
**RCA Group Life and Disability
Employer/Salary Update Form**

Reformed Church in America
Board of Benefits Services
475 Riverside Drive, Suite 1606
New York, NY 10115
retirement@rca.org
Fax: 833-627-7620



Minister's Information

Last Name: _____ First Name: _____ MI: _____
Last 4 digits of SSN: _____ Date of Birth: _____

Employer Information

Employer Name: _____ Work Start Date: _____
City: _____ State: _____ Number of hours worked per week: _____
Billing Contact Name: _____
Phone Number: _____ Email: _____

LTD Insurance

This section is used to determine LTD Premium and amount of insured salary.

Total annual cash salary: \$ _____ (salary + housing allowance)

Amount of annual cash salary designated as housing allowance: \$ _____

Parsonage: Yes No

Effective Date of Salary: _____

Basic Life Insurance/AD&D (please check one)

Life Insurance provided by the RCA

Life Insurance provided by RBA

If you would like to make changes to your supplemental life insurance (enroll, terminate, increase or decrease) provided by the RCA, please contact us at retirement@rca.org.

Authorization

I declare the information given in this form is true and complete to the best of my knowledge and belief.

Printed Name: _____ Date: _____

Signature: _____

Title: _____

Please return the completed form to the Life and LTD Administrator by mailing, e-mailing, or faxing using the contact info above.