Independent Transfer Instructions

Diagram of New Process

Visit www.nadsecretariat.org and go to Initiatives/Services

The employer is to explain denominational policies on the service record and the retirement benefit expectations of the individual should he/she proceed with the transfer, and the entitlements or loss of same arising out of such transfers.



Visits website, Opens, reads and Submits the ITR Letter

(ITR) opens the independent transfer letter and reads the document information and signs the document and submits it electronically by clicking on the submit button.



New Link -> Form (S-251) -> is sent to the Employee/ITR

A new link to form (S-251) with be automatically generated and sent to the employee. The electronic form will need to be filled out by the employee. He/She can attach/upload any additional documents. Once employee has completed the form he/she can submit it by clicking on the submit button.



New Link -> Form (S-252) -> is sent to Previous Employer

Form will automatically generate and will be sent to previous division employer to verify years of service. The previous division Secretariat office/employer will fill out the form, attach any documentation and submit it electronically.



PDF -> is sent to [ITR] and returned to SEC

A PDF (S254) is generated with the information from the employer. The (ITR) reviews the (S254) information, if information is correct, signs it and returns it by email to independenttransfer@nadadventist.org.



Complete Documentation -> is sent to Committee

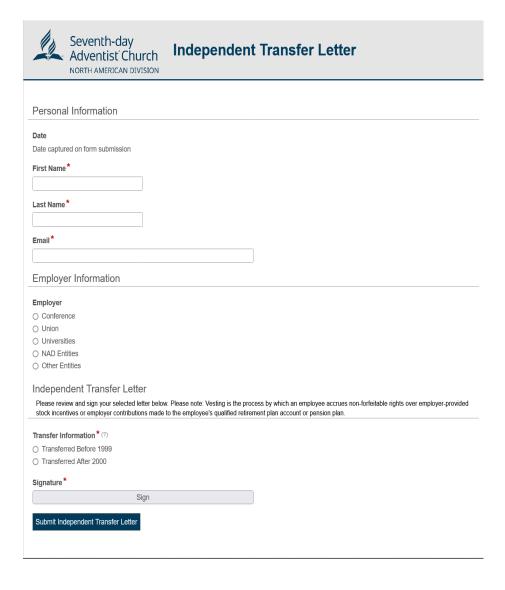
NAD Secretariat prepares the documentation and sends it to the committee for approval.



Notification -> is sent to ITR/Employer/Former Employer

Once the committee has met and approved the transfer a Approval Letter is sent to the Independent Transfer/Employer/Former Division.

→ An *initial letter* will be sent to the Independent Transfer's email. Click on the link and the form will pop up in your browser. Fill in the blank spaces before submitting the form. Please read the information thoroughly before submitting the form.



→ If at any point you need assistance please email us at independenttransfer@nadadventist.org with a subject line that stating *Independent Transfer* or call us at 443-391-7113 Monday- Thursday 8:00 AM – 6:00 PM.

Personal Information

- The date will automatically fill in.
- Type your first name, your last name and your email address.
 - *Email information is very important. Please type carefully and accurately. This email address will receive important information in regards to the status of your application.

Date 12/23/2015 First Name* Last Name* Email*

Employer Information

- Select your current employer.
- If you select Conference a drop down menu will appear. Please select your conference. The Union will **automatically** fill in.
- If you select Union a drop down menu will appear and you will need to select your Union.

Employer Information
Employer Conference
○ Conference
○ Union
O Universities
O NAD Entitles

Independent Transfer Letter

- The letter refers to the current process of (IT) in the NAD Working Policy Handbook.
- First, select whether you transferred before 1999, or transferred after 2000.
- Depending on your selection, a specific letter will show.
- Please read the information carefully. If you have any questions please send your questions to: independenttransfer@nadadventist.org



Signature

- Next, click on the 'Sign' button.
- A box will pop up. It will allow you to sign your name.
- Please type or draw your name.
- To draw, please click on the 'Draw' tab.
- Once you have finished signing please click on the 'sign' button.

ype your name here	
× r · × · · · · · · · · · · · · · · · ·	Style ▼



- → Next, a link will be sent to the email that was provided for the Independent Transfer application (S-251). When you click the link in the email an application will pop up.
- → If at any point you need assistance please email us at valerierobbins@nadadventist.org or call us at 443-391-7113 Monday- Thursday 8:00 AM 6:00 PM.

