

# IGRC United Methodist Dental Plan for Retirees

## PARTICIPANT APPLICATION AND NOTE

### MAIL THIS FORM TO THE PREACHERS' AID OFFICE TO INITIATE YOUR ENROLLMENT

IGRC United Methodist Dental Plan for Retirees is a dental assistance program of the **Preachers' Aid Society and Benefit Fund**. All retired pastors, their spouses and surviving spouses are eligible for participation. A list of cooperating dental practices is enclosed for your review or can be obtained by going to our website, [www.pasbf.org](http://www.pasbf.org). PASBF guarantees payment of any dental bill upon submission within 30 days of receipt subject to the following limits. Bills not less than \$500.00 and not in excess of \$5,000.00 (\$10,000.00 for participant and spouse) may be submitted by your dentist. **Dental procedures under \$500.00 and the first \$500.00 of any more costly procedure are the participant's responsibility and may not be submitted for payment under this program.** More than one bill may be submitted for payment at any given time, as long as the aggregate of your procedures submitted is not in excess of \$5,000.00 per individual at any given time. If dental work is anticipated to be in excess of \$5,000.00, contact the PASBF office at 217-529-3221. Submissions for payment must be signed and returned by you and your dentist and may be submitted by either. **Payments will only be made directly to the attending Dentist.**

IGRC Dental Plan for Retirees is a combination **cost containment** and **loan payment** program. Payments made by the PASBF to your dentist will be converted into a low interest loan for you and/or your spouse. The initial loan rate of interest will be 1.0% simple interest so that PASBF may cover bookkeeping and program management expenses. Once established, loan rates will not change during the payoff period of any particular dental loan, but PASBF reserves the right to change rates on subsequent loans. Please remember to confirm with your dentist at your initial appointment that you are participating in the IGRC United Methodist Dental Plan for Retirees program. A "normal" repayment period on loans will not exceed 5 years, and may be less at your request. For estimates of loan payments, see the chart below. This program does not cover dependent children of retirees – only the clergy person and spouse or surviving spouses.

<b>Loan Amount at 1.0%</b>	<b>1 Year</b>	<b>2 Years</b>	<b>3 Years</b>	<b>4 Years</b>	<b>5 Years</b>	<b>Total Payout</b>
\$1,000	\$84.17	\$42.08	\$28.05	\$21.04	\$16.83	\$1,010
\$2,000	\$168.33	\$84.17	\$56.11	\$42.08	\$33.67	\$2,020
\$3,000	\$252.50	\$126.25	\$84.17	\$63.13	\$50.50	\$3,030
\$4,000	\$336.67	\$168.33	\$112.22	\$84.17	\$67.33	\$4,040
\$5,000	\$420.83	\$210.42	\$140.28	\$105.21	\$84.17	\$5,050

**Note: PASBF reserves the right to make changes and/or modification to the program at its discretion. The above are estimates – payments may vary a little due to rounding.**

**IGRC United Methodist  
Dental Plan for Retirees**

**ENROLLMENT FORM –  
RETURN TO PASBF**

**Participant Clergy (print):** \_\_\_\_\_

**Participant Spouse (print):** \_\_\_\_\_

**Surviving Spouse (print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**PROMISSORY NOTE:**

I/we have read and accept the terms of the IGRC United Methodist Dental Plan for Retirees program offered by the Preachers' Aid Society and Benefit Fund. For value received I/we promise to pay to the Preachers' Aid Society and Benefit Fund of IGRC, of Springfield, County of Sangamon, state of Illinois any and all dental charges paid by the PASBF on my/our behalf under the IGRC United Methodist Dental Plan for Retirees program over a period not in excess of five (5) years at a rate of interest not to exceed one (1.0%) percent of simple interest of the original loan amount. I/we as Maker of this note accept responsibility for all legal costs of collection under this note should I default. I also understand that I have the right to prepay the Holder in full or in part the entire balance without penalty. Witness the execution hereof,

**Participant Signature:** \_\_\_\_\_, **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_, **Date:** \_\_\_\_\_

**Surviving Spouse Signature:** \_\_\_\_\_, **Date:** \_\_\_\_\_

**PASBF Signature:** \_\_\_\_\_, **Date:** \_\_\_\_\_

Rev. Keith Anderson  
Executive Director