



Phone 248-856-0240 1100 Bagley, Rochester Hills, Michigan 48309

www.lhsa.com

## **LCMS Church Worker Verification Form**

## Instructions for a Business Manager or Pastor

Please send this information as soon as possible so that we can make a determination as to whether the employee listed below qualifies under our guidelines for a LHSA discount. Send this form and **all** required documentation to the LHSA office by email (<u>sirwin@lhsa.com</u>) Attn: Sandy Irwin. If you have any questions, contact the LHSA by phone at 248-856-0240.

If possible, please submit this within two weeks of receipt. THIS FORM IS CONFIDENTIAL.

Name of Student(s):								
Name of LCMS Worker:			): 					
Name of Person Completing form:								
Church/School Name:								
Email:								
In order to qualify for a tuition discount, we need proof of full-time employment status. * If at any point you are no longer working as a full-time LCMS employee you must notify the LHSA office, as you will no longer qualify for the discount.								
How long has the employee had full-time status?		☐ 0-1 year	□ 1-2	years		☐ 2+ years		
Date of full-time hire:		Number of hours per week:			Number of we	er of weeks per year:		
Enrolled in Concordia Disability & Retirement Plan?		☐ Yes, provide a statement showing na		ame	☐ No, provide a copy of their latest W-2			
Do they receive medical benefits?	☐ Yes, provide a statement showing name			□ No				
Did employee decline medical coverage?	☐ Yes, please answer the following question			□ No				
If yes to above, is employee eligible for med	its if spouse loses health insu	rance?	ance? Yes		[	□ No		
				•		•		
					Date			

Business Manager or Pastor's Signature

Date