

Employment Change Form New Assignment Notice & Change in Compensation

Reason for change:

Compensation Change
 New Assignment/Hire
 Change in Employment Status
 Termination
 Retirement
 Please select all benefits that apply
 Clergy DB
 Lay DB
 Lay DC
 RSVP

Employee Information

Legal Name
 First _____ MI _____ Last _____

Mailing Address _____

City _____ State _____ Zip _____

Social Security #/TIN # _____ Date of Birth _____

Canonical Residence _____

Employee information updated? Yes No

Employment Information

Employer Name _____

Mailing/Billing Address _____

City _____ State _____ ZIP _____ Country _____

Phone Number _____

Employee's Title _____ Effective Date of Change _____

Hours expected to work per year _____

Compensation

Other than a one-time payment, list all amounts on an **annual basis**. For explanations, see the instructions on the next page.

\$ _____	\$ _____	Employer-provided housing? Yes No (Check Yes if employer provides physical housing for the employee)
Base salary (excluding housing) and scheduled taxable cash payments	Cash housing allowance and/or utilities	
\$ _____	\$ _____	
Employer contributions to a qualified or non-qualified plan	One-time payments	

Send assessment bills to: Employer Diocese

Previous Employer _____ Date Compensation Ended _____

Employer's Signature _____ Date _____

Employer Email Address _____

Print Name _____ Title _____

Employee's Signature _____ Date _____ ID# (CPF use) _____

Submit the completed and signed form to:

The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services or email to admin-assist@cpf.org.
 If you have any questions, call us at (866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET (excluding holidays).

Please note that this document is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this document and the official plan documents or insurance policies, any official plan documents or insurance policies will govern. The Church Pension Fund ("CPF") and its affiliates (collectively, "CPG") retain the right to amend, terminate, or modify the terms of any benefit plan and/or insurance policy described in this document at any time, for any reason, and, unless otherwise required by applicable law, without notice.

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** Corrections to compensation and/or employment records will only be accepted for two years immediately preceding the current calendar year unless interest is paid on any assessment that becomes payable to The Church Pension Fund as a result of a correction.*

*** Any form of severance (including pay continuation following a termination of employment) should be excluded in all cases.*