

MINISTER Robert Edwards
 ADDRESS 5807 Tahoe Dr.
Durham, NC 27713
 CHARGE Duke Memorial

For Conference use only:
 Conference # _____
 Pension # _____
 Charge # _____

PLEASE NOTE: Use total amount of cash income for salary paid to the minister from all sources (local church, Equitable Compensation Fund, Duke Endowment, etc.) Do not include utility or travel funds. (Please indicate the Utilities and Travel Allowance in the space provided at the bottom of the form.)

If the charge does not provide a parsonage or housing allowance, Plan Compensation (Line 4) is the total cash income of the minister without further computation.

If the charge furnishes a parsonage, enter (on Line 2) 25% of the amount on Line 1.

If the charge provides a cash Housing Allowance, enter that amount on Line 3 rather than taking 25% of Line 1.

To be eligible to participate in the Comprehensive Protection Plan, a minister must be at least a Full-Time Local Pastor and receive at least the minimum salary established by the Annual Conference for a full-time pastor.

MINISTER'S CASH INCOME (Salary only. DO NOT include utilities or travel. . . \$ 24,686.00 (1)
 Put these amounts in the box at bottom of page.)

If parsonage is provided, add 25% of Line 1 \$ _____ (2)

OR If a housing allowance is provided, enter the actual amount of allowance. \$ 9600.00 (3)

PLAN COMPENSATION \$ 34,286.00 (4)

CHARGE PORTION:

ALL MINISTERS: MINISTERIAL PENSION PLAN (12% of Plan Compensation) \$ 4114.32 (5)
 (Send 1/12 per month, \$ 342.86, to Gen Bd of Pension & Health Benefits.)

ALL FULL-TIME MINISTERS: COMPREHENSIVE PROTECTION PLAN \$ 1165.72 (6)

- 3.4% of the Denominational Average Compensation (3.4% X \$34,832 = \$1,184.28 per year or \$98.69 per month.)
- 3.4% of your Plan Compensation (see Line 4) is equal to \$ 1165.72 per year or \$ 97.14 per month.
- Enter the lesser of the two yearly amounts above on Line 6.
- Send 1/12 of the amount on Line 6 to the Gen Board of Pension & Health Benefits each month.

MINISTER'S PORTION:

ALL FULL-TIME MINISTERS: COMPREHENSIVE PROTECTION PLAN \$ 342.86 (7)

- 1% of the Denominational Average Compensation (1% X \$34,832 = \$348.32 per year or \$29.02 per month.)
- 1% of your Plan Compensation (see Line 4) is equal to \$ 342.86 per year or \$ 28.57 per month.
- Enter the lesser of the two yearly amounts above on Line 7.
- Send 1/12 of the amount on Line 7 to the Gen Board of Pension & Health Benefits each month.

MINISTER'S PERSONAL CONTRIBUTION (3% of Plan Compensation, Line 4). \$ 1028.58 (8)

Applies to ministers under appointment and building pension credit.

Enter on Line 8. Send 1/12 of amount on Line 8, \$ 85.71, to

the General Board of Pension and Health Benefits each month.

Please furnish this information for Conference Office use only. This does not enter into the Pension Computation in any way.

UTILITIES ALLOWANCE \$ 2205.00 TRAVEL ALLOWANCE \$ 2520.00

Send all payments to: General Board of Pension and Health Benefits
 1201 Davis Street, Evanston, IL 60201

GIVE TWO (2) COPIES OF THIS WORK SHEET TO YOUR D. S. AT YOUR CHARGE CONFERENCE.

Signature _____ Date _____

