

PASTOR MARK W. WETHINGTON

ADDRESS 504 W. CHAPEL HILL STREET  
DURHAM, N. C. 27701

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

CHARGE DUKE MEMORIAL UNITED METHODIST CHURCH

**PLEASE NOTE:** Use total amount of cash income for salary paid to the pastor from all sources (local church, Equitable Compensation Fund, Duke Endowment, etc.). **Do not include utility or travel funds.** (Please indicate the Utilities and Travel Funds 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 pastor without further computation.

If the charge provides 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 pastor 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.

**PASTOR'S CASH INCOME** (Salary only. **DO NOT** include utilities or travel. . . \$ 38,925.12 (1)  
Put these amounts in the box at bottom of page.)

If a **parsonage** is provided, add 25% of Line 1. . . . . \$ \_\_\_\_\_ (2)

**OR** If a **housing allowance** is provided, enter the actual amount of allowance. \$ 17,000.00 (3)

**PLAN COMPENSATION** (Add Lines 1 through 3.) . . . \$ 55,925.12 (4)

**CHARGE PORTION:**

**ALL PASTORS: MINISTERIAL PENSION PLAN** (12% of Plan Compensation, Line 4) . \$ 6,711.00 (5)  
(Send 1/12 per month \$ 559.25 to Gen Bd of Pension & Health Benefits.)

**ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN** . . . . . \$ 1,260.86 (6)

1. 3.4% of the Denominational Average Compensation (3.4% X \$37,084 = \$1,260.86 per year or \$105.07 per month.)

2. 3.4% of **your** Plan Compensation (see Line 4) is equal to \$ \_\_\_\_\_ per year or \$ \_\_\_\_\_ per month.

3. Enter the **lesser** of the two **yearly amounts** above on Line 6.

4. Send 1/12 of the amount on Line 6 to the Gen Board of Pension & Health Benefits each month.

**NOTE:** Your bill from Evanston will show 4.4% for CPP. They combine the charge's 3.4% and pastor's 1% (lines 6 and 7).

**PASTOR'S PORTION:**

**ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN** . . . . . \$ 370.84 (7)

1. 1% of the Denominational Average Compensation (1% X \$37,084 = \$370.84 per year or \$30.90 per month.)

2. 1% of **your** Plan Compensation (see Line 4) is equal to \$ \_\_\_\_\_ per year or \$ \_\_\_\_\_ per month.

3. Enter the **lesser** of the two **yearly amounts** above on Line 7.

4. Send 1/12 of the amount on Line 7 to the Gen Board of Pension & Health Benefits each month.

**PASTOR'S PERSONAL CONTRIBUTION** (3% of Plan Compensation, Line 4) . . . . . \$ 1,677.72 (8)

Applies to pastors under appointment and building pension credit.

Enter on Line 8. Send 1/12 of amount on Line 8, \$ 139.82, 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 \$ <u>4,128.00</u>	TRAVEL FUNDS OR VOUCHER PLAN LIMITS \$ <u>2,531.00</u>

Send **ALL** payments (all in **one** check) to: General Board of Pension and Health Benefits  
(Do not sent payments until you have received a bill from Evanston.) 1201 Davis Street  
Evanston, IL 60201

**GIVE 2 COPIES OF THIS WORK SHEET TO YOUR D. S. AT YOUR CHARGE CONFERENCE.**

SIGNATURE Mark W. Wethington DATE 10/29/96



