Plan Sponsor within 90 days of meeting eligibility requirements; and
- elected not to participate, by inaction or otherwise, in the Plan within 90 days of meeting eligibility requirements.

Termination of Participation

Your participation in CPP will terminate effective the earliest of the following:

- you no longer satisfy the Active Participant eligibility requirements,
- your Plan Sponsor fails to make required Contributions or falls more than 180 days behind on Contributions (see the “Contributions” section below),
- you retire but do not satisfy the Retired Participant eligibility requirements,
- the Adoption Agreement of your Plan Sponsor is terminated, or
- General Conference terminates CPP.

CONTRIBUTIONS

To maintain coverage as an Active Participant, your Plan Sponsor must remit Contributions on your behalf. The required Contributions are based generally on your compensation and may depend, in part, upon whether you are an Active Participant by special arrangement.

- For Clergy participating under general participation rules, the annual Contribution amount is 3% of your Contribution Base. Your Plan Sponsor may require you to pay a portion of the Contribution—up to 1% of your Contribution Base.
- For Clergy participating under a required special arrangement, the annual Contribution amount is 3.4% of the DAC for the Plan Year. Your Plan Sponsor may require you to pay a portion of the Contribution—up to 1% of your Contribution Base.
- For Clergy participating under an optional special arrangement, the annual Contribution amount will be equal to 4.4% of the DAC for the Plan Year. Your Plan Sponsor may require you to pay a portion of the Contribution—up to 4.4% of the DAC.

Regardless of the amount your Plan Sponsor requires you to contribute, your Plan Sponsor will be responsible for remitting all of the Contribution directly to the General Board. The annual Contribution amount will be payable in equal monthly installments for each month that you are an Active Participant. Each monthly installment will be due on or before the last day of the month.

Delinquent Contributions

If your Plan Sponsor fails to make required Contributions on your behalf, the General Board will suspend your participation in CPP, and related benefits will be withheld or terminated.

If any Contributions are more than 30 days delinquent, the General Board will suspend your participation in CPP and any related benefits. You will remain suspended until your Plan Sponsor makes arrangements for the retroactive payment of the Contributions in a manner satisfactory to the General Board.

If any Contributions are more than six consecutive calendar months delinquent, the General Board will terminate your participation in CPP and any related benefits. Your termination will be effective on the last day of the six-month period and remain in effect until:

- the overdue Contributions for the period of coverage leading up to the termination are paid,
- the current month's Contribution for renewed participation, is paid, and
- you have established evidence of good health by submitting a medical report to the General Board.

If the General Board reinstates you following a termination of participation and benefits, you will be subject to a 180-day-waiting period before you will be eligible to receive disability benefits (see the "Limitations and Exclusions" section).

If you die within the first 180 days of participation in CPP and your Plan Sponsor has not remitted any required Contributions to CPP, the General Board will withhold your benefits until your Plan Sponsor pays the required Contributions. If you die after the first 180 days, your Beneficiary will receive death benefits if there are no delinquent Contributions for more than 30 days.

DISABILITY BENEFITS

If the General Board or its Claims Administrator determines that you are disabled as described below, and you were an Active Participant on the date you became disabled, you are entitled to disability benefits under the Plan, subject to certain exclusions and limitations discussed below.

Generally, you will receive disability benefits equal to 70% of your Plan Compensation. For the purposes of calculating disability benefits, Plan Compensation is limited to 200% of the DAC. Your disability benefits may be reduced for certain amounts, such as Social Security disability benefits or other income (see the "Reductions" section).

Definition of Disability

The General Board or its Claims Administrator will consider you disabled, if, on the basis of medical evidence, you are unable to perform the usual and customary duties of a United Methodist Clergy person due to bodily injury, disease, or behavioral illness or disorder expected to last for at least six continuous months. The Claims Administrator will consider your disability to have begun on the date you first were unable to perform the usual and customary duties of a Clergy person.

Once you have been disabled for more than 24 consecutive months, a new definition of disability will apply to you. You will be considered disabled only if you are not able to engage in substantially all of the usual and customary duties pertaining to **any employment** for remuneration or profit in any occupation for which you are reasonably qualified by training, education or experience. In other words, the Plan considers you disabled during the first 24 months of your Claim if you are disabled from your own occupation (i.e., a United Methodist Clergy person). After 24 months, however, the Plan only considers you disabled if you are unable to engage in any occupation.

Limitations and Exclusions

In any case, you will **not** be considered disabled under CPP if your disability resulted from:

- your service in the armed forces of any country,
- warfare,
- intentional self-inflicted injury, or
- your participation in any criminal or unlawful act.

In addition, no disability benefits will be payable under the following circumstances:

- your disability resulted from illness other than an accident, and you:
 - became disabled as a result of any Pre-Existing Condition within the first two years of your participation in CPP, or
 - were not an Active Participant for at least 180 days before the date your disability is determined to have initially occurred.

- you did not submit a written application for disability benefits to the General Board within 365 days from the date your disability is determined to have begun (see the “Submitting an Application for Disability Benefits” section); or
- you are still receiving a salary or compensation from your Salary-Paying Unit.

If you submit your Claim for disability benefits *within 180 days* of your date of disability and the General Board approves disability benefits on a retroactive basis, the Plan will not pay retroactive benefits more than 365 days prior to the approval date.

On the other hand, if you submit your Claim for disability benefits *more than 180 days after but less than 365 days after* your disability date, and the General Board approves disability benefits on a retroactive basis, the Plan will not pay retroactive benefits more than 180 days prior to the approval date. This means you should submit your claim in a timely manner, as close to your disability date as possible.

You are required to be under the regular care and treatment of a properly licensed physician who:

- has expertise in the medical specialty associated with your disabling condition; and
- is not a member of your family (e.g., parent, child, Spouse, former Spouse, sibling, mother-in-law, father-in-law, sister-in-law, brother-in-law or cousin).

If you are not under the regular care and treatment of a physician, your disability benefits will be suspended or terminated (see the “Suspensions and Terminations” section).

Submitting an Application for Disability Benefits

To submit a Claim for disability benefits, you must properly complete and submit a written application for benefits, which can be obtained from your Plan Sponsor or the General Board. The application includes:

- a statement from you regarding your:
 - medical condition,
 - usual and customary duties, and
 - inability to complete your usual and customary duties due to your medical condition.
- other relevant information;
- a statement from your physician(s);
- your signed acknowledgement of certain CPP provisions; and
- an acknowledgement of your claim signed by certain officials from your Conference.

Before granting, and in many cases before continuing, disability benefit payments, the General Board will require you to submit medical evidence of your disability. The General Board may also require you to undergo a medical examination. If the General Board requests a medical examination more frequently than once annually, CPP will pay all reasonable medical fees as determined by the General Board.

If you refuse to submit to a medical exam or to deliver any related documentation requested by the General Board for purposes of verifying your continuing disability, the General Board will suspend or terminate your disability benefits (see the “Suspensions and Terminations” section).

Disability Benefit Amount

Disability Benefits Effective On or After January 1, 2002

If the General Board approves your Claim for disability benefits, your benefit will equal 70% of your annualized Plan Compensation. The Plan will calculate your annualized Plan Compensation for the Plan Year that contains the date of your first disability benefit payment. Plan Compensation for disability benefit purposes cannot exceed 200% of the DAC for the applicable Plan Year.

Minimum Benefit

In general, your annual disability benefit will not be less than 40% of the DAC in effect on the date of your first payment. This 40% limitation will be prorated for any partial years of disability.

