Post-Retirement Service Registration

THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

The Board of Pensions administers the post-retirement service provisions of the Benefits Plan of the Presbyterian Church (U.S.A.) as approved by the General Assembly. A retired minister may not return to employment with the last church or employer served at the time of retirement. The rules for other employees are different.

A Benefits Plan member who has initiated retirement benefits and is returning to compensated service with a church or employer under the jurisdiction of the Presbyterian Church (U.S.A.) must complete and return this registration form at the beginning of the post-retirement service. **Ministers of the Word and Sacrament must provide verification from the presbytery approving the post-retirement service at initial hire and annually thereafter (presbytery representative may sign under the Presbytery authorization section on this form at initial hire).** Forms cannot be processed if verification is not received.

Member information

Name	Last 4 digits of SSN
Address	
City	State / ZIP
Daytime phone	Email

Service information

Effective date *(mm/dd/yyyy)*	
Employer name	PIN
Address	
City	State / ZIP
Phone	Fax
Primary email	
Presbytery	Synod
Position title	
Number of hours per week *(e.g., 10, 20, 30)*	

Annual salary information
Enter annual amounts or zero if not applicable.

1. Cash salary *(including employee contributions to 403(b)(9) plans; tax-sheltered annuity plans; unvouchered book, car, and study allowances; vacation pay and overtime)*	1. $
2. Housing allowance, utilities, and furnishings allowances	2. $
3. Employer contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances *(matching contributions to the Board's Retirement Savings Plan should not be included)*	3. $
4. Bonus *(will be included in the year in which the bonus is paid; dues will be billed on a lump-sum basis)*	4. $
5. SECA *(for reimbursement in excess of 50% of the minister's SECA tax obligation)*	5. $
6. Other allowances *(including copayment and medical expense reimbursement allowances)* Do not include expenses reimbursed through vouchers or Benefits Plan dues.	6. $
7. Manse amount *(must be at least 30% of lines 1-6 for members residing in a manse)*	7. $
8. Total annual effective salary *(total of lines 1-7)*	8. $
Dues are computed and benefits are determined on this amount (subject to minimums and maximums).	

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY: 711)

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Authorization

Employer — To be completed by the employer's authorized representative, who is not the retired member.

We agree to pay all dues applicable to this post-retirement service of 12% of the retired minister's salary. We understand that if the retired minister's service is fewer than 20 hours a week, post-retirement service dues are not payable.

We understand that our organization must comply with any applicable laws and regulations to employment, benefits, and Medicare, including age discrimination, pension, and welfare plan nondiscrimination rules.

Name of authorized representative *(print legibly)*	
Official capacity	Daytime phone
Signature *(required)*	Date *(mm/dd/yyyy)*

Presbytery authorization

By signing this form, the authorized representative for the presbytery confirms that this post-retirement service is approved in accordance with the Book of Order.

Name of authorized representative *(print legibly)*	
Official capacity	Daytime phone
Signature *(required)*	Date *(mm/dd/yyyy)*

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