

OPEN LETTER REGARDING THE HEALTH INSURANCE ASSISTANCE FUND

Dear Applicant,

It is our privilege and joy to administer the PCA Ministerial Relief Fund, which is made possible by the annual Christmas Offering. This responsibility is accepted humbly and willingly for we know this ministry is particularly close to our Lord's heart. We invite your Application for Assistance.

The Health Insurance Assistance Fund is a special fund to assist pastors without call by providing payment of their health insurance premiums for up to three months.

All Ministerial Relief awards are made on the basis of need. The enclosed application will provide us with current information to verify need and help us determine whether you qualify for assistance.

Applications are carefully and prayerfully reviewed in accordance with Relief Policy. Some applications are denied. Most often this is because total household income is above the current Relief threshold. If you have questions regarding your application, we encourage you to discuss them with us in confidence. Where needs exist and other resources are unavailable or inadequate, PCA Ministerial Relief is honored to assist.

Sincerely,



Gary D. Campbell
President

**BIBLICAL ORDER
OF
FINANCIAL PRIVILEGE AND RESPONSIBILITY**

RBI, as stewards of the Relief Funds entrusted to its care, strives to appropriately assist PCA Church Servants and dependents in need. RBI understands the Scriptural teaching on financial responsibility for personal care to be as follows:

- FIRST** It is each individual's privilege and responsibility to provide for his own needs
- SECOND** It is each individual's privilege and responsibility to provide for those of his own household (family)
- THIRD** It is the family of God's privilege and responsibility to provide for those of its own
- the local congregation to the extent it is able
 - the Presbytery or area Church
 - the Church at large (General Assembly)
- FOURTH** It is the privilege and responsibility of all men everywhere (general society) to help those in need

Accordingly, RBI asks each individual applying for Presbyterian Church in America Relief Fund assistance to recognize this biblical order, and assist RBI by not requesting Relief aid if personal or family resources are available to meet the need.

When such resources are not available, it is RBI's joy and privilege to respond on behalf of the family of God.

Thank you for your understanding and cooperation as together we seek to honor Him.

PRESBYTERIAN CHURCH IN AMERICA

MINISTERIAL RELIEF
HEALTH INSURANCE ASSISTANCE FUND

APPLICATION FOR ASSISTANCE

PCA Retirement & Benefits, Inc.
1700 North Brown Road, Suite 106
Lawrenceville, GA 30043

Gentlemen:

I understand that the Ministerial Relief Fund has been established by the General Assembly and is funded by the Christmas Offering of churches and individuals across the Church for the benefit of needy PCA Church servants.

I have carefully read the Biblical Order of Financial Privilege and Responsibility. I have also carefully completed the application for assistance from the Health Insurance Assistance Fund.

With gratitude to God, and with deep appreciation for His grace, mercy, and providential care, I hereby apply for assistance from the Presbyterian Church in America Ministerial Relief Fund.

Should my circumstances change significantly, I will inform the Relief office immediately.

Sincerely,

Signature _____ Date _____

Presbytery _____ Contact _____

Church Currently Attending _____

Pastor's Name _____ Phone _____

FINANCIAL CONFIDENTIALITY DISCLOSURE STATEMENT

The information requested is needed to determine your eligibility for Health Insurance Assistance and the nature and amount of any award. We know this is confidential information and we will treat it as such within the Relief unit. It may be necessary for us to contact your church, Presbytery officials or your former PCA employer to obtain additional information. Please indicate your agreement to these conditions by signing below.

Signature _____ Date _____

Name _____ SSN:XXX-XX-_____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Fax _____ E-mail _____

Presbytery _____ Clerk _____

Where did you acquire this application?

_____ email (after calling RBI office)

_____ RBI Website

_____ other source (please be specific) _____

REGARDING YOU AND THOSE WHO RESIDE IN YOUR HOUSEHOLD

NAME	RELATIONSHIP	DATE OF BIRTH	DEPENDENT

Please give month, day, and year Without Call status began _____

Current monthly income from all sources \$ _____

Please provide us with a short account of your job search

HEALTH INSURANCE INFORMATION

Please allow 10 business days for review and processing

Health Insurance Carrier _____

Policy Number _____

Address _____

Phone _____

Fax _____

Number of family members insured _____

Monthly Premium \$ _____

Date premium is due _____

Make premium check payable to _____

Address _____

City _____ State _____ Zip _____

*****Please provide a current copy of your health insurance premium statement with this application. It is needed to complete your processing.**

If you have any questions, please call:

Rev. Bob Clarke-800-789-8765 ext 1270 or email at bclarke@pcanet.org

Vickie Poole- 800-789-8765 ext 1280 or email at vpoule@pcanet.org