Your disability benefit will be subject to certain reductions, including a reduction for Social Security disability benefits (see the “Social Security Benefits Reduction” section below). If this reduction applies, your resulting annual disability benefit **will not be less than 40% of the DAC** in effect on the date of your first payment unless you earn less than 60% of the DAC or CAC and you participate in CPP under a special arrangement. This 40% limitation, if applicable will be prorated for any partial years of disability.

If: 1) your disability benefit is subject to other income benefit reductions (see the “Other Income Reduction” section); 2) you participate under the special arrangement for those making less than 60% of the DAC or CAC; or 3) your benefit is offset due to an overpayment you received resulting from other income or an award of Social Security benefits, your resulting annual disability benefit **may be less than 40% of the DAC** in effect on the date of your first payment (determined on a pro rata basis for any partial years of disability).

Annual Increase

The General Board will pay your benefit in monthly installments, and your disability benefit will be increased annually by 3% on each anniversary date of your first disability benefit payment.

Disability Benefits Effective Prior to January 1, 2002

If your disability benefit began prior to January 1, 2002, your disability benefit as of January 1, 2002 was adjusted to be the greater of:

- your existing disability benefit as of January 1, 2002, or
- 40% of the DAC in effect for the 2002 Plan Year.

The benefit is payable in monthly installments and increases annually by 3% on each anniversary date of your first payment.

Reductions

Social Security Benefits Reduction

The General Board will reduce your disability benefits dollar-for-dollar by any disability benefits you receive under the Social Security Act, unless the Social Security benefits are forwarded directly to the General Board. The amount of the reduction will be based on the total benefit payable with respect to your disability under the Social Security Disability Insurance Program, including amounts payable to your Spouse and children. For the purposes of the reduction, children may include natural, adopted and step children. The amount of the reduction will also include any retroactive awards of Social Security disability benefits, unless the Social Security benefits are forwarded directly to the General Board. **You are required to reimburse CPP for any overpayment of disability benefits resulting from any retroactive awards of Social Security disability benefits.**

Below is a chart showing your CPP disability benefit with a Social Security benefits reduction:

Plan Compensation	\$30,000 ³	\$40,000	\$75,000
CPP Benefit Before Offset¹	\$21,000	\$28,000	\$52,500
Social Security²	\$19,140	\$19,140	\$26,622
CPP Benefit After Offset¹	\$1,860	\$24,686	\$25,878
Replacement Ratio	70%	109%	70%

1 Minimum disability benefit = 40% of the 2013 DAC. $40\% \times \$63,867 = \$25,547$.

2 Amounts shown are for illustrative purposes only and do not reflect the amount payable under the Social Security Act.

3 60% of 2013 DAC is \$38,320. The individual in this illustration is covered through a special arrangement. The 40% of DAC minimum benefit is not applicable for participants earning less than 60% of the DAC. Therefore, the gross benefit ("CPP benefit before offset") for this individual is \$21,000 (70% of Plan Compensation) rather than \$25,547.

It is your obligation to take all steps necessary to obtain Social Security disability benefits when you are disabled. The General Board or Claims Administrator may supply aid, as it deems appropriate, to assist you with your application for such benefits. You must provide the General Board or its agents with all relevant information that is requested regarding your eligibility and application for Social Security disability benefits. If you fail, without good cause, to furnish such information, the General Board will suspend or terminate your disability benefits (see the "Suspensions and Terminations" section).

If you are not awarded Social Security disability benefits for any reason, the General Board will nonetheless reduce your disability benefits dollar-for-dollar based on an imputed amount that you would have received under the Social Security Act. To determine the imputed amount, the Plan will assume that:

- your application for Social Security disability benefits would have been approved,
- you would have received the maximum benefits available under Social Security for someone with your same circumstances and compensation level, and
- you would not have received any retroactive awards of Social Security disability benefits.

The imputed Social Security disability benefit offset will become effective either:

- immediately after the date you refused to apply for Social Security disability benefits, if you refused to apply;
- six months after the date the Claims Administrator determined your disability began, if you elected not to be covered by Social Security or are otherwise ineligible for Social Security benefits (e.g., too few quarters); or
- 24 months after the date the General Board determined your disability began, if you applied for Social Security disability benefits and were denied such benefits (for a reason other than electing not to be covered under Social Security).

To reduce the likelihood of a significant overpayment of CPP disability benefits due to a retroactive Social Security award, in certain circumstances, the General Board will begin to apply the imputed Social Security offset 12 months after the date the General Board determined your disability began. If you are denied Social Security benefits (for a reason other than electing not to be covered under Social Security), the General Board will reimburse you for the amounts offset prior to 24 months of disability benefits.

Other Income Reduction

After the application of the Social Security benefits reduction, the General Board will also reduce your disability benefits by other income you earn.

During the first 24 months of receiving disability benefits, your disability benefit will be reduced dollar-for-dollar by the amount of your gross income, as determined below, when the amount of such income exceeds 100% of your Plan Compensation at the time your disability occurred (increased annually by 3%).

After the first 24 months of receiving disability benefits, your disability benefit will be reduced:

- 50 cents for each dollar of your gross income, as determined below, when the amount of such income exceeds 70% of your Plan Compensation at the time your disability occurred (increased annually by 3%), or
- dollar-for-dollar by the amount of your gross income, as determined below, when the amount of such income exceeds 100% of your Plan Compensation at the time your disability occurred (increased annually by 3%).

After offsetting your benefit by other income, your benefit may be less than 40% of the DAC in effect on the date of your first payment.

The gross income considered for this reduction includes your earned income or payments that you receive that are a substitute for earned income. Sources of gross income are limited to:

- compensation for services, including fees, commissions or gross income derived from a business;
- payments received from Workers' Compensation insurance with respect to lost earnings;
- payments received from any branch of the U.S. armed forces, excluding veterans disability compensation and pension benefits;
- payments received from any other agency of the U.S. government;
- payments received from any state of the U.S., with respect to disability;
- payments received as retirement benefits under the Social Security Act for you, your Spouse or your children;
- the amount of the reduction for Social Security disability benefits;
- the disability benefit payable from CPP; and
- compensation from rehabilitation employment while receiving disability benefits if you are actively participating in a rehabilitation program approved by the General Board. Only 50% of such earnings will be considered gross income during the first 24 months of disability benefit payments. All of such earnings will be considered thereafter.

To enable the General Board to make the above calculations, you must supply the General Board with all relevant information and documentation that it requests. If you fail, without good cause, to furnish such information and documentation, the General Board will suspend or terminate your disability benefits (see the "Suspensions and Terminations" section).

Transitional Disability Reduction

If you recover so that you return to work on a less-than-full-time basis under a program administered by the Plan, your disability benefits may continue if your resulting monthly compensation is no more than 70% of your pre-disability compensation.

The disability benefit payable for a transitional disability will be subject to the following rules:

- your disability benefit will be reduced, so that the sum of your disability benefit and monthly compensation does not exceed your monthly Plan Compensation for the Plan Year that your first disability benefit became effective;
- you must continue to meet all of the requirements for the receipt of benefits for a full disability, including the requirement of continuing treatment by a physician (see the "Definition of Disability" section); and
- your transitional disability benefits will last no longer than 12 months.

Other Reductions

The General Board will reduce your disability benefits dollar-for-dollar by the amount of any grant or benefits paid by your Conference on account of your disability.

