



Enrollment Form

Pension Office
P.O. Box 8121
Hicksville, NY 11802-8121
Tel: 516-464-0322
Fax: 516-464-0367
Email: pension@ocapension.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

Participant e-mail address _____
Parish e-mail address _____

Participant Signature _____

Date: _____