



## EMPLOYER REQUEST FOR PENSION PLAN DUES ADJUSTMENT

Complete this Employer Request for Pension Plan Dues Adjustment to request a correction with respect to Pension Plan dues for a previous billing period(s). A correction may be needed because dues were either underpaid or overpaid for a billing period(s) for one or more members. Pension Fund cannot provide legal or tax advice. Please consult with your legal or tax advisor regarding the appropriate correction method for any errors relating to dues payments..

**- PLEASE TYPE OR PRINT CLEARLY -**

### I. EMPLOYER INFORMATION

Name \_\_\_\_\_ Remitter Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

### II. REQUESTED PENSION PLAN DUES ADJUSTMENT

Complete the following information for each affected member. Attach additional sheets if there are more than four affected members. If there are multiple billing periods impacted by the under or overpayment of dues, do not complete this section, but instead complete a separate Worksheet for Pension Plan Dues Adjustment for each affected member and submit the Worksheet(s) with this Form.

☐ Adjustment is being requested for multiple billing periods. See attached Worksheet(s) for Pension Plan Dues Adjustment.

Member Name (first, middle, last)	Member Reference Number	Member Account Number	Affected Money Source Type	Billing Period (date of dues over or under payment)	Underpayment or Overpayment
			<input type="checkbox"/> Employer <input type="checkbox"/> Member pre-tax <input type="checkbox"/> Member after-tax	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
			<input type="checkbox"/> Employer <input type="checkbox"/> Member pre-tax <input type="checkbox"/> Member after-tax	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
			<input type="checkbox"/> Employer <input type="checkbox"/> Member pre-tax <input type="checkbox"/> Member after-tax	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment
			<input type="checkbox"/> Employer <input type="checkbox"/> Member pre-tax <input type="checkbox"/> Member after-tax	____/____/____	\$ _____ <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment

Describe how the underpayment or overpayment occurred and the requested correction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that I am authorized to sign this Form on behalf of the Employer, and that the above information is true and accurate. On behalf of the Employer, I acknowledge and agree to the following:

- The Employer is responsible for advising affected members of any dues adjustments, and assumes all liability for any errors necessitating such adjustments and for ensuring that any requested adjustments are consistent with Internal Revenue Service requirements.
- If applicable, the Employer will be required to fund any special apportionments applicable to late dues. A member's inactive status due to a failure to timely pay dues will not be retroactively changed even if late dues are fully paid to the Pension Plan.
- If the Employer has overpaid dues, the amount of the overpayment will be held in a suspense account in the Pension Plan, and will be used to reduce future dues remittances. IRS rules do not permit the return of overpayments to employers.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

P.O. Box 6251, Indianapolis, Indiana 46206-6251

Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071

E-mail: [pfcc1@pensionfund.org](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)