



January 27, 2026

To: Retired Participants  
From: Andrew Choi, Associate Administrator and CFO  
Adventist Retirement

Happy New Year! Your January 2026 benefits distribution statement is enclosed. **Keep this annual statement as a reminder of your 2026 benefits.**

A sample statement at the end of this letter will help you understand your statement. The sample is NOT your actual statement—it's just an illustration.

**Your benefit amount is different from last year. Here's why:**

When you compare this 2026 statement with last year's statement, you will notice your monthly benefit amount is different. The change in benefits from 2025 to 2026 will not be precisely the percentage of any COLA (cost of living adjustment) announced due to one or more of the reasons below.

Your benefit amount will change due to any of the following:

**Church or Hospital Benefit**

The Cost-of-Living Adjustment was voted by the North American Division for 2026 and announced in the December 2025 *Reflections* newsletter. Benefits for service in a participating hospital have a policy COLA of 2.5% every year. For church beneficiaries, the North American Division voted to grant a 2.7% COLA.

**The Additional CH APS (Accrued Pension Supplement) will not change in 2026**

If you are eligible for SHARP, you likely receive Additional CH APS for you and your Joint & Survivor Spouse based on your years of service credit. Eligibility for this benefit requires years of service in the Defined Benefit (Legacy) Plan. Those with Defined Contribution years of service (post-1999) only are not eligible.

**SHARP rates are not changing in 2026**

If you are enrolled in SHARP Pre-Medicare or Non-Medicare, Base Medical or Medicare Extension, the monthly rates were published in the November issue of *Reflections*.

<https://www.adventistretirement.org/wp-content/uploads/2025/10/Reflections2025-November-WEB.pdf>

If you have questions about SHARP, call 443-391-7338, or email [SHARP@NADAdventist.org](mailto:SHARP@NADAdventist.org).

## Federal Income Tax

The amount withheld for tax, if any, depends on the W-4P form you last provided to us, or any changes to the IRS tax tables. You may submit a new W-4P if you wish to update your withholdings. You can download the form from the IRS website <https://www.irs.gov/pub/irs-pdf/fw4p.pdf>. Please send the completed form to us via fax or postal mail.

## IMPORTANT INFORMATION REGARDING YOUR BENEFIT CHECK

**Direct Deposit:** To make changes to or enroll in direct deposit, US residents may go to <https://www.adventistretirement.org/retiree/payroll/> and download a Direct Deposit form. Instructions are included with the form. Non-US residents can email us at [RETPAYROLL@NADadventist.org](mailto:RETPAYROLL@NADadventist.org) to request information on setting up or changing IAT direct deposits and wire transfers. **We cannot take bank information via phone or email.**

**To get your Monthly Pay Slip via email, go to [www.adventistretirement.org/retiree/payroll/](https://www.adventistretirement.org/retiree/payroll/) and complete an Add/Change Email Address form. We are happy to set you up to receive this valuable document.**

**1099-R:** You should receive your 1099-R tax form in late January or early February 2026. **You will need this form for your 2025 tax preparation—do not discard it!** Note, we cannot issue this form until the final payroll reconciliation for 2025 is complete. Per IRS requirements they are mailed each year on or by January 31<sup>st</sup>. If you have not received your 1099-R tax form by February 14, 2026, please contact us for a replacement form.

This is an illustrative example and is **NOT YOUR** statement:

Retiree ID	Retiree Name	Soc Sec Num	Pay Period	Payment Date	EFT #	
12345	MOUSE, Minnie	XXX-XX-XXXX	01/01/202X - 01/31/202X	01/27/202X	1234567	
Earnings			Deductions			
Description	Hours/Units	Current	Year To Date	Description	Current	Year To Date
Church Benefit	686.58	686.58	686.58	Federal Income Tax	35.00	35.00
Church Benefit Spouse Allow	338.22	338.22	338.22	SHARP Contribution	74.00	74.00
Hospital Benefit	466.43	466.43	466.43			
Hosp MC Part B Reimb	68.57	68.57	68.57			
Hospital Spouse Allowance	229.76	229.76	229.76			
Additional CH APS	120.25	120.25	120.25			
Basic Benefit Additional CH APS and Hosp MC Part B Reimbursement			Federal Withholding and/or SHARP Deduction			
Total Earnings	1,909.81	1,909.81	1,909.81	Total Deductions	109.00	109.00
Others			Net Amount			
Description	Current	Year To Date	Total Earnings	1,800.81	1,800.81	
1099-R - Gross Distribution Box 1	1,720.99	1,720.99	Tax Exemptions Information			
Locality	Exemptions	Class	Additional Amt			
Federal	99	M	35.00			
YTD Federal Taxable Gross: 1,720.99						
Direct Deposit Information						
Bank Name	Account #	Amount	Memo			
First National Bank	XXXXXXXXXX	1,800.81	This form is proof of the new year's rate. The rate may change @ the death of a spouse or entry into state MediCaid-contact us about either. Your benefit is for life.			