



Enrollment Form

Pension Office

P.O. Box 675

Syosset, NY 11791

Tel: 516-922-0550

Fax: 516-624-3153

Email: pension@oca.org

PARTICIPANT DATA:

Participant Number: _____

Name: _____ Social Security Number: _____

Home Address: _____ Home phone: _____

_____ Email: _____

Date of Birth: _____ OCA Employment Date: _____

Member of Clergy: Yes No Plan Entry Date: _____

EMPLOYER DATA:

Please list all OCA Employers with whom you fit the definition of Employee noted below.
Please attach additional pages if necessary.

EMPLOYEE: Any Bishop or priest of the Church or any other person who performs services for the Church on a full-time basis and receives Compensation from his Employer. A full-time Employee is an Employee who customarily performs services for at least 20 hours per week.

EMPLOYER: A specific organization, association, or corporation that is under the jurisdiction of The Orthodox Church in America for which an Employee performs services. Only those organizations, associations, or corporations that are exempt from taxation under Code Section 501 shall be eligible to be an Employer.

OCA EMPLOYER AGREEMENT

Employer Name: _____

Address: _____ Office phone: _____

Office fax: _____

My signature below confirms the above individual fits the definition of Employee as noted above for this organization. I understand that the organization will be held responsible for regular contributions as defined by the Orthodox Church in America Pension Plan.

Employer Representative Signature: _____ Date: _____
Title: _____

DELIVERY OF MONTHLY BILLING STATEMENT

Electronic delivery of the monthly billing statement is more cost effective than surface mail. It also provides more timely receipt of communications and allows for both the participant and parish to receive copies. Please indicate your choice below. Regardless of your choice, a completed billing statement must be returned to the Pension Office with the contribution each month.

YES, I would like to receive monthly billing statements to the following e-mail address(es). If I choose two addresses, I understand that one must belong to the participant. I understand that I will be responsible for updating the Pension Office if there is any change necessary.

Participant Email Address: _____

Parish Email Address: _____

NO, I decline at this time to receive monthly billing statements by e-mail. Please send the statements by surface mail to the address below.

Mailing Address: _____

Participant Signature: _____ Date: _____