Independent Transfer Application Form (S-251)

This form will contain **4 sections**.

- Personal Information
 - Fill in ALL of the requested information to the best of your knowledge.
- Education and Employment Data
 - To add additional employers please click the word [Add] located underneath the number 1 in the 'Denominational Employment Data' section.
- Additional Documentation
 - Indicate whether you will provide a copy of your original <u>service record</u> by clicking next to the radio button that states yes or no.
- Attach Supporting Documents
 - Follow the directions on the form for uploading documents.
 - Attach all documentation that has been requested:
 - I-9 or A Copy of the Permanent Residency Card (USA Only)
 - Service Record From Previous Division
 - 2 Forms of Identification (If you included the I-9 or Permanent Residency Card, one more form of ID is fine.
- **Review** the information that you have provided and click on the submit button once you have completed the form.

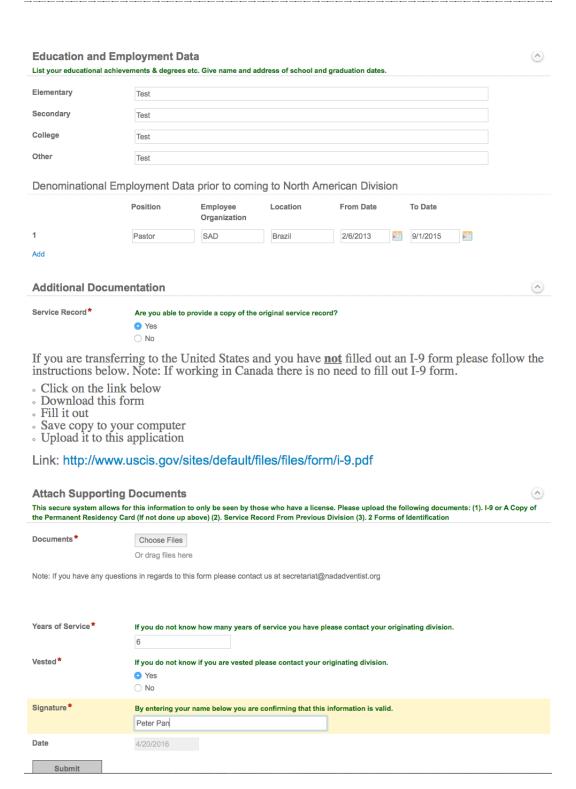
S-251 Form Sample

S-251 Independent Transfer Application



Application for Division Status/Independent Transfer to North American Division (S-251)

Personal Information First Name * Please enter your name (first name) Last Name * Please enter your surname (last name) Email* stellaoliveras@nadadventist.org Phone Number* 333.333.3333 Current Address* Street Address 12501 Old Columbia Pike Address Line 2 City State / Province / Region Maryland Silver Spring Postal / Zip Code Country 20904 USA Marital Status * ⊙ Single C Married C Divorced C Widowed Social Security 999.99.9999 Number/ ID Number* (?) Date of Birth * 01/20/1988 Place of Birth * TEST Originating South American Division* Date of Entry to 11/24/2015 US/Canada* United States Citizenship* Canada Other File Upload (PRC) Please upload a copy of your Permanent Resident Card. 3.02KB nav_arrow_point_down-128.png First Denominational test Employer in NAD* Beginning Date of 12/14/2015 Employment in NAD* Current Employer* Florida Conference **Human Resource** test@gmail.com Email* Current Position *



Independent Transfer Application Form (S-252)

Once S-251 has been submitted the Division Secretariat Office will receive form (S-252).

