



HEALTH INSURANCE SUPPLEMENT GRANT APPLICATION

Name: _____
First Name Middle Initial LAST NAME Soc Sec #

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Cell Ph: _____ E-mail: _____

Year of Retirement: _____ Number of Years in District: _____

Church: _____ Years: _____

Church: _____ Years: _____

Church: _____ Years: _____

Church: _____ Years: _____

Church: _____ Years: _____

Position at Year of Retirement: _____

Current Position, if any: _____

Annual HOUSEHOLD Social Security Income: \$ _____

Annual Insurance Premium: \$ _____

Signature _____

Date _____

- Please read Criteria for Target Group on the back side of this form.
- Please include a copy of your recently filed 1040 Tax form.
- Mail application and copy of 1040 tax form to:
The Bridge Fund
3301 Benham Avenue
Elkhart, IN 46517

FOR OFFICE USE ONLY

Application Year # _____ 1st supplement for _____ → _____ due
 \$ _____ (\$ _____ /month) sent ____ / ____ /20 _____

Received on: ____ / ____ / ____ 2nd supplement for _____ → _____ due
 \$ _____ (\$ _____ /month) sent ____ / ____ /20 _____

Eligible Next on: ____ / ____ / ____

Criteria for Health Insurance Supplement:

- ◆ Applicant is currently active and participating in events of the MCNCD as possible.
- ◆ Applicant's adjusted gross income for the previous year plus social security income is \$25,000 or less.
- ◆ Applicant is a retired pastor (or widows/widowers of pastors) who have retired from the North Central District with a minimum of five years of active service,
OR
whose credentials are held in the MCNCD and who have a minimum of 10 years of MCNCD service regardless of the district from which they retired.
- ◆ Application is annual.

INSURANCE SUBSIDY:

<input type="checkbox"/>	Recd on: ____/____/____
<input type="checkbox"/>	Board approval: ____/____/____
<input type="checkbox"/>	pending: _____
<input type="checkbox"/>	Sara:check req: ____/____/____
<input type="checkbox"/>	check/letter sent: ____/____/____
<input type="checkbox"/>	2nd install due on: ____/____/____
<input type="checkbox"/>	Sara:check req: ____/____/____
<input type="checkbox"/>	sent 2nd check/ltr: ____/____/____
<input type="checkbox"/>	closed: ____/____/____
<input type="checkbox"/>	may reapply on: ____/____/____