

Long-Term Disability Participant Update Form

Please fill out this form for any salary changes to employees who participate in the Employer paid group disability plan.

If you also need to make updates to an employee's 401(k), please fill out Census form instead.

Congregation Name: _____

City, State: _____

Date of Change (1st Payroll date change in effect): _____

For Pastors, please include housing allowance in Annual Salary amount.

Social Security Number	Employee Name	Date of Birth	Date of Hire	Annual Salary

Congregation Authorized Signer _____

Date _____ Phone Number _____

E-mail Address _____

Submit Long-Term Disability Participant Update Form to the AFLC Business Office either by e-mail (debn@afcl.org or katie.johnson@afcl.org) or mail (3110 E Medicine Lake Blvd, Plymouth, MN 55441).

You will be contacted by Deb Nelson if any LTD rates change so your payroll records can be updated.

<i>For Business Office Only:</i>	<i>New LTD Rate</i> _____
<i>Notification to Congregation of new rate (Initials and Date):</i> _____	