- The (S-252) Form will contain certain information from form (S-251):
 - o Denominational Employment Data Prior to employment at the North American Division.
 - Personal Information Full Name, Email, and Originating Division.
 - o Employment Information Current Position and Employer

S-252 Independent Transfer Application													
Application for Division Status/Independent Transfer to North American Division (S-252) If you need assistance with filling out this form please email: valerierobbins@nadadventist.org Phone: 301.680.6467													
Date: 2/1/2016													
To: South American From: North American Division Secretariat Subject: Independent Transfer													
							The North American Division is preparing to vote an independent transfer for Peter Pan who was employed as follow:						
													<u>(a)</u>
Denominational Employment Data prior to coming to North American Division													
	Position	Employee Organization	Location	From Date	To Date								
1	Pastor	SAD	Brazil	02/06/2013	09/01/201								
Personal Information													
First Name	Please enter y	our name (first n	ame)										
	Peter	Peter											
Last Name	Please enter your surname (last name)												
		Pan											
Email	stellaoliveras@nadadventist.org												
Date of Birth		01/20/1988											
Originating Division	South Ameri	can	\$)										
Employment Ir	nformation					٥							
Beginning Date of Employment in NAD	12/14/2015												
Current Employer	Florida Confe	rence											
Human Resource Email	test@gmail.co	om											
Current Position	Pastor												

• The Division will need to fill out the sections 1. Division Information and 2. Service Information.

Division Information Please fill in the following information. **Financial** O Yes Obligations * ○ No Contact Email* Please provide the email of the person who needs to be contacted in regards to financial obligations. Service Records* Please upload a copy of the complete original service record with signature and clearance according to policy. Upload Or drag files here **Service Information** Please provide the years of service, if they are vested and if they have retired. First Name Peter Last Name Pan Years of Service* Vested* Yes ○ No Retired* O Yes ○ No Signature * Sign Comments Approve Reject

Division Information

- Financial Obligation Whether the individual has a remaining balance with the previous employer.
- Contact Email Contact information for the individual that will handle the payment of the financial obligations.
- Service Records Upload the service records information with a signature and clearance.

Service Information

- First and Last name These fields will be read only. You are not able to make a correction to the name you will only be able to read it.
- Years of Service Provide the years of service (year and months of service) that the individual accumulated while working for your division.
- Vested State whether the individual is vested by selecting yes or no.
- Retired State whether the individual is retired by selecting yes or no.
- Sign Click on the sign button. A window will pop up that will give you the opportunity to sign the form. You will be given 2 options either to sign with a stylus or by simply type your name.
- Comment Section If you would like to add any additional comments, statements, or information please do so in the comment section.



Applicant's Statement - Relationship to Home Division PDF (S-254)

An email with a PDF will be sent to the Independent Transfer's email provided on form (S-251)

- This PDF will contain the Independent Transfer Name, which Division he/she is transferring from and the NAD effective date of transfer.
- Section A and B The PDF will also provide how many years of service that are vested or not based on the information we received from the previous Division.
- Sections C, D and E The box will come pre-checked depending on when you transferred to NAD. If you have questions, send an email to independenttransfer@nadadventist.org.
- If there are any discrepancies or questions on vesting we urge the Independent Transfer to contact their <u>HR office or email</u> independenttransfer@nadadventist.org.

Dear Pastor/Mr. Pan:

Please read over the attached form, and then sign it and return a copy to me and to your current NAD employer. Refer any Retirement and vesting questions to the current/former employer or the North American Division Retirement office. If everything is to your satisfaction, please complete the **S-254 form**, and send a copy to me and to your employer.

If we have missed some service, this is the time to get this corrected. Please contact the former division and get it cleared up right away, and once you have it cleared, then let us know and we will resend the verification document for a signature. If you are concerned about losing service, please discuss this with the Division as well.

Thanks in advance for your attention to this matter.

