

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 (required)						
Presbytery name					PIN	
Address						
City				State	ZIP	
Phone	Email			I	Tax ID#	
Individual information ()						
Individual information (required) Complete when individual is selected. The name provided below will appear on all documents and identification cards.						
☐ Rev. ☐ Rev. Dr. Name (first, middle, last)						
Birth date (mm/dd/yyyy)		SSN		☐ Female ☐ Male		
Address (do not use P.O. Box)						
City				State	ZIP	
Phone	Email (required for enrollment process)					
Couries information						
Service information Employer name				PIN	Tax ID#	
Address						
				Ct-t-	710	
City				State	ZIP	
Phone	Email					
Date ordained/received into the PC(USA)			Ecclesiastical job code: 🗌 301 🗎 other			
Number of scheduled hours per wee	k (excluding overtime)					
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?						
If the employer is not the presbytery, does the presbytery have oversight of the New Worshipping Community (NWC)?						
Is the presbytery partially funding the NWC? ☐ Yes ☐ 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).



Annual effective salary information

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Enter annual amounts or zero it not applicable.		
1. Annual gross cash salary (Include employee contributions to 403(b)(9) plans and tax-sheltered annuity plans; salary reduction HRAs, and cafeteria plans; unvouchered book, car, and study allowances; and vacation and overtime p	1. \$	
2. Housing, utilities, and furnishings allowances	2. \$	
3. Employer contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity a (Do not include matching contributions to the Retirement Savings Plan of the Presbyterian Church (U	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 inc 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	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. \$
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Authorization from presbytery By signing this form, the authorized representative for the presbytery confirms to the brovided is accurate.	pest of his or her knowle	
Authorization from presbytery By signing this form, the authorized representative for the presbytery confirms to the b	pest of his or her knowle Date (mm/dd/yyyy)	
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Authorization from presbytery By signing this form, the authorized representative for the presbytery confirms to the beprovided is accurate. Authorized person's name (print)		
Authorization from presbytery By signing this form, the authorized representative for the presbytery confirms to the beprovided is accurate. Authorized person's name (print) Title/official capacity	Date (mm/dd/yyyy)	
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Authorization from presbytery By signing this form, the authorized representative for the presbytery confirms to the beprovided is accurate. Authorized person's name (print) Title/official capacity Signature (required) Authorization from employer	Date (mm/dd/yyyy)	
Authorization from presbytery By signing this form, the authorized representative for the presbytery confirms to the beprovided is accurate. Authorized person's name (print) Title/official capacity Signature (required) Authorization from employer On behalf of the employer, I certify that all the information provided is true.	Date (mm/dd/yyyy) Daytime phone	
Authorization from presbytery By signing this form, the authorized representative for the presbytery confirms to the beprovided is accurate. Authorized person's name (print) Title/official capacity Signature (required) Authorization from employer On behalf of the employer, I certify that all the information provided is true. Authorized person's name (print)	Date (mm/dd/yyyy) Daytime phone	

NOTE: When submitting your completed application, please attach a statement describing (1) the ministry, funding structure, and start date for the position; and (2) how the scheduled hours and salary for the position align with the presbytery's minimum terms of call (also attach the presbytery's minimum terms).