



Lutheran High School Association
Phone 248-856-0240 | Fax 248-856-0242
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 (sirwin@lhsa.com) 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: _____

In order to qualify for a tuition discount offered by the LHSA, we need proof of full-time employment status.

How long has the employee had full-time status?		<input type="checkbox"/> 0-1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2+ years
Date of full-time hire:		Number of hours per week:		Number of weeks per year:
Enrolled in Concordia Disability & Retirement Plan?		<input type="checkbox"/> Yes, provide a statement showing name		<input type="checkbox"/> No, provide a copy of their latest W-2
Do they receive medical benefits?	<input type="checkbox"/> Yes, provide a statement showing name		<input type="checkbox"/> No	
Did employee decline medical coverage?	<input type="checkbox"/> Yes, please answer the following question		<input type="checkbox"/> No	
If yes to above, is employee eligible for medical benefits if spouse loses health insurance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Business Manager or Pastor's Signature

Date

**LEARNING FOR LIFE!
LEADING IN TRUTH!**