Effective Date of Disability Benefits

Your disability benefit will begin retroactive to the first day of the month coincident with or following the date the Claims Administrator determines that you became disabled. However, retroactive benefits will not be paid more than 365 days prior to the date the payment of disability benefits is approved. The date your disability benefit payments begin will not be determined by the effective date of an incapacity leave, other status change or appointment that is approved by your Conference.

Disability benefit payments will begin as soon as practicable after the General Board has approved your Claim for disability benefits. Ongoing payments will be made as of the first business day of each month that you are eligible to receive disability benefits.

Other Disability Benefits

Pension Contributions While Disabled

If you are an Active Participant who is disabled, and you are a participant in the Clergy Retirement Security Program (CRSP) [or your Plan Sponsor is not a Conference and you are participating in the United Methodist Personal Investment Plan (UMPIP)], an annual contribution will be credited, in monthly installments, to your CRSP defined contribution account (or in certain circumstances, to your UMPIP account) while you are receiving disability benefits. The annual contribution will be equal to the matching and nonmatching contributions your Plan Sponsor is obligated to make under CRSP (or UMPIP) (up to a maximum of 3% of your Plan Compensation in effect on the date immediately prior to your disability effective date). The annual contribution will be increased annually by 3% on each anniversary date of your first disability benefit payment.

If you terminate your Conference relationship while receiving disability benefits by: a) honorable location; b) surrendering ministerial or local pastor license; c) withdrawal; or d) penalty assessed by a trial court or any other means, all contributions to CRSP from the Plan will cease. However you will continue to receive your monthly disability benefit as long as you continue to meet the eligibility requirements for disability benefits described herein.

Rehabilitation Benefits

If you are receiving disability benefits, you may also be eligible to receive rehabilitation benefits. The General Board may, in its sole discretion, allocate up to two-thirds of the DAC for rehabilitation benefits when such benefits:

- could, in the judgment of the General Board, reasonably result in you engaging in employment for compensation or profit in an occupation for which you will then be reasonably qualified by training, education and experience; and
- are directed toward a program of rehabilitation services that has been approved by your physician and the General Board prior to your receipt of such services.

Rehabilitation benefits are only available if you have been receiving disability benefits for less than 24 months.

The General Board also may identify you as a candidate for rehabilitation services. If the General Board identifies you as a candidate, you must participate in the program of rehabilitation services recommended by the General Board. If the General Board determines that you have not properly participated in the program, the General Board will suspend or terminate your disability benefits (see the “Suspensions and Terminations” section below).

If, following the completion of rehabilitation services, you continue to satisfy the definition of disability and other requirements of CPP, you will continue to qualify for disability benefits.

Return-to-Work Program

If you are receiving disability benefits, you may be eligible to participate in a return-to-work program to transition you back into actively working.

If you are identified as a candidate for a return-to-work program, a transitional position is available to you, and you refuse to participate, your net disability benefit (after other offsets) may be reduced by 10%.

Your Plan Sponsor may receive an annual grant for any compensation paid to you in a transitional position in an amount equal to the lesser of: 1) 50% of your Plan Compensation on the date of your disability; or 2) 40% of the DAC, as an incentive to reappoint or re-employ you in a return-to-work program. The grant will continue as long as you are disabled, eligible to participate in CPP and compliant with the return-to-work program. The program will cease on the June 30 that follows the end of your disability.

Suspensions and Terminations

Suspensions

The General Board will suspend your disability benefits if you:

- refuse to submit to a medical examination or provide any related documentation requested by the General Board for purposes of verifying continuing disability;
- are not under the regular care and treatment of a properly licensed physician who:
 - has expertise in the medical specialty associated with your disabling condition;
 - is someone other than a member of your family (e.g., parent, child, Spouse, former Spouse, sibling, mother-in-law, father-in-law, sister-in-law, brother-in-law or cousin).
- fail, without good cause, to supply all relevant information that is requested regarding your eligibility and application for Social Security benefits;
- fail, without good cause, to supply all relevant information and documentation that is requested by the General Board regarding your sources of gross income; or
- are identified as a candidate for rehabilitation services and the General Board determines that you have not properly participated in the recommended rehabilitation program.

If any of the above events apply to you, the General Board will send a written notice to you advising you of the required actions to continue your disability benefits and the consequences, including suspension of disability benefits, if you do not take the required actions. If you do not take the required actions, the suspension will be effective the last day of the month following the 90-day period beginning on the date that the General Board sent the notice.

If the General Board suspends your disability benefits, the General Board will reinstate your disability benefits prospectively only if you complete all actions requested by the General Board and supply the appropriate documentation for reinstatement within nine months following the date of the suspension. In addition, if you demonstrate, to the satisfaction of the General Board, that your lack of cooperation was due to matters reasonably beyond your control (such as incapacity without a guardian), the General Board may make retroactive benefit payments to the date of the suspension.

If, within the nine-month period following the effective date of suspension, you did not take appropriate actions or supply the appropriate documentation for reinstatement of disability benefits to the General Board, the General Board will terminate your right to disability benefits as of the last day of the nine-month period following the date of the suspension.

Terminations

Your disability benefits will terminate as of the earliest of the following:

- nine months following the date the General Board suspends your disability benefits if you take no corrective action (see the “Suspensions” section above);

- June 30 following the last day of the regular session of your Annual Conference** if the Claims Administrator determines that you are no longer disabled;
- June 30 following your Social Security normal retirement age under the Social Security Act if you become disabled before your 62nd birthday;
- if you became disabled on or after your 62nd birthday, June 30 following the earlier of:
 - the last day of eligibility based on the Age Benefit Reduction table below, or
 - June 30 following your retirement date**.

Age at CPP Disability Date	Benefit Duration
62	60 months
63	48 months
64	42 months
65	36 months
66	30 months
67	24 months
68	18 months
69 or over	12 months or age 72, whichever is earlier

- if your primary basis for a disability benefit is Mental Illness, the June 30 following the expiration of 24 months after your date of disability (or June 30, 2015, if you were receiving a benefit on or before December 31, 2012 and the primary basis for your disability is Mental Illness) unless:
 - you are confined to a hospital or institution on the June 30th that follows the end of the 24-month period, in which case benefits will continue during such confinement. If you remain disabled when discharged, benefits will continue for a recovery period up to three months. If you become confined to a hospital or institution again during the recovery period for at least 14 consecutive days, your benefits will continue through the confinement and an additional recovery period of up to three more months.
 - your Mental Illness is determined by the General Board, based on medical evidence, to be “severe” and not “returnable” based on generally accepted psychiatric standards.
 - you have dementia that is the result of stroke, trauma, viral infection, Alzheimer’s disease or other conditions which are not usually treated using psychotherapy, psychotropic drugs or other similar methods of treatment.
- the last day of the month in which you die.
- immediately, if the General Board has evidence that you have committed fraud or misrepresentation upon the Plan.

** However, if your Annual Conference does not end in May or June, the termination effective date will instead be the last day of the month in which your Annual Conference session ends.

DEATH BENEFITS

Active Participant Death Benefits

If you die while an Active Participant, the General Board will pay a death benefit of \$50,000 to your Beneficiary (see the “Beneficiary Designations” section). The benefit will be paid in a single sum, unless your Beneficiary elects to receive the payment in 12 equal monthly payments. Any benefit paid to your estate will be made in a single sum.

Active Participants receiving CPP disability benefits continue to be eligible for death benefit coverage.

If you die within 31 days of the date you cease to be an Active Participant (for reasons other than becoming a Retired Participant), you will continue to be eligible for this death benefit as if you were an Active Participant at the time of your death.

