



Organizing Pastors/Evangelists Grant

ENROLLMENT APPLICATION

Grant applications must be submitted by the presbytery and are due one month prior to the end of the quarter. Coverage will be effective the first day of the new quarter. If the grant application is not submitted timely, the application will be considered for the next quarter. Eligibility will be verified on an annual basis. For more details, visit pensions.org.

Presbytery information <i>(required)</i>			
Presbytery name			PIN
Address			
City		State	ZIP
Phone	Email		Tax ID#

Individual information <i>(required)</i>			
Complete when individual is selected. The name provided below will appear on all documents and identification cards.			
<input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. Name <i>(first, middle, last)</i>			
Birth date <i>(mm/dd/yyyy)</i>		SSN	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address <i>(do not use P.O. Box)</i>			
City		State	ZIP
Phone	Email <i>(required for enrollment process)</i>		

Service information			
Employer name		PIN	Tax ID#
Address			
City		State	ZIP
Phone	Email		
Date ordained/received into the PC(USA)		Ecclesiastical job code: <input type="checkbox"/> 301 <input type="checkbox"/> other	
Number of scheduled hours per week <i>(excluding overtime)</i>			
Is this individual currently enrolled in Pastor's Participation or has the individual been enrolled in Pastor's Participation within the last two years with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the employer is not the presbytery, does the presbytery have oversight of the New Worshipping Community (NWC)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the presbytery partially funding the NWC? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-773-7752 (800-PRESPLAN).



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Annual effective salary information	
Enter annual amounts or zero if not applicable.	
1. Annual gross cash salary <i>(Include employee contributions to 403(b)(9) plans and tax-sheltered annuity plans; salary reduction, contributions to FSAs, HRAs, and cafeteria plans; unvouchered book, car, and study allowances; and vacation and overtime pay.)</i>	1. \$
2. Housing, utilities, and furnishings allowances	2. \$
3. Employer contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances <i>(Do not include matching contributions to the Retirement Savings Plan of the Presbyterian Church (U.S.A.) (RSP).)</i>	3. \$
4. SECA <i>(Include any reimbursement in excess of 50 percent of the minister's SECA tax obligation.)</i>	4. \$
5. Other allowances <i>(Include copayment and medical expense reimbursement allowances. Do not include expenses reimbursed through vouchers or Benefits Plan dues.)</i>	5. \$
6. Bonus <i>(This is included in the year in which the bonus is paid; if recurring, the employer must report it annually.)</i>	6. \$
7. Manse <i>(This must be at least 30 percent of the sum of lines 1-6 for members residing in a manse.)</i>	7. \$
8. Total annual effective salary <i>(total of lines 1-7)</i>	8. \$

Authorization from presbytery	
By signing this form, the authorized representative for the presbytery confirms to the best of his or her knowledge, the information provided is accurate.	
Authorized person's name <i>(print)</i>	Date <i>(mm/dd/yyyy)</i>
Title/official capacity	
Signature <i>(required)</i>	Daytime phone

Authorization from employer	
On behalf of the employer, I certify that all the information provided is true.	
Authorized person's name <i>(print)</i>	Date <i>(mm/dd/yyyy)</i>
Title/official capacity	
Signature <i>(required)</i>	Daytime phone

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