

## 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:				Job Title:					
Name of Person Completing form:				Title:					
Church/School Name:				City:					
Email:				Phone:					
To qualify for a tuition discount, we need proof of full-time employment status. Please Note: You must notify the LHSA if you are no longer working full-time for an LCMS employer as you will not qualify for the discount and your tuition will be adjusted.									
How long has the employee had full-time status? $\Box$ 0-			□ 0-1 year		□ 1-2 years			□ 2+ years	
Date of full-time hire:	:		Number of hours per week:			Number of v		eeks per year:	
Enrolled in Concordia Disability & Retirement Plan?			☐ Yes, provide a statement showing na			ime	□ No, provide a copy of their latest W-2		
Do they receive medical benefits?			provide a statement showing name			□ No			
Did employee decline medical coverage?			lease answer the following question						
If yes to above, is employee eligible for medical benefits if spouse loses health insurance?						□ Yes		🗆 No	

Business Manager or Pastor's Signature