Minimum Surviving Spouse Annuity Benefits

If you die while an Active Participant prior to receiving a defined benefit under CRSP, your Surviving Spouse may receive a minimum monthly benefit from CPP that is equal to:

- 20% of the DAC in effect on the date of your death; less
- the defined benefit payable from CRSP and all other Church-related sources (including pension benefits for service prior to January 1, 1982). For purposes of this offset, the benefit is calculated as a single life annuity increasing 2% annually (regardless of the annuity forms actually paid). Social Security benefits are not considered in this calculation.

The minimum Surviving Spouse annuity benefit will increase each year by 3% on each anniversary date of the first payment of benefits.

Retired Participant Death Benefits

If you die while a Retired Participant, a single-sum death benefit will be paid to your Beneficiary (see the “Beneficiary Designations” section). If you retired before January 1, 2013, the benefit will be equal to 30% of the DAC in effect on the date of your death. If you retired on or after January 1, 2013, the benefit will be \$20,000.

Surviving Children Benefits

If you die while an Active Participant or Retired Participant, your surviving natural and legally adopted children may be eligible to receive surviving children benefits. However, if you die while a Retired Participant, your adopted child will only be eligible for this benefit if you adopted your child before you retired.

If your child is younger than age 18, he or she will be eligible to receive an annual benefit equal to 10% of the DAC in effect on the date of your death. The benefit is payable in monthly installments up to and including the month your child reaches age 18.

If your child is older than age 18 but younger than age 25, he or she may be eligible to receive an annual surviving child education benefit equal to 20% of the DAC in effect on the later of the date of your death or the date your child attains age 18.

- Half of the benefit will be payable in monthly installments to your child who is a full-time student attending a secondary school or an approved school beyond the secondary level. The benefit will be paid during all eligible years at a secondary school and for up to four years of attendance at a school beyond the secondary level.
- The remaining half of the benefit will be payable to full-time students attending a school beyond the secondary level. The benefit will be paid for up to four years of attendance at a standard school or college beyond the secondary level.

To become or remain eligible to receive the annual educational benefit, the General Board will require that your child periodically submit satisfactory proof of enrollment and attendance as a full-time student at an appropriate school or college.

The amount of any surviving children benefits will increase each year by 3% on each anniversary date of the first benefit payment.

Spouse Death Benefits

If you are an Active Participant or a Retired Participant who retired before January 1, 2013, you will receive a single-sum death benefit upon the death of your Spouse equal to 20% of the DAC in effect on the date of your Spouse's death. If you are a Retired Participant who retired on or after January 1, 2013, you will receive a single-sum death benefit of \$15,000 upon the death of your Spouse.

Surviving Spouse Death Benefits

If you were an Active Participant or a Retired Participant who retired before January 1, 2013, then the Plan will pay a single-sum death benefit, upon the death of your Surviving Spouse, to your Surviving Spouse's Beneficiary (see the "Beneficiary Designations" section). The benefit will be equal to 15% of the DAC in effect on the date of your Surviving Spouse's death. If you were a Retired Participant who retired on or after January 1, 2013, when you died, then your Surviving Spouse's Beneficiary will receive a single-sum death benefit of \$10,000 upon the death of your Surviving Spouse.

Child Death Benefits

Upon the death of your child, a death benefit will be paid as follows:

- if you survive your child, and you are an Active Participant or a Retired Participant who retired before January 1, 2013, you will receive a single-sum death benefit equal to 10% of the DAC in effect on the date of your child's death;
- if you survive your child and you are a Retired Participant who retired on or after January 1, 2013, you will receive a single-sum death benefit of \$8,000.
- if you predecease your child, a single-sum death benefit equal to 10% of the DAC (if at the time of death you were an Active Participant or a Retired Participant who retired before January 1, 2013) will be paid, in the following order of preference, to:
 - your Surviving Spouse, if your Surviving Spouse was either the guardian of the deceased child at the time of the child's death or the deceased child was dependent on your Surviving Spouse;
 - the guardian of the deceased child, if any; or
 - the person paying the child's funeral expenses.
- if you predecease your child and were a Retired Participant at the time of death who retired on or after January 1, 2013, a single-sum death benefit of \$8,000 will be paid in the order described above.

For the purposes of the child death benefit, a "child" is your natural or legally adopted child who, at the time of his or her death, was:

- younger than age 19,
- age 19 or older and dependent upon you or your Surviving Spouse due to a behavioral or physical disability that existed prior to age 19, or
- receiving surviving children benefits.

Beneficiary Designations

Participant

You may designate a Beneficiary who will receive any benefits payable upon your death. You must make your designation on the *Designation of Beneficiary for Retirement and Welfare Plans* form required by the General Board. Such designation will be subject to certain limitations described below and will not be effective unless you file the *Designation of Beneficiary for Retirement and Welfare Plans* form with the General Board during your lifetime.

You may designate multiple Beneficiaries and the share of the benefit each Beneficiary will receive. You may also designate a primary and contingent Beneficiary. The Plan pays benefits to your designated primary Beneficiary unless your designated primary Beneficiary dies before you or cannot be located at the time of your death. In these situations, the Plan will pay benefits to your designated contingent Beneficiary instead.

If you are not married at the time of your death, and you have not made a valid Beneficiary designation, your Beneficiary will be your estate.

If you are married when you die, your Spouse automatically will be your primary Beneficiary. If you have submitted a *Designation of Beneficiary for Retirement and Welfare Plans* form with the General Board that designates someone in addition to or other than your Spouse as primary Beneficiary, and the form contains your Spouse's written approval and your Plan Sponsor or a notary has witnessed such consent, then the person or persons you have designated on the form will be your Beneficiary. If you did not obtain spousal consent in this manner and you are married when you die, your Beneficiary designation will not be effective unless your Spouse consents to it after your death or one of the following exceptions applies:

- at your death, you are legally separated from your Spouse or have been abandoned (within the meaning of local law) by your Spouse and you (or your heirs) produce a court order confirming such separation;
- your Spouse disclaims (in acceptable, written form) **all** benefits before receiving them;
- neither your survivors nor the General Board can locate your Spouse;
- your Spouse is legally incompetent to give consent and the legal guardian gives consent on the Spouse's behalf; or
- other relevant circumstances exist as determined by the General Board.

If you and your Spouse divorce on or after January 1, 1997, the divorce will revoke any Beneficiary designation in favor of your former Spouse filed prior to your divorce. Until you file a new *Designation of Beneficiary for Retirement and Welfare Plans* form with the General Board, any benefits will be payable as if your former Spouse predeceased you.

It is important that you keep your Beneficiary designation up to date. You may want to change your Beneficiary designation if your primary or contingent Beneficiary dies, you marry, you divorce or you experience other life events. To request a *Designation of Beneficiary for Retirement and Welfare Plans* form, call your Plan Sponsor or the General Board at **1-800-851-2201**. You can also change your beneficiary designations by logging in to Benefits Access at **www.benefitsaccess.org**.

The General Board will, in its sole discretion, determine the Beneficiary of any death benefits payable under the provisions of CPP.

Surviving Spouse

Your Surviving Spouse may designate a Beneficiary by submitting a *Surviving Spouse Designation of Beneficiary for Retirement and Welfare Plans* form. The form designates a Beneficiary who is to receive any benefits payable upon your Surviving Spouse's death. Such designation will be subject to certain limitations described below and will not be effective unless your Surviving Spouse files the form with the General Board during his or her lifetime.

