



# KPCA Employer Application

Use this form to express interest in offering benefits through the Benefits Plan of the Presbyterian Church (U.S.A.) to your eligible ministers and employees.

**Please note:**

1. Only W-2 employees are eligible for benefits.
2. Your church must have a federal tax number in order to provide the benefits to employees.
3. Your church will need to calculate the total effective salary.

Employer information		
Employer name <i>(preferred English translation)</i>		
KPCA presbytery membership name <i>(required for churches; Korean and English name)</i>		
Address		
City	State	ZIP
Federal Tax ID #	Phone	Email

Employer representative	
Identify an individual representative from your organization to serve as the primary point of contact for The Board of Pensions of the Presbyterian Church (U.S.A.).	
Name	
Phone	Email

Benefits offered to <b>MINISTERS</b> working a minimum of 20 hours per week	
Choose one option below of the benefits you will offer eligible minister(s).	
<input type="checkbox"/> <b>Option 1: KPCA Benefits Package</b>	<b>Employer Dues</b> 10 percent of effective salary or median, paid by employer. Cost-sharing permitted only for supplemental death benefits.
<input checked="" type="checkbox"/> Defined Benefit Pension Plan <input checked="" type="checkbox"/> Death and Disability Plan <input checked="" type="checkbox"/> Temporary Disability Plan <input checked="" type="checkbox"/> Employee Assistance Plan (EAP)	8.5 percent of effective salary or median 1 percent of effective salary or median 0.5 percent of effective salary or median No cost
<input checked="" type="checkbox"/> Supplemental death benefits	Employer will pay _____ percent toward cost of member coverage. Employer will pay _____ percent toward cost of spouse coverage. Employer will pay _____ percent toward cost of children coverage.
<input type="checkbox"/> <b>Option 2: KPCA Benefits Package + Optional Benefits</b>	<b>Employer Dues</b> 10 percent of effective salary or median, paid by employer. Cost-sharing permitted only for supplemental death benefits and optional benefits.
<input checked="" type="checkbox"/> Defined Benefit Pension Plan <input checked="" type="checkbox"/> Death and Disability Plan <input checked="" type="checkbox"/> Temporary Disability Plan <input checked="" type="checkbox"/> Employee Assistance Plan (EAP)	8.5 percent of effective salary or median 1 percent of effective salary or median 0.5 percent of effective salary or median No cost
<input checked="" type="checkbox"/> Supplemental death benefits	Employer will pay _____ percent toward cost of member coverage. Employer will pay _____ percent toward cost of spouse coverage. Employer will pay _____ percent toward cost of children coverage.
Check the optional benefit(s) you will offer. Indicate the percentage you will contribute to the cost of your employees' coverage.	
<input type="checkbox"/> Vision Eyewear Plan	Employer will pay _____ percent toward cost of coverage.
<input type="checkbox"/> Dental Plan	Employer will pay _____ percent toward cost of coverage.
<input type="checkbox"/> Retirement Savings Plan	Employer will contribute \$ _____ or _____ percent match.

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



Use this form to express interest in offering benefits through the Benefits Plan of the Presbyterian Church (U.S.A.) to your eligible ministers and employees.

**Benefits offered to MINISTERS working a minimum of 20 hours per week**  
Choose one option below of the benefits you will offer eligible minister(s).

<input type="checkbox"/> <b>Option 3: Optional Benefits</b> Check the optional benefit(s) you will offer. Where applicable, indicate the percentage you will contribute to the cost of your employees' coverage.	<b>Employer Dues</b>
<input type="checkbox"/> Defined Benefit Pension Plan	8.5 percent of effective salary or median (paid by employer; no cost-sharing with ministers).
<input type="checkbox"/> Death and Disability Plan	1 percent of effective salary or median when offered <b>with</b> the Defined Benefit Pension Plan (paid by employer; no cost-sharing with ministers), or 2.5 percent of effective salary or median when offered <b>without</b> the Defined Benefit Pension Plan (paid by employer; no cost-sharing with ministers).
<input checked="" type="checkbox"/> Supplemental death benefits	Employer will pay _____ percent toward cost of member coverage. Employer will pay _____ percent toward cost of spouse coverage. Employer will pay _____ percent toward cost of children coverage.
<input type="checkbox"/> Temporary Disability Plan	<input type="checkbox"/> Employer paid or <input type="checkbox"/> Minister paid
<input type="checkbox"/> Vision Eyewear Plan	Employer will pay _____ percent toward cost of coverage.
<input type="checkbox"/> Dental Plan	Employer will pay _____ percent toward cost of coverage.
<input type="checkbox"/> Retirement Savings Plan	Employer will contribute \$ _____ or _____ percent match.

**Benefits offered to EMPLOYEES working a minimum of 20 hours per week**  
Choose one option of the benefits you will offer to eligible non-minister staff or employee(s).

<input type="checkbox"/> <b>Optional Benefits</b> Check the optional benefit(s) you will offer. Where applicable, indicate the percentage you will contribute to the cost of your employees' coverage.	<b>Employer Dues</b>
<input type="checkbox"/> Defined Benefit Pension Plan	8.5 percent of effective salary or median (paid by employer; no cost-sharing with employees).
<input type="checkbox"/> Death and Disability Plan	1 percent of effective salary or median when offered <b>with</b> the Defined Benefit Pension Plan (paid by employer; no cost-sharing with employees), or 2.5 percent of effective salary or median when offered <b>without</b> the Defined Benefit Pension Plan (paid by employer; no cost-sharing with employees).
<input checked="" type="checkbox"/> Supplemental death benefits	Employer will pay _____ percent toward cost of member coverage. Employer will pay _____ percent toward cost of spouse coverage. Employer will pay _____ percent toward cost of children coverage.
<input type="checkbox"/> Temporary Disability Plan	<input type="checkbox"/> Employer paid or <input type="checkbox"/> Employee paid
<input type="checkbox"/> Vision Eyewear Plan	Employer will pay _____ percent toward cost of coverage.
<input type="checkbox"/> Dental Plan	Employer will pay _____ percent toward cost of coverage.
<input type="checkbox"/> Retirement Savings Plan	Employer will contribute \$ _____ or _____ percent match.

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# KPCA Employer Application

Use this form to express interest in offering benefits through the Benefits Plan of the Presbyterian Church (U.S.A.) to your eligible ministers and employees.

**Benefits offered to EMPLOYEES and/or MINISTERS working fewer than 20 hours per week**  
Choose one option of the benefits you will offer eligible ministers or non-minister staff or employee(s).

<input type="checkbox"/> <b>Optional Benefits</b> Check the optional benefit(s) you will offer. Where applicable, indicate the percentage you will contribute to the cost of your employees' coverage.	<b>Employer Dues</b>
<input type="checkbox"/> Vision Eyewear Plan	Employer will pay _____ percent toward cost of coverage.
<input type="checkbox"/> Dental Plan	Employer will pay _____ percent toward cost of coverage.
<input type="checkbox"/> Retirement Savings Plan	Employer will contribute \$_____ or _____ percent match.

**Presbytery Verification for KPCA Churches**

If your organization is a church, the Board of Pensions will contact the stated clerk of your presbytery upon receipt of your completed KPCA Employer Application form to verify your church's membership and eligibility to offer benefits.

**Next Steps**

Upon receipt of your completed KPCA Employer Application form and presbytery verification from your stated clerk (for churches only), the Board of Pensions will:

1. establish a unique, five-digit employer ID number
2. create your Employer Agreement using the information provided on this form
3. contact your employer representative with instructions for registering for Benefits Connect and enrolling your eligible member(s)

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