

PASTOR Ruth Harper Stevens
 ADDRESS 504 West Chapel Hill Street, Durham, NC 27701
 CHARGE Duke Memorial United Methodist Church

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 \$ 53,352 (1)
 Put these amounts in box at the end of this form.)
 If a Parsonage is provided, add 25% of Line 1 \$ 13,338 (2)
 OR If a Housing Allowance is provided, enter the actual amount of allowance \$ _____ (3)
 PLAN COMPENSATION (Add Lines 1 through 3) \$ 66,690 (4)

CHARGE PORTION:

ALL PASTORS: MINISTERIAL PENSION PLAN (12% of Plan Compensation, Line 4) \$ 8,002.80 (5)
 (Send 1/12 per month \$ 666.90 to General Board of Pension & Health Benefits.)

ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN \$ 1,337.46 (6)

- 3.4 % of the Denominational Average Compensation (3.4% X \$39,337 = \$1,337.46 per year or \$111.46 per month.)
- 3.4 % of your Plan Compensation (see Line 4) is equal to \$ 2,267.46 per year or \$ 188.95 per month.

NOTE: Your bill from Evanston will show 4.4% for CPP. They combine the charge's 3.4% with the

- Enter on Line 6 the lesser of the two yearly amounts above.
- Send 1/12 of the amount on Line 6 to the General Board of Pension & Health Benefits each month pastor's 1% (lines 6 and 7).

PASTOR'S PORTION:

ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN \$ 393.37 (7)

- 1% of the Denominational Average Compensation (1% X \$39,337 = \$393.37 per year or \$32.78 per month.)
- 1% of your Plan Compensation (See Line 4) equals \$ 666.90 per year or \$ 55.57 per month.
- Enter on Line 7 the lesser of the two yearly amounts above.
- Send 1/12 of the amount on Line 7 to the General Board of Pension & Health Benefits each month.

PASTOR'S INVESTMENT PLAN \$ 2,000.70 (8)

(Although the Conference Board of Pensions recommends a minimum contribution of 3% of Plan Compensation, an individual may choose another percentage. There are maximum limits. For help in calculating those limits, contact the General Board of Pension and Health Benefits at 1-800-851-2201.)

Pre-tax Contribution: 3 % of Plan Compensation (line 4) = \$ 2,000.70

After tax contribution: _____ % of Plan Compensation (line 4) = \$ _____

Applies to pastors/deacons under appointment and building pension credit. Add the pre-tax contribution and the after tax contribution and enter the total on line 8.

Send 1/12 of the amount on line 8, \$ 166.72, to General Board of Pension and Health Benefits each month.

(If participant wants to enroll in one or both parts of the Personal Investment Plan (pre-tax and/or after tax), he or she needs to have an agreement form with the church and send a billing request form to the General Board of Pension and Health Benefits, 1201 Davis Street, Evanston, Illinois 60201.)

1999 PENSION WORK SHEET Continues

SEND ALL PAYMENTS IN ONE CHECK FROM THE CHARGE TO THE GENERAL BOARD OF PENSION AND HEALTH BENEFITS. DO NOT SEND ANY MONEY UNTIL YOU HAVE RECEIVED A BILL FROM THE GENERAL BOARD.

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

SIGNATURE _____

DATE _____

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

UTILITIES ALLOWANCE \$4,117

TRAVEL FUNDS OR VOUCHER PLAN LIMITS \$2,531