Your Surviving Spouse may designate multiple Beneficiaries and the share of the benefit each Beneficiary will receive. Your Surviving Spouse also may designate a primary and contingent Beneficiary. The Plan pays benefits to your Surviving Spouse's designated primary Beneficiary unless your Surviving Spouse's designated primary

Beneficiary dies before your Surviving Spouse, or he or she cannot be located at the time of your Surviving Spouse's death. In these situations, the Plan pays benefits to your Surviving Spouse's designated contingent Beneficiary instead. If at the time of your Surviving Spouse's death, your Surviving Spouse is not married and he or she has not made a valid Beneficiary designation, your Surviving Spouse's Beneficiary will be his or her estate. Your Surviving Spouse may designate primary and contingent Beneficiaries by submitting a *Surviving Spouse Designation of Beneficiary for Retirement and Welfare Plans* form to the General Board.

If your Surviving Spouse and his or her Spouse divorce on or after January 1, 1997, the divorce will revoke any Beneficiary designation in favor of your Surviving Spouse's former Spouse filed prior to the divorce. Until your Surviving Spouse files a new *Surviving Spouse Designation of Beneficiary for Retirement and Welfare Plans* form with the General Board, any benefits will be payable as if his or her former Spouse predeceased your Surviving Spouse.

Because situations change, your Surviving Spouse should review his or her Beneficiary designation from time to time. Subject to certain limitations, your Surviving Spouse may change his or her Beneficiary by filing a new *Surviving Spouse Designation of Beneficiary for Retirement and Welfare Plans* form with the General Board during his or her lifetime.

The General Board will, in its sole discretion, determine the Beneficiary of any death benefits payable under the provisions of CPP.

Payment of Death Benefits

The General Board will pay death benefits upon your death or the death of your Spouse, Surviving Spouse or child once your Plan Sponsor or Conference provides written notification of your death and the General Board determines eligibility for death benefits under CPP.

VOLUNTARY TRANSITION PROGRAM

The Voluntary Transition Program (VTP) was approved by the 2012 General Conference as a part of CPP in order to provide eligible clergy (certain CPP participants) with a grace-filled exit from the ministry. The Voluntary Transition Program provides Transition Benefits including severance pay benefits, continued CPP death benefits and outplacement services. In addition, the Conference may provide health plan continuation coverage and, in some cases, moving expenses.

Eligibility

General Eligibility

If you are a clergy member in full connection (including a deacon) of The United Methodist Church who is under full-time Episcopal appointment or receiving CPP disability benefits, you may be eligible for Transition Benefits under the Plan. If you are participating in CPP under special arrangement due to transitional leave or a part-time appointment, you may be eligible as described in the "Eligibility Under Special Arrangements" section below.

In addition, you must meet the following criteria to be eligible for Transition Benefits:

- You must have served at least five years as a full Clergy member with a Conference (or multiple Conferences) and must have been covered in CPP as an Active Participant for the last five years immediately preceding your Separation from Service.
- You must not be within two years of eligibility to enter the retired relationship under ¶358.2(b) of *The Book of Discipline*. If you are a Retired Participant in CPP, you are not eligible for the Voluntary Transition Program.
- You must surrender your credentials, withdraw in accordance with ¶361.2(a) of *The Book of Discipline* and terminate your membership in the Conference to be eligible for the Voluntary Transition Program. You must do this as soon as administratively feasible, and no later than the next annual session of the Conference.

- The Bishop, district superintendent, conference relations committee of the Board of Ordained Ministry, and the clergy session of the Conference (solely for approval of your surrender of credentials) all must all approve of your entry into the Voluntary Transition Program, and you must agree to participate.

Exclusions: Bishops, provisional members, associate members, members of other Methodist denominations, members of the Puerto Rico Methodist Church, local pastors and clergypersons of other denominations are not eligible for the Voluntary Transition Program.

Eligibility Under Special Arrangements

If you are an Active Participant enrolled in CPP through special arrangements (required or optional), you are not eligible for the Voluntary Transition Program, unless you meet the following criteria:

- You are an Active Participant enrolled through special arrangements due to less-than-full-time service and:
 - were covered by CPP as an Active Participant other than through a special arrangement for at least five years preceding the less-than-full-time (part-time) appointment; and
 - have not been participating through special arrangement for longer than 24 months.

You are an Active Participant enrolled through a special arrangement due to transitional leave (or a former Active Participant who within the last 24 months has ceased to be an Active Participant because you were appointed to transitional leave) and have been an Active Participant other than through a special arrangement for at least five years preceding the appointment to transitional leave.

Submitting an Application for Transition Benefits

To submit a Claim for Transition Benefits, you must properly complete and submit a written application for benefits, which can be obtained from your Plan Sponsor or the General Board. The application includes:

- a statement from you:
 - acknowledging that you understand the terms of the Voluntary Transition Program and the meaning of your withdrawal, and
 - binding you to withdraw and surrender your credentials.
- other relevant information;
- an acknowledgement of your claim signed by certain officials from your Conference.

If you receive Transition Payments and, for any reason, you do not surrender your credentials, withdraw and terminate your Conference membership, you will be required to repay the Transition Payments.

Transition Payments

If you are eligible for the Voluntary Transition Program, you will receive a severance payment (Transition Payment) equal to two weeks of Plan Compensation as of your Separation from Service for each full year of continuous appointed service, up to a maximum of 6 months (i.e., 26 weeks) of Plan Compensation. The Transition Payment will begin the first of the month following your Separation from Service. The Transition Payment will be paid as a single lump-sum via Electronic Funds Transfer (EFT) to the checking or savings account you choose.

Example 1

- Full Clergy member, age 45 with 10 years of service
- Plan Compensation: \$65,000
- $\$65,000/26 \text{ weeks} = \$2,500$ per two weeks
- $\$2,500 \times 10 \text{ (years of service)} = \$25,000$ lump-sum payment
- Transition Period: 20 weeks

Example 2

- Full Clergy member, age 55 with 20 years of service
- Plan Compensation; \$75,000
- $\$75,000/26 \text{ weeks} = \$2,884.62$ per two weeks
- $\$2,884.62 \times 13$ (maximum years of service under the Voluntary Transition Program) = \$37,500 lump-sum payment
- Transition Period: 26 weeks

For purposes of the calculation, one year of service is 365 days of continuous service as a Clergy person. Service is not limited to years of credited service or years with CPP participation. Partial years of service are not included in the calculation.

If you are approved for Transition Benefits, but die before receiving your entire Transition Payment, it will be paid as a lump sum to your estate or Beneficiaries.

Other Transition Benefits

You will be eligible to receive other Transition Benefits in addition to the Transition Payments, as outlined in this Other Transition Benefits section.

Health Insurance Coverage

If you were covered under your Conference's health plan at the time of your Separation from Service, your Plan Sponsor will pay a portion of the premium for continuation coverage, if offered under the Conference health plan. This premium payment will equal the amount your Plan Sponsor or Salary-Paying Unit (e.g., local church) paid toward your premium at the time of your Separation from Service. This payment will continue through the end of the Transition Period (i.e., two weeks for each year of continuous service), rounded to the next nearest whole month.

Upon expiration of the Transition Period, you may remain eligible for continuation coverage under your Conference's group health plan based upon the rules of the group plan and the Conference, generally at your own expense (meaning you will be required to pay 100% of the cost of coverage).

