

PASTOR Robert J. Irvine  
 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 ..... \$ 36,840 (1)  
 Put these amounts in box at the end of this form.)  
 If a **Parsonage** is provided, add 25% of Line 1 ..... \$ \_\_\_\_\_ (2)  
**OR** If a **Housing Allowance** is provided, enter the actual amount of allowance ..... \$ \_\_\_\_\_ (3)  
**PLAN COMPENSATION** (Add Lines 1 through 3) ..... \$ 36,840 (4)

**CHARGE PORTION:**

**ALL PASTORS: MINISTERIAL PENSION PLAN** (12% of Plan Compensation, Line 4) ..... \$ 4,420.80 (5)  
 (Send 1/12 per month \$ 368.40 to General Board of Pension & Health Benefits.)

**ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN** ..... \$ \_\_\_\_\_ (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 \$ 1,252.56 per year or \$ \_\_\_\_\_ per month.
- 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).

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

**PASTOR'S PORTION:**

**ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN** ..... \$ \_\_\_\_\_ (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 \$ \_\_\_\_\_ per year or \$ \_\_\_\_\_ 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** ..... \$ 1,105.20 (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) = \$ 1,105.20

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, \$ 92.10, 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 \$ \_\_\_\_\_**

**TRAVEL FUNDS OR VOUCHER PLAN LIMITS \$ \_\_\_\_\_**