Sincerely

Valerie Robbins

Sr. Office Administrative Assistant North American Division 12501 Old Columbia Pike Silver Spring MD 20904 (301) 680-6467 (301) 680-5076 Fax valerierobbins@nadadventist.org

Let the words of mouth, and the meditation of my heart, be acceptable in thy sight, O Lord, my strength, and my redeemer. Psalms 19:14

"God does His deepest work in you when you are in the deepest distress. You see, He loves you too much to let you miss His best." Unknown

"Don't pray when you feel like it. Have an appointment with the Lord and keep it. A man is powerful on his knees." Corrie Ten Boom



APPLICANT'S STATEMENT--RELATIONSHIP TO HOME DIVISION-S254

- I, <u>Peter Pan</u> have applied for an independent transfer from the <u>Name of Division</u> to the North American Division effective <u>Date started NAD</u> on the following basis:
 - 1. This independent transfer is on my own responsibility.
 - 2. No furlough privileges will be granted nor homeland visits at denominational expense.
 - 3. In harmony with established procedures applicable to all denominational workers, retirement benefits, when due, will be granted according to the provisions of the retirement policies of the respective division(s) at the time the retirement application is submitted.
 - 4. Benefits shall be paid in local currency where it is impossible to transfer funds. (See GC Working Policy Z 20 05-4.)

A. EMPLOYEES NOT VESTED IN THEIR HOME DIVISION THEREBY LOSING SERVICE CREDIT

The (Name of Division) (my home division) states that I have # years (and months) of service credit which is not adequate for vesting in the Division. I therefore agree to forfeit any accrued years of service in my home division unless at a later date I return to labor in the Division, and thereby earn enough service credit to meet that division's vesting requirements. I understand that, for periods prior to January 1, 2000, I will earn North American Division service credit beginning on the date of my employment in the NAD and according to the NAD Working Policy Z 25 15, unless restricted by Z 25 30. A copy of this agreement will be on file at the North American Division Secretariat and in the secretariat of my home division.

B. EMPLOYEES VESTED IN THEIR HOME DIVISION

The (Name of Division) (my home division) states that I have **# years (and months)** of service credit and therefore I am vested in the Division. Retirement benefits will be paid to me as provided by NAD E 20 35 and NAD Z 25 30. I understand that, for periods prior to January 1, 2000, I will earn NAD service credit beginning on the date of my employment in the NAD and according to NAD *Working Policy* Z 25 15, unless restricted by Z 25 30. A copy of this agreement will be on file at the North American Division Secretariat and in the secretariat of my home division.

Instructions

Once you have confirmed the information on this document, please check the appropriate box (for C, D & E) and sign and date the document. If you are not sure, please contact either the Human Resources office of your current employer or the Retirement office for clarification. (email: nadretirement@nadadventist.org.

C. Employees who wer January 1, 1978	e employed in the North American Division before
Since I was employed in understand my service i) states that I haveyears of service credit. the North American Division before January 1, 1978, I n my home division may be included in my North American efits, after meeting minimum requirements in the NAD.
D. Special Provision fo	r Retirement After December 31, 1999
independent transfer of December 31, 1999, I un to be included in my Nor requirements of being v	a participating employer on December 31, 1999 and my curred after December 31, 1977 and before the deadline of inderstand that in order for my service in my home division on the American Division retirement benefits, I must meet the rested in the NAD Plan by December 31, 2014, with at least of the order of the will determine if D applies.)
E. Post-1999 Independe	ent Transfer
Division qualifying service eligible for any pension retirement savings acco	pendently after 1999, and do not have North American ce credit prior to 2000, I understand that I will not be from the NAD, and will only be eligible for the payout of my unt under the Adventist Retirement Plan, and only for years AD. Any pension for pre-NAD service credit will not be the oth American Division.
Signed	Date

INSTRUCTIONS

Please save this document to your computer. Once you have completed this pdf thoroughly, proceed to attach it to a new email and send it to this email address: independenttransfer@nadadventist.org or call (443) 391-7113.

If the years of service are not correct, please contact your former division directly to clarify the years of service. It is very important to keep us informed of the outcome. If the years of service change, please email independenttransfer@nadadventist.org. If you need further assistance, contact us at the email address given above.