

PASTOR Mark W. Wethington

ADDRESS 504 W. Chapel Hill Street, Durham, NC 27701

CHARGE Duke Memorial

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

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 Utilities and Travel Funds in the box provided at the bottom of this 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 \$ 40,871.38 (1)

Put these amounts in box at bottom of this 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) \$ 57,871.38 (4)

CHARGE PORTION:

ALL PASTORS: MINISTERIAL PENSION PLAN (12% of Plan Compensation, Line 4) \$ 6,944.57 (5)

(Send 1/12 per month \$ 578.71 to General Board of Pension & Health Benefits.)

ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN \$ 1,302.13 (6)

1. 3.4% of the Denominational Average Compensation (3.4% X \$38,298 = \$1,302.13 per year or \$108.51 per month.)

2. 3.4% of your Plan Compensation (see Line 4) is equal to \$ 1,967.63 per year or \$ 163.97 per month.

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

4. Send 1/12 of the amount on Line 6 to the General 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% with the pastor's 1% (lines 6 and 7.)

PASTOR'S PORTION:

ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN \$ 382.98 (7)

1. 1% of the Denominational Average Compensation (1% X \$38,298 = \$382.98 per year or \$31.92 per month.)

2. 1% of your Plan Compensation (See Line 4) equals \$ 578.71 per year or \$ 48.23 per month.

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

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

PASTOR'S PERSONAL CONTRIBUTION (3% of Plan Compensation, Line 4) \$ 1,736.14 (8)

Applies to pastors under appointment and building pension credit. Enter on Line 8. Send 1/12 of amount on Line 8, \$ 144.68, to the General Board of Pension & Health Benefits each month.

Please furnish this information for Conference use only. This does not enter into the Pension Computation in any way.	
UTILITIES ALLOWANCE \$ <u>4,127.76</u>	TRAVEL FUNDS OR VOUCHER PLAN UNITS \$ <u>2,531.00</u>

Send ALL payments (all in one check) to:
(Do not send payments until you have received a bill from Evanston.)

General Board of Pension and Health Benefits
1201 Davis Street
Evanston, IL 60201

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

SIGNATURE Mark W. Wethington DATE 11/6/97

