



## Billing Change Form

### United Methodist Personal Investment Plan (UMPIP)

#### Instructions

- Complete all the information below for each employee making a change to his or her UMPIP before-tax or after-tax billing amount. Indicate a percentage or dollar amount for which the participant wants to be billed. Participants can make before-tax or after-tax contributions, or a combination of both. If you wish to discontinue billing, write in "0" next to before-tax or after-tax.
- To make before-tax or after-tax contributions, the employee and salary-paying unit must complete a *Before-tax and After-tax Contributions Agreement* or *Before-tax and After-tax Contributions Agreement/Automatic Enrollment Notice*. This form does not need to be returned to the General Board of Pension and Health Benefits (General Board).
- Please mail this *Billing Change Form* to the General Board at the address above, or fax it to 1-847-866-5195.

Name of employer/salary-paying unit \_\_\_\_\_ Employer # \_\_\_\_\_

Address of employer/salary-paying unit \_\_\_\_\_

Primary phone # (\_\_\_\_) \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Effective date \_\_\_\_\_

Indicate the amount you want to be billed monthly. If you wish to discontinue billing, indicate "0." Choose one or both:

Before-tax (indicate % rate or \$ amount): \_\_\_\_\_

After-tax (indicate % rate or \$ amount): \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Effective date \_\_\_\_\_

Indicate the amount you want to be billed monthly. If you wish to discontinue billing, indicate "0." Choose one or both:

Before-tax (indicate % rate or \$ amount): \_\_\_\_\_

After-tax (indicate % rate or \$ amount): \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Effective date \_\_\_\_\_

Indicate the amount you want to be billed monthly. If you wish to discontinue billing, indicate "0." Choose one or both:

Before-tax (indicate % rate or \$ amount): \_\_\_\_\_

After-tax (indicate % rate or \$ amount): \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Effective date \_\_\_\_\_

Indicate the amount you want to be billed monthly. If you wish to discontinue billing, indicate "0." Choose one or both:

Before-tax (indicate % rate or \$ amount): \_\_\_\_\_

After-tax (indicate % rate or \$ amount): \_\_\_\_\_

#### Additional Information

- Participants have the responsibility to determine that contributions made on their behalf are within the limits specified by the Internal Revenue Code and regulations issued thereunder.
- Billing for the amounts listed above will continue until:
  - the participant is no longer employed by this employer;
  - the employer submits another *Billing Change Form* to the General Board; or
  - the employer provides written notice to the General Board that the before-tax and after-tax contribution agreement has been terminated or the billing amount has been changed.