If continuation coverage is not available, the conference will provide you with a stipend to use for purchase of individual health insurance that is equal to the lesser of:

- the amount that the Conference or Salary-Paying Unit paid for its portion of the cost of your group health plan coverage at the time of your Separation from Service; or
- the equivalent percentage share of the cost of the average small group market premium in the state you reside, as published by the U.S. Department of Health and Human Services.

CPP Death Benefits

If you die during the Transition Period, CPP will pay the \$50,000 lump-sum death benefit payable upon the death of an Active Participant as described in the "Active Participant Death Benefits" section. During the Transition Period, you, your Spouse, children, and Beneficiaries are not eligible for any other death benefits under CPP, including the Minimum Surviving Spouse Annuity Benefit or surviving children's benefits.

Outplacement Services

Eligible Participants will be provided with 90 days of outplacement (career assistance) services with an outside vendor/administrator. Outplacement services generally include career counseling, resume writing and interviewing skills. In order to use these outplacement services, you must request and begin using them before the end of the Transition Period.

Moving Expenses

Your Conference may provide reimbursement of moving expenses, limited to the average cost of relocation within your geographic area, based on applicable Conference policy and rules.

No Retirement or Disability Benefits

You will not be able to make salary deferral contributions to UMPIP from Transition Payments and will not receive retirement plan contributions to CRSP, UMPIP or any other retirement plan as a result of participation in the Voluntary Transition Program. You will not be eligible for disability benefits under CPP in any case during the Transition Period.

Return to Ministry

If you return to ordained or licensed ministry with The United Methodist Church at any time after receiving Transition Benefits, you will be required to repay the Transition Payments. Such amount will be considered an overpayment under CPP as of the date you again become an Active Participant in CPP through your return to ministry. Overpayments under CPP may be recouped from a participant's interest in other benefit plans administered by the General Board.

End of Program

The Voluntary Transition Program is effective January 1, 2013 and will remain in effect until December 31, 2020, at which time it will terminate. Participants who are receiving Transition Payments on December 31, 2020 will continue to be eligible for Transition Benefits for the remainder of the Transition Period.

CLAIMS AND APPEALS

Claims

If the General Board denies your Claim for CPP benefits, in whole or in part, you will receive written notice with:

- the reasons for the denial,
- a reference to the Plan provisions on which the denial is based,
- a description of additional information that may be necessary to process the Claim, and
- an explanation of how you may have the Claim reviewed if you do not agree with the denial.

You may not initiate any cause of action in law or equity in state or federal court against the Plan, the General Board, any of the Claims Administrator or your Plan Sponsor, with respect to any Claim of any kind until you have exhausted the Claims and appeals processes applicable to your Claim. Upon completion of the appeals process, you must initiate any cause of action within six months of the date of the written notice from the General Board regarding the final outcome of the final appeal.

Please note: Claims relating to Conference approval of Voluntary Transition Program participation or the related withdrawal and surrender of credentials are not subject to the General Board appeals process. The General Board will not hear such appeals. Claims related to other CPP benefits or provisions are subject to the three-step process outlined below.

Appeals

The CPP appeal process is a three-step process: the Initial Appeal, Intermediate Appeal and Final Appeal.

Initial Appeal

You, or your representative, have 60 days from the date of the notice of the Claim denial from the General Board in which to submit an initial appeal. The Claim denial from the General Board should contain a *Notice of Initial Appeal*. You must carefully read the notice and follow the timeframes set out therein.

On appeal, you may submit documentation that supports your Claim, such as additional facts, information, documentation or arguments, to the Initial Appeal Committee. The Initial Appeal Committee will only consider those issues and supporting documents that are submitted with the *Notice of Initial Appeal*, except by its leave or discretion. The Initial Appeal Committee will be guided by an assigned Compliance Specialist. The Compliance Specialist, at his or her discretion, may speak with you to gather more facts and allow you to explain your Claim or argument. The Initial Appeal Committee will review and consider: a) the facts and circumstances; b) your argument; c) the applicable provisions from the Plan Document, SPD or other pertinent document; and d) any mitigating circumstances. The Initial Appeals Committee will then make its determination.

The Initial Appeal Committee will grant or deny your Claim and notify you of the decision within 45 days of receiving your *Notice of Initial Appeal*, unless the Initial Appeal Committee requires additional time. In cases requiring additional time, the Initial Appeal Committee will notify you of its need for additional time, up to an additional 45 days, within 45 days of receiving the *Notice of Initial Appeal*. You may request a delay of the scheduled hearing for up to 45 days. If the Initial Appeals Committee denies your appeal, you will receive a letter of denial that sets forth the specific reasons for the denial and includes a *Notice of Intermediate Appeal*.

Intermediate Appeal

You may appeal the Initial Appeals Committee's denial of your Claim by submitting, within 90 days of the notice of denial from the first appeal, a *Notice of Intermediate Appeal* and documentation that supports your Claim, such as additional facts or information tending to dispute the General Board's interpretation of the Plan or the facts upon which the General Board based its Claim denial decision. The Intermediate Appeals Committee will only consider those issues and supporting documents that are submitted with the *Notice of Intermediate Appeal*, except by its leave or discretion. The Intermediate Appeals Committee is free to reconsider all aspects of the Claim and the evidence anew and is not bound by any decision or theory of the Claim at a lower level. You must file your appeal on the forms required by the General Board. If the *Notice of Intermediate Appeal* is not filed in a timely manner, the General Board's decision to fully or partially deny a Claim for benefits is final.

The Intermediate Appeals Committee will hold a hearing of the intermediate appeal within 60 days of the date that the General Board receives both the *Notice of Intermediate Appeal* and all supporting documentation. Upon receipt of your completed Notice of Intermediate Appeal, the General Board will send you a letter: a) confirming receipt of the *Notice of Intermediate Appeal* and any supporting documentation you submitted, if any; and b) informing you of a scheduled hearing date. You may request a delay of the scheduled hearing for up to 45 days. The Intermediate Appeals Committee will respond to you in writing with a decision within 30 calendar days after you requested a delay. If the Intermediate Appeals Committee requires more time or information to make its determination, the Intermediate Appeals Committee will notify you in writing within the initial 30 days to request an extension of up to 45 calendar days, if, at the discretion of the Intermediate Appeals Committee, such extension is necessary, and to specify any additional information the Intermediate Appeals Committee requires to complete the review.

You or your duly authorized representative may present your appeal to the Intermediate Appeals Committee in person or by conference call. If you or your representative choose to appear at the hearing in person, you will be wholly responsible for all costs associated with such appearance.

The Intermediate Appeals Committee will conduct review of your intermediate appeal and notify you in writing of its decision, citing the specific reasons for the decision and the provisions of CPP upon which the decision is based.

Final Appeal

If you are dissatisfied with the Plan's intermediate appeal decision, you may request a final appeal. To initiate a final appeal, follow the instructions that are included with the letter you received from the Intermediate Appeals Committee informing you of the results of the intermediate appeal (the denial of appeal). Final appeals are made to an Appeals Committee of the Board of Directors of the General Board. No one involved in the intermediate appeal may vote on the Appeals Committee. The Final Appeals Committee is free to reconsider all aspects of the Claim and the evidence anew and is not bound by any decision or theory of the Claim at a lower level. You may present your circumstances and argument to the Appeals Committee in person or by conference call. If you or your representative choose to appear at the hearing in person, you will be wholly responsible for all costs associated with such appearance.

The Appeals Committee will conduct a review of your final appeal and send you a decision within 15 days of the date in which the Appeals Committee makes its determination. The Appeals Committee's decision will be in writing and include the specific reasons for its decision and the Plan provisions upon which its decision is based. The Appeals Committee's decision is final.

