

Certification for Self-Employed Ministers

Personal Plans

Use this form for verification of Southern Baptist service if you are employed full time with your own association or ministry in positions such as Vocational Evangelist, Pastoral Counselor, Church Planter or Associational Missionary.

Return completed form to: Insurance Operations — Personal Plans
GuideStone Financial Resources, SBC
2401 Cedar Springs Road
Dallas, Texas 75201-1498

Or you may fax it to: 214-720-4676

PARTICIPANT INFORMATION

Participant first name: _____ MI: _____ Last: _____

Social Security number: _____ Birth date: ____/____/____

Daytime telephone: (____) _____ E-mail address: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Gender: Male Female Marital status: Married Single

My involvement is primarily in the area of (please specify — preaching, music, etc.):

I have been in full-time Southern Baptist service in the positions mentioned above since (date): ____/____/____

Name of ministry: _____

Address of ministry: _____

Billing information Same as above Use alternate address

Employer tax ID number: _____ Employer number: _____

Billing contact name: _____

Contact telephone number: (____) _____ Contact e-mail address: _____

Billing address: _____

City: _____ State: _____ ZIP Code: _____

Please submit a copy of your IRS Code Section 501(c) determination letter with this form and sign disclosure below:

I understand all coverage requires that the participant maintain a full-time salaried relationship with a Southern Baptist Convention church or institution to be eligible for coverage.

I certify that I am now serving the Southern Baptist Convention in full-time ministry and request approval by GuideStone for Personal Plans participation.

I understand that the information provided on this document, when approved by GuideStone, will qualify me for participation in the Personal Plans. I understand that GuideStone may review my eligibility annually. **I agree to notify GuideStone immediately should I discontinue serving in full-time ministry.**

Signature: _____ Date: ____/____/____

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Southern Baptist affiliation:

Church/ministry name: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

Association and/or state convention: _____

I certify for our state convention that this applicant is a full-time Southern Baptist minister in the aforementioned capacity.

State executive director's signature: _____ Date: ____/____/____

GUIDESTONE USE ONLY

Approved for participation by: _____ Date: ____/____/____

Beginning: ____/____/____ Participant number: _____