## Bcfh /West Lower Michigan Synod, ELCA 2900 N. Waverly Rd., Lansing, MI 48906

## **Application for DISABILITY status**

Name:			Clergy	
Current Address:			C Lay Profession	onal
Phone:			Date of disabi (this date must correeffective 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).	
Nill you be mo f so, please indi	ving to a disability location?	Yes No		
Date of move:				
New Address:				
Phone:				
	to be included on the synod's pulpit s sted in interim ministry?	upply list?	O Yes	O No
Ministry Histor	y (names and locations)  cent ministry first):	Dates of	$\circ$	0 ***
			to	
			to _	
			to _	

Continue to next page

DISABILITY STATUS Page 2	
Congregation of membership aft	er disability:
How do you anticipate being inve	olved there?:
	ar to keep current with and engaged in the mission and ministry of the America? If so, please describe your plans.
What do you have planned in the ministry of the synod?	next year to keep yourself current with and engaged in the mission and
of their home with the approval of	ostered leader to transfer to the synod of the bishop of both synods and the Oyes ONO u be interested in transferring your
Date	Signature:
IMPORTANT NOTES ABOUT DIS	SABILITY STATUS
	nation granted by the Synod Council in keeping with its constitutional authority. y dependent upon an ordained minister receiving disability benefits.
Please carefully read the ELCA informa	ition on disability before submitting this application.
Please mail original signed form to:	Carrie Wygmans, Executive Assistant to the Bishop North/West Lower Michigan Synod, ELCA 2900 N. Waverly Rd., Lansing, MI 48906

Name:

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

Application for