



CLERGY BENEFITS TRANSITION Contact Change Form

CLERGY NAME: _____

NEW APPOINTMENT: _____

NEW ADDRESS: _____ EFFECTIVE DATE: _____

CITY _____ STATE _____ ZIP _____

NEW EMAIL: _____ NEW PHONE: _____

REQUIRED FORMS:

_____ **Clergy Benefits Transition – Contact Change Form** (Information used to update contact information with the Conference, Wespath and all HealthFlex benefit plan providers.)

_____ **Wespath UMPIP Contribution Agreement** – To continue UMPIP election at new appointment. (A minimum 1% personal contribution required to receive full church match into the Clergy Retirement Security Plan – Defined Contribution (CRSP DC

_____ **2022 Compensation and Expense Form** (Excel Worksheet available at www.riotexas.org)

OPTIONAL FORMS:

_____ **Healthflex Enrollment / Change Form** - To enroll or add/drop dependents.
Form available at www.riotexas.org

_____ **Wespath Beneficiary Form**

Return Forms to:

Isabel Munoz imunoz@riotexas.org

Fax 210-408-4489

Rio Texas Conference 16400 Huebner Rd, San Antonio, TX 78248

Signature: _____ DATE: _____



Conference Benefit Contact Information

Human Resources and Benefit Plan Administration

Isabel Munoz
imunoz@riotexas.org
210-408-4526
Fax 210-408-4489

Moving Process & Conference Move Policy

Monica Moore
monicam@riotexas.org
210-408-4519

Benefit Plan Processing and Church Benefit Plan Billing

Lisette Guillen
210-408-4548
Fax 210-408-4489
lguillen@riotexas.org

Rio Texas Clergy Wellness Plan

Eve Albert
ealbert@riotexas.org
210-408-4551

Wespath Benefits & Investments

1-800-851-2201
www.wespath.org

Wespath HealthFlex Team – For Health Plan related questions and

concerns 1-800-851-2201
Press Option # 1, then 0

Church Mutual – Renter's Insurance

1-800-554-2642
www.churchmutual.com