NCