



**Part one: Presbytery information** *(required)*

Presbytery name \_\_\_\_\_ PIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone (     ) \_\_\_\_\_

**Part two: Individual information** *(required)*

Complete when individual is selected.

Name *(first, middle, last)* \_\_\_\_\_ Check all that apply:  Dr.  Rev.

*(This name will appear on all documents and identification cards.)*

Birth date *(mm/dd/yyyy)* \_\_\_\_\_ SSN \_\_\_\_\_  Male  Female

**Individual contact information**

Address *(do not use P.O. Box)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone (     ) \_\_\_\_\_ Email *(required for enrollment process)* \_\_\_\_\_

**Service information**

Effective date for benefits *(mm/dd/yyyy)* \_\_\_\_\_ Number of scheduled hours per week *(excluding overtime)* \_\_\_\_\_

Ordination status/date \_\_\_\_\_

**Primary benefit group:** Ministers *(must be working 20 hours a week or more)*



### Annual effective salary information

Enter annual amounts or zero if not applicable.

- 1. Annual gross cash salary *[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.]* 1. \$ \_\_\_\_\_
- 2. Housing, utilities, and furnishings allowances 2. \$ \_\_\_\_\_
- 3. Employer contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances *[Do not include matching contributions to the Retirement Savings Plan of the Presbyterian Church (U.S.A.) (RSP).]* 3. \$ \_\_\_\_\_
- 4. SECA *[Include any reimbursement in excess of 50 percent of the minister's SECA tax obligation.]* 4. \$ \_\_\_\_\_
- 5. Other allowances *[Include copayment and medical expense reimbursement allowances. Do not include expenses reimbursed through vouchers or Benefits Plan dues.]* 5. \$ \_\_\_\_\_
- 6. Bonus *[This is included in the year in which the bonus is paid; if recurring, the employer must report it annually.]* 6. \$ \_\_\_\_\_
- 7. Manse *[This must be at least 30 percent of the sum of lines 1-6 for members residing in a manse.]* 7. \$ \_\_\_\_\_
- 8. **Total annual effective salary** *(total of lines 1-7)* 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 *(print)* \_\_\_\_\_ Date *(mm/dd/yyyy)* \_\_\_\_\_

Title/official capacity \_\_\_\_\_

Signature *(required)* \_\_\_\_\_ Daytime phone (     ) \_\_\_\_\_