



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

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 (ministers or lay 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 (preferred English translation)			
KPCA presbytery membership name (required for churches; Korean and English name)			
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 LAY EMPLOYEES and/or MINISTERS working a minimum of 20 hours per week	
If you are offering Option 1 or 2 to eligible lay employees or ministers, check the box(es) and indicate the cost percentages and/or contribution amount for the option you choose.	
<input type="checkbox"/> Option 1: Covenant Package	Employer Dues 10% of effective salary or median, paid by employer. Cost-sharing permitted only for supplemental death benefits.
<input checked="" type="checkbox"/> Defined Benefit Pension Plan	8.5% of effective salary or median
<input checked="" type="checkbox"/> Death and Disability Plan	1% of effective salary or median
<input checked="" type="checkbox"/> Temporary Disability Plan	0.5% of effective salary or median
<input checked="" type="checkbox"/> Employee Assistance Plan (EAP)	No cost
<input checked="" type="checkbox"/> Supplemental death benefits	Employer will pay _____ % toward cost of member coverage. Employer will pay _____ % toward cost of spouse coverage. Employer will pay _____ % toward cost of children coverage.
<input type="checkbox"/> Option 2: Covenant Package + Optional Benefits	Employer Dues 10% 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	8.5% of effective salary or median
<input checked="" type="checkbox"/> Death and Disability Plan	1% of effective salary or median
<input checked="" type="checkbox"/> Temporary Disability Plan	0.5% of effective salary or median
<input checked="" type="checkbox"/> Employee Assistance Plan (EAP)	No cost
<input checked="" type="checkbox"/> Supplemental death benefits	Employer will pay _____ % toward cost of member coverage. Employer will pay _____ % toward cost of spouse coverage. Employer will pay _____ % 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 Plan	Employer will pay _____ % toward cost of coverage.
<input type="checkbox"/> Dental Plan	Employer will pay _____ % toward cost of coverage.
<input type="checkbox"/> Retirement Savings Plan	Employer will contribute \$ _____ or _____ % match.

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)



Benefits offered to LAY EMPLOYEES and/or MINISTERS working a minimum of 20 hours per week

If you are offering optional benefits to eligible lay employees or ministers (those not offered Option 1 or 2), check the box(es) and indicate the cost percentages and/or contribution amount for the option you choose.

<input type="checkbox"/> Option 3: Benefits Plan Options	Employer Dues
<input type="checkbox"/> Defined Benefit Pension Plan	8.5% of effective salary or median (paid by employer; no cost-sharing).
<input type="checkbox"/> Death and Disability Plan	1% of effective salary or median when offered with the Defined Benefit Pension Plan (paid by employer; no cost-sharing), or 2.5% of effective salary or median when offered without the Defined Benefit Pension Plan (paid by employer; no cost-sharing).
<input checked="" type="checkbox"/> Supplemental death benefits	Employer will pay _____ % toward cost of member coverage. Employer will pay _____ % toward cost of spouse coverage. Employer will pay _____ % toward cost of children coverage.
<input type="checkbox"/> Temporary Disability Plan	<input type="checkbox"/> Employer-paid or <input type="checkbox"/> Member-paid
<input type="checkbox"/> Vision Plan	Employer will pay _____ % toward cost of coverage.
<input type="checkbox"/> Dental Plan	Employer will pay _____ % toward cost of coverage.
<input type="checkbox"/> Retirement Savings Plan	Employer will contribute \$ _____ or _____ % match.

Benefits offered to LAY EMPLOYEES and/or MINISTERS working fewer than 20 hours per week

If you are offering optional benefits to eligible lay employees or ministers, check the box(es) and indicate the cost percentages and/or contribution amount for the option you choose.

Optional Benefits	Employer Dues
<input type="checkbox"/> Vision Plan	Employer will pay _____ % toward cost of coverage.
<input type="checkbox"/> Dental Plan	Employer will pay _____ % toward cost of coverage.
<input type="checkbox"/> Retirement Savings Plan	Employer will contribute \$ _____ or _____ % match.

Presbytery authorization

As the authorized representative for the presbytery, I confirm that the employer named above is a verified Korean Presbyterian Church Abroad (KPCA) congregation within this presbytery.

Presbytery name		
Authorized representative name (print)		
Official capacity	Daytime phone	
Signature (required)		Date (mm/dd/yyyy)

Presbytery Verification for KPCA Churches

If your organization is a church, the Board of Pensions may 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.

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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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