PLAN SPONSOR RESPONSIBILITIES

Each Plan Sponsor has the following duties with respect to the Plan:

- determine initial eligibility consistent with the terms of the Plan and enroll Clergy Employees within 90 days of each Employee becoming eligible;
- maintain records of Employees' compensation, enrollment and elections;
- remit required Contributions to the General Board;
- provide the General Board with notice of a Participant's termination of employment, termination of Conference relationship or Change of Status, where the Plan Sponsor is made aware of the Change of Status;
- provide the General Board with statistical data and other information satisfactory in form and accuracy within a reasonable time after a request;
- register with and report to government agencies, as appropriate;
- comply with applicable federal and state laws and regulations, including, but not limited to, nondiscrimination requirements;
- properly notify Clergypersons of their rights and obligations under the Plan; and
- execute an Adoption Agreement indicating its elections of optional Plan provisions and providing any other information called for by the Adoption Agreement.

The Plan Sponsor may be deemed to satisfy its duties through actions by a Salary-Paying Unit or other entity, but the Plan Sponsor remains responsible for the duties if they are not carried out in an appropriate manner or timely fashion.

AMENDMENT AND TERMINATION

The General Conference may amend prospectively or retroactively any and all provisions of this Plan at any time. The General Board may amend the Adoption Agreement at any time and may amend the Plan in order to conform with federal or state law and regulations. A Plan Sponsor reasonably may amend its Adoption Agreement from year to year with respect to eligibility and other Adoption Agreement options.

The General Board may terminate a Plan Sponsor's association with the Plan for any reason by providing the Plan Sponsor 90 days written notice. In addition, the General Board may terminate a Plan Sponsor for breach of the Plan's provisions or the terms of the Adoption Agreement, or for nonpayment of required Contributions if the Plan Sponsor does not cure the breach or delinquency upon notice within 60 days. The termination of a Plan Sponsor will not excuse the Plan Sponsor from making payment in full of all required Contributions. The General Board will notify affected Participants in the case of a termination of a Plan Sponsor.

If your Plan Sponsor is sponsoring the Plan only for Participants eligible under special arrangements, your Plan Sponsor may terminate its participation in the Plan by providing 60 days notice to the General Board. Your Plan Sponsor must also inform you of its termination from the Plan at least 60 days before the date of termination.

The General Conference has the right to terminate the Plan and the Trust at any time. The disposition of assets remaining in the Plan, if any, after all obligations of the Plan have been satisfied, will be at the discretion of the General Conference.

IMPORTANT MISCELLANEOUS PROVISIONS

Not Insurance

The Plan or the General Board is not in the business of insurance. The Plan is offered by the General Board as a self-funded Church Plan only for the benefit of eligible Clergy and their families and of organizations affiliated with the General Board through The United Methodist Church.

Though Church Plans are considered employee welfare benefit plans under §3(1) of ERISA, Title I of ERISA does not apply to Church Plans, as indicated by §4(b)(2) of ERISA. Therefore, most regulations issued by the U.S. Department of Labor do not govern the administration of the Plan.

Interpretation of the Plan and Benefits

The General Board has sole and exclusive discretion to do all of the following:

- interpret the provisions and terms of and benefits available under the Plan;
- interpret the other terms, conditions, limitations and exclusions of the Plan, including this SPD; and
- make factual determinations related to the Plan and the benefits provided under it.

The General Board has delegated some of that authority to the Claims Administrator. The General Board has delegated the authority to adjudicate Claims to the Claims Administrator. The General Board and the Claims Administrator (with the consent of the General Board) may delegate this discretionary authority to other persons or entities that provide services to the Plan.

No Waiver

The failure of the General Board or the Claims Administrator to enforce strictly any term or provision of this SPD or the Plan will not be construed as a waiver of such term or provision. The General Board reserves the right to enforce strictly any term or provision of this SPD and the Plan at any time.

Clerical Error

If a clerical error or other mistake occurs, that error does not create a right to benefits under the Plan. These errors include, but are not limited to, providing misinformation on eligibility or benefit coverage or entitlements. Oral statements made by the General Board, the Claims Administrator or any other person shall not serve to amend the Plan. In the event an oral statement conflicts with any term of the Plan, the Plan terms will control. It is your responsibility to confirm the accuracy of oral statements made by the agents of the General Board or its designees, including the Claims Administrator.

Applicable Law

The Plan shall be construed according to applicable federal law and the laws of the state of Illinois, other than its laws respecting choice of law.

Plan Document Controls

If there are any discrepancies between this SPD and the terms and conditions set forth in the official plan document of CPP (Plan Document), the terms of the Plan Document will govern.

Recovery of Excess Benefits

If the General Board or Claims Administrator makes payments in excess of those for which the Plan is obligated to provide under its terms, the Claims Administrator and General Board will have the right to recover the actual payment made, pursuant to a claim in equity. The General Board and Claims Administrator will have the discretion to seek such recovery from any person to, or for whom, or with respect to whom, such payments were made from the Plan, or from other plans administered by the General Board in which a person has an interest. You are required to execute and deliver to the General Board or Claim Administrator the instruments and documents necessary to secure this right of recovery.

Unclaimed Benefits

In its sole discretion, the General Board may terminate your (or your Beneficiary's) benefits if you (or your Beneficiary) fail to notify the General Board when your (or your Beneficiary's) address changes, and we cannot locate you (or your Beneficiary) when benefits are due. The General Board will send a notice to you (or your Beneficiary) by certified letter with return receipt requested, to the last address we have on file. If you (or your Beneficiary) fail to contact us within 12 months after the notice, your (or your Beneficiary's) benefits will be forfeited and used to provide for the expenses of administration and other benefits payable under the terms of CPP. Such action by the General Board will fully discharge CPP and the General Board of all liability.

Relinquishment or Refusal of Benefits

You or your Beneficiary may voluntarily relinquish in writing, for not more than one year at a time, all or part of any benefits that are in pay status. Once relinquished, you or your Beneficiary cannot recover the benefits. The relinquished benefit amount will remain in CPP and be used for the payment of other benefits.

Your Beneficiary may refuse or disclaim a benefit that he or she is otherwise entitled to receive. Any refusal or disclaimer must be of the entire benefit before the payment is received. The effect of a refusal will be to treat your Beneficiary as if he or she predeceased you.

Non-Alienation of Benefits

Except where provided otherwise in CPP, your benefits may not be alienated, sold, assigned, transferred, pledged, encumbered or garnished at any time. Any attempt to alienate, sell, transfer, assign, pledge or otherwise encumber any benefits will be void.

Legal Disability or Incapacity

If, in the General Board's opinion, a legal disability or incapacity has rendered a person unable to manage his or her own financial affairs, the General Board may make benefit payments directly to the person, to the person's legal representative, or to the person's relative or friend (to be used exclusively for the person's benefit) and in a manner the General Board deems advisable. In any such case, the General Board's decision will be final, binding and conclusive upon all interested persons, and the General Board will not be obligated to see to the proper application or expenditure of any payment so made. Any payment made will completely discharge the obligation for making such payment under CPP.

CPP Benefits under the Prior Plan

Persons who received benefits on December 31, 1981 from the prior plan, Disability and Survivor Benefit Fund of the Ministers Reserve Pension Fund, shall receive benefits under the terms and conditions of CPP. For more information about these benefits, please contact the General Board.

Fraud or Deception

If you knowingly defraud or deceive the General Board by providing materially false, incomplete or misleading information, the General Board will deny your claim and you may be subject to prosecution or punishment to the full extent under state and federal law. The General Board has the full authority to pursue all appropriate legal remedies in the event of fraud.

DEFINITIONS

Adoption Agreement

An agreement is executed by each Plan Sponsor and, if accepted by the General Board, becomes part of the Plan. An Adoption Agreement is the means by which a Plan Sponsor adopts the Plan and specifies any optional provisions, such as eligibility criteria.

Active Participant

A Participant, other than a Retired Participant, who meets the eligibility requirements and who is enrolled in CPP.

Beneficiary

The individual(s), trust(s), estate(s) or other legal person(s) you or your Surviving Spouse designate to receive your or your Surviving Spouse's interest in CPP, which is payable in the event of your or your Surviving Spouse's death.

The Book of Discipline

The body of Church law established by the General Conference of The United Methodist Church, as amended from time to time.

Claim

A Claim is notification in a form acceptable to the General Board. This notification should include details, including your name, age, gender, identification number, and any other information that the General Board may request.

Claims Administrator

For administration of disability benefits provided by the Plan, the Claims Administrator is Unum Life Insurance Company. The General Board has delegated certain administrative and fiduciary duties to the Claims Administrator pursuant to contractual arrangements, including, but not limited to, adjudication of Claims. The Plan's Claims Administrator may be changed at the discretion of the General Board.

Clergy or Clergy person

A person who is: a) a Bishop; b) a Clergy person who is a member in full connection, a probationary member or an associate member of a Conference; or c) a full-time local pastor, (as these terms are defined in *The Book of Discipline*).

Clergy Retirement Security Program (CRSP)

The Church-provided pension plan available for eligible Clergy of The United Methodist Church.

Code

The Internal Revenue Code of 1986, as amended from time to time.

Conference

An Annual Conference, Provisional Conference or Missionary Conference of The United Methodist Church that is located in a Jurisdictional Conference in the U.S. (as these entities are defined in *The Book of Discipline*).

Conference Average Compensation (CAC)

The average annual compensation of Active Participants and participants in the Clergy Retirement Security Program, who, in either case, are currently receiving compensation as full-time Clergy persons, but calculated with respect only to a specific Conference. The calculation includes compensation of full-time Clergy persons (excluding Bishops or Clergy serving general agencies) appointed to that Conference, or its Conference-responsible units or Conference-elective entities. Compensation not reported in a timely fashion to the General Board will not be included in the computation of the Conference Average Compensation.

Contribution Base

Your Plan Compensation to the extent that it does not exceed 200% of the Denominational Average Compensation.

Denominational Average Compensation (DAC)

The average annual Compensation of Active Participants and participants in the Clergy Retirement Security Program, who, in either case, are currently receiving compensation as full-time Clergypersons, which average is determined in accordance with procedures established by the General Board. Compensation not reported in a timely fashion to the General Board will not be included in the computation of the Denominational Average Compensation.

General Board

The General Board of Pension and Health Benefits of The United Methodist Church, Incorporated in Illinois.

Mental Illness

A psychiatric or psychological condition classified in the *Diagnostic and Statistical Manual of Mental Health Disorders (DSM)*, published by the American Psychiatric Association as of the date the disability is determined to have begun.

Participant

A Clergyperson who: a) has become eligible to participate in CPP, b) has been enrolled in CPP, and c) is either an Active Participant or a Retired Participant. References to “you” and “your” throughout this SPD are references to a Participant.

Plan Compensation

The sum of the following for amounts paid by your Salary-Paying Unit or Plan Sponsor for a Plan Year: a) your Code Section 415 compensation (including, if you are a self-employed Clergyperson, your Code Section 415 compensation earned in the course of such self-employment); b) cash excluded from your taxable cash salary pursuant to Code Section 107(2); and c) if applicable, when parsonage is provided as part of your compensation, 25% of the sum of (a) and (b).

Plan or Plan Document

The Comprehensive Protection Plan (CPP) document, effective January 1, 2013.

Plan Administrator

The General Board of Pension and Health Benefits of The United Methodist Church, Incorporated in Illinois, or its designee.

Plan Sponsor

The Conference, Salary-Paying Unit or general agency as described in the “Plan Sponsor” portion of the “Eligibility” section of this SPD.

Plan Year

The term Plan Year means the 12-month period ending on December 31 of each calendar year.

Pre-Existing Condition

Any condition of health or sickness for which you received medical treatment or consultation within 365 days prior to the date you become an Active Participant and which is the condition (or related to or the cause of the condition) that is the basis for your claim for disability benefits.

Retired Participant

A Participant, other than an Active Participant, who meets the retiree eligibility requirements and who is enrolled in CPP.

Salary-Paying Unit

One of the following units associated with The United Methodist Church:

- General Conference;
- a General Agency;
- a Jurisdictional Conference;
- a Conference;
- a Conference board, agency or commission;
- a local Church located in a Conference; or
- any other entity to which a Clergy person under Episcopal appointment is appointed.

Separation from Service

The end of an Active Participant's appointment resulting in the Active Participant's severance or separation from employment (cessation of work) with the Salary-Paying Unit (e.g., local church) under the common law standard for employment (generally the last day for which remuneration or compensation is made for services performed), or resulting in the participant no longer serving in any capacity at the Salary-Paying Unit.

Spouse

For purposes of the Plan, a person who is married to a Participant (or to a Surviving Spouse) in accordance with the law of the jurisdiction in which the Spouse resides, except that a person who is a "common law" Spouse shall not be a Spouse for the purposes of the Plan. A person who is a Spouse shall still be a Spouse even if the person is geographically or legally separated (but not yet divorced) from the person to whom he or she is married.

Surviving Spouse

Your widow or widower who was married to you on the date of your death.

Transition Benefits

Severance pay benefits (Transition Payments), continuation of certain CPP death benefits, Conference group health plan continuation coverage, and outplacement services offered under the Voluntary Transition Program.

Transition Participant

An Active Participant as of the date of Separation of Service who satisfies the Voluntary Transition Program eligibility requirements.

Transition Payments

Severance benefits payable under the Voluntary Transition Program.

Transition Period

A period beginning the first of the month following Separation from Service and lasting a period of time equal to two weeks for every year of continuous appointed service as a Clergy person, up to a maximum of 26 weeks.

GENERAL INFORMATION

Name and Address of the Plan Administrator

General Board of Pension and Health Benefits of
The United Methodist Church, Incorporated in Illinois
1901 Chestnut Avenue
Glenview, Illinois 60025
(847) 869-4550

Name and Address of the Designated Agent for Service of Legal Process

General Board of Pension and Health Benefits of
The United Methodist Church, Incorporated in Illinois
1901 Chestnut Avenue
Glenview, Illinois 60025
(847) 869-4550

Name and Address of the Third-Party Claims Administrator for Disability Benefits

Unum Life Insurance Company
2211 Congress Street
Portland, ME 04122

Internal Revenue Service Identification Number

The corporate tax identification number assigned by the Internal Revenue Service to the General Board is 36-2166979.

Method of Funding Benefits

Disability and death benefits are self-funded or self-insured from accumulated assets and are provided directly from the Protection Benefit Trust of The United Methodist Church.



General Board

Pension and Health Benefits

Caring For Those Who Serve

1901 Chestnut Avenue
Glenview, Illinois 60025-1604
1-800-851-2201
www.gbophb.org