



**WORKSHEET FOR PENSION PLAN
DUES ADJUSTMENT**

Complete this Worksheet for Pension Plan Dues Adjustment when a correction is being requested for multiple billing periods. Complete a separate Worksheet for each affected member. Attach the worksheet to the Employer Request for Pension Plan Dues Adjustment.

- PLEASE TYPE OR PRINT CLEARLY -

I. EMPLOYER INFORMATION

Name _____ Remitter Number _____

II. AFFECTED MEMBER INFORMATION

Member Name _____ Member Ref. No. _____ Member Account No. _____

Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

III. REQUESTED PENSION PLAN DUES ADJUSTMENT

Complete the following information for the affected member. Complete a separate worksheet for the affected member for each different money source type with respect to which an adjustment is being requested.

Money Source Type	Billing Period (date of dues over or under payment)	Underpayment or Overpayment
<input type="checkbox"/> Employer <input type="checkbox"/> Member pre-tax <input type="checkbox"/> Member after-tax	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment

IV. AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that I am authorized to sign this Form on behalf of the Employer, and that the above information is true and accurate.

Signature _____ Date ____/____/____

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