



Validated Ministry Registration Form

Use this form to report a validated ministry for ministers of the Word and Sacrament engaged in validated ministries outside of congregations within 60 days of effective date. The form cannot be processed if the presbytery verification is not received.

Minister information			
This is how your name will appear on all documents and identification cards.			
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. Name (first, middle, last)			
Birth date (mm/dd/yyyy)		Social Security number (last 4 digits)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Address (do not use PO Box)			
City		State	ZIP
Phone		Email	

Service information			
Effective date of ministry (mm/dd/yyyy)			
Employer name		Tax ID#	PIN (if applicable)
Address			
City		State	ZIP
Phone		Fax	Email
Synod		Presbytery	
Number of scheduled hours per week (excluding overtime)			
Position title		Ordination date / Date received into PC(USA)	

Enrollment information	
I will provide benefits to the minister through Pastor's Participation <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, contact the Board for more information.)	

Annual effective salary information	
Enter annual amounts or zero if not applicable. Effective salary is any compensation a minister receives during a plan year from an employer. Refer to the Specific Types of Payments chart in the Understanding Effective Salary booklet, available on pensions.org, for assistance in completing the below.	
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. \$

Submit this completed form to: The Board of Pensions of the Presbyterian Church (U.S.A.)		
Mail to: 2000 Market Street Philadelphia, PA 19103-3298	Fax to: 215-587-6215	Email to: memberservices@pensions.org



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

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Employer authorization (Minister must sign if self-employed) On behalf of the employer, I certify that all the information I have provided is true.	
Authorized person's name (<i>print</i>)	
Signature (<i>required</i>)	Date (<i>mm/dd/yyyy</i>)
Title	
Daytime phone	

Presbytery authorization By signing this form, the authorized representative for the presbytery confirms that the applicant is engaged in a validated ministry in accordance with the Book of Order.		
Presbytery name		
Authorized representative name (<i>please print</i>)		
Official capacity	Daytime phone	
Signature (<i>required</i>)	Date (<i>mm/dd/yyyy</i>)	

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