

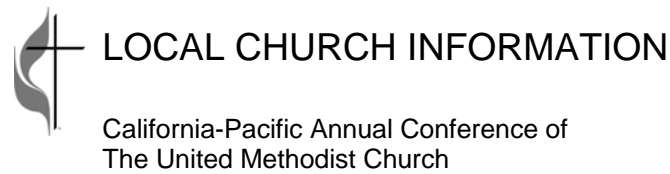
Dear Local Church

The information below is being requested by the Conference Board of Pension and Health Benefits Office in order to help serve you better. This information is vital in relation to compliance issues, and will be updated every year as part of the Charge Conference process. If you should have any questions or would like more details, please free to contact your District Office or The Board of Pensions office at 800-244-8622.

Please complete the form and return it via fax to (626) 577-1620, or mail to the address shown on the form.

Thank you very much!

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California-Pacific Annual Conference of
The United Methodist Church

Board of Pensions & Health Benefits

P.O. Box 6006 Pasadena, CA 91102-6006

| EMPLOYER INFORMATION | | | | (For Benefits Office Use Only) | | |
|---|----------|-------|----------|---------------------------------------|-------|--------------|
| CHURCH/EMPLOYER NAME | DISTRICT | | | GCFA# | CONF# | YEAR 2006 |
| PHYSICAL STREET ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER | | |
| MAILING ADDRESS (If different than above) | CITY | STATE | ZIP CODE | FAX NUMBER | | |

| | | | |
|--|-------|------------------|--------|
| ADMINISTRATION CONTACT PERSON | TITLE | TELEPHONE NUMBER | E-MAIL |
| TREASURER OR AUTHORIZED REPRESENTATIVE | TITLE | TELEPHONE NUMBER | E-MAIL |

| CHURCH STATISTICAL INFORMATION | | | |
|---|-------|---------------------------------|-------|
| Please answer the questions below for your W-2 employees: (If your preschool or nesting ministry is under the same Tax ID#, please include those employees in the totals below. If your preschool or nesting ministry works under a separate Tax ID, please complete an additional form for each entity.) | | | |
| Lay Staff & Local Hire Pastors | | Cal-Pac Appointed Clergy | |
| # of Full-Time (30+ hours) | _____ | # of Full-Time | _____ |
| # of Part-Time (<30 hours) | _____ | # of Part-Time | _____ |
| TOTAL | ===== | TOTAL | ===== |

| AUTHORIZATION | |
|---|-------|
| Print Name of Authorized Representative | _____ |
| Signature of Authorized Representative | _____ |
| Title | Date |