METROPOLITAN CHICAGO SYNOD, ELCA 1420 W. Dickens Avenue Chicago, IL 60614-3004

Application for DISABILITY status

Name:			○ Word and S	acrament
Current Address:			○ Word and S	ervice
Phone:			Date of disabi (this date must corr effective date if you (i.e. 01/01/2007):	lity: espond with Portico's are applying for pension bene
E-mail:			(i.e. 01/01/2007).	
Will you be mo	oving to a disability location? licate the anticipated date.	Yes No		
Date of move:				
New Address:				
Phone:				
	e to be included on the synod's pulpit	supply list?	○ Yes	○ No
Are you intere	sted in interim ministry?		○ Yes	○ No
	ry (names and locations) ecent ministry first):	Dates of s	service:	
			to	

Continue to next page

Application for DISABILITY STATUS	Name:	
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Congregation of member	ship after disability:	
How do you anticipate be	ing involved there?:	
	next year to keep current ırch in America? If so, ple	with and engaged in the mission and ministry of the ease describe your plans.
What do you have planne ministry of the Metropolis		yourself current with and engaged in the mission and
	proval of the bishop of bo ould you be interested in	oth synods and the Oyes ONo
Date	Signature:	
	OUT DISABILITY STATUS	
		Synod Council in keeping with its constitutional authority. ordained minister receiving disability benefits.
Please carefully read the attac	hed ELCA information on disab	pility before submitting this application.
Lay Roster		<u>Ordained</u>
Please mail original signed	form to: Heather Haynes, Ex	xecutive Assistant to the Bishop

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OR e-mail this form as an attachment to the synod office at hhaynes@mcselca.org.