



Shared Ministry Registration Form

Use this form to start the enrollment process for a minister of the Word and Sacrament participating in shared ministry as identified by the presbytery.

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)	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married		
Address (Do not use PO Box.)		
City	State	ZIP
Phone	Email	

Demographic information (your response to this section is optional)		
By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions provides members of the Benefits Plan of the Presbyterian Church (U.S.A.). Visit pensions.org/privacy-policy to learn more about how we ensure your privacy.		
Ethnicity (check one) <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx <input type="checkbox"/> Prefer not to answer		
Race (check one) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer		
Gender identity (check one) <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Nonbinary <input type="checkbox"/> Self-described _____ <input type="checkbox"/> Prefer not to answer		

Submitting Congregation* - Service Information		
*The submitting congregation is the congregation that has agreed to enter salary and benefits information into Benefits Connect.		
Effective date of ministry (mm/dd/yyyy)		
Employer name	Tax ID#	PIN (if applicable)
Address		
City	State	ZIP
Phone	Fax	
Email		
Position title	Number of scheduled hours per week (excluding overtime)	
Ordination date/date received into PC(USA) (mm/dd/yyyy)		
Select the dues package offered by the submitting congregation (the submitting and cooperating congregations must offer the same option). <input type="checkbox"/> Congregational Pastors Package <input type="checkbox"/> Covenant Package <input type="checkbox"/> Transitional Pastor's Participation <input type="checkbox"/> Benefits Plan offerings		
Indicate submitting and cooperating congregations' percentage of dues being paid on effective salary: Submitting _____ % Cooperating _____ % (total between employers should equal 100%)		



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Cooperating Congregation - Service Information			
Employer name	Tax ID#	PIN (if applicable)	
Address			
City		State	ZIP
Phone	Fax		
Email			
Number of scheduled hours per week (excluding overtime)			

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

Call the Board of Pensions at 800-PRESPLAN (800-773-7752) (TTY: 711) to set up your benefits offerings. We will walk you through the process.

Covenant Acknowledgment	
Submit a signed covenant agreement and a description of ministry for the churches.	
Signature of submitting congregation (print)	
Title	Date (mm/dd/yyyy)
Signature of cooperating congregation (print)	
Title	Date (mm/dd/yyyy)

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).