

**BIBLICAL ORDER
OF
FINANCIAL PRIVILEGE AND RESPONSIBILITY**

The Board of Directors, as stewards of the Relief Funds entrusted to its care, strives to appropriately assist PCA Church Servants and dependents in need. The Board understands the Scriptural teaching on financial responsibility for personal care to be as follows:

Each individual's privilege and responsibility to provide for his own needs.

1 Thess. 4:11-12

Each individual's privilege and responsibility to provide for those of his own household (family)

1 Timothy 5:8

The family of God's privilege and responsibility to provide for those of its own

- the local congregation to the extent it is able
- the Presbytery or area Church
- The Church at large (General Assembly)

1 Corinthians 12:25-26

The privilege and responsibility of all men everywhere (general society) to help those in need.

1 John 3:17

Accordingly, the Board asks each individual applying for Presbyterian Church in America Relief Fund assistance to recognize this biblical order, and assist the Directors by not requesting Relief aid if personal or family resources are available to meet the need. When such resources are not available, it is the Directors' joy and privilege to respond on behalf of the family of God. Thank you for your understanding and cooperation as together we seek to honor Him.

Board of Directors of PCA Retirement & Benefits, Inc.
1700 N Brown Road, Ste 106
Lawrenceville GA 30043

Gentlemen:

I have carefully read the Open Letter regarding the Ministerial Relief Fund and am committed to applying the principles of the Biblical Order of Financial Privilege and Responsibility. I have also carefully completed this application for assistance.

I understand the Ministerial Relief Fund was established by the General Assembly and is funded by the generous offerings of PCA churches and individuals across the denomination for the benefit of PCA Church servants who are in need.

With gratitude to God, and with deep appreciation for His grace, mercy, and providential care, I hereby apply for assistance from the Presbyterian Church in America Ministerial Relief Fund.

Signature _____ Date: _____

PCA church you are currently attending: _____

Presbytery: _____ Contact: _____

Phone: _____ Pastor's Name: _____

Last church served when without call status began: _____

The information requested is needed to determine your eligibility for Ministerial Relief Fund assistance and the nature and amount of any award. We know this is confidential information and we will treat it as such within the Relief office. It may be necessary for us to contact your church, Presbytery officials or your former PCA employer to obtain additional information. Please indicate your agreement to these conditions by signing below.

Signature: _____ Date: _____

General Information

Applicant Name: _____ SSN: xxx-xx-_____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone: _____ Cell: _____

Email: _____ Fax: _____

Pastor: _____ Presbytery: _____ Stated Clerk: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Name of Spouse: _____ Date of Birth: _____ Date of Death: _____
(If applicable)

Where did you acquire this application?

___ email ___ RBI website ___ other source (please be specific) _____

REGARDING YOU AND THOSE WHO RESIDE IN YOUR HOUSEHOLD

Name	Relationship	Date of Birth

Current monthly income from all sources: \$ _____ Please provide us with a short account of your job search _____



Please allow 10 business days for review and processing

Health Insurance Carrier _____

Policy number _____ Id# _____ Group # _____

Address _____

Phone _____ Fax _____

Number of family members insured _____

Monthly Premium \$ _____ Date Premium is due _____

Make premium check payable to _____

Address _____

City _____ State _____ Zip _____

Please read and sign below

You **must** provide copies of ALL THREE MONTHS of your health insurance premium statements with the initial statement accompanying this application. **It is required to complete your processing.** Failure to provide these copies may cause your health insurance to lapse. These may be provided to us electronically, fax or US mail.

Contact information:

Email: vpoole@pcanet.org

Fax: 678.825.1281

Mail: PCA Ministerial Relief Attn: Vickie Poole 1700 N Brown Rd Ste 106 Lawrenceville GA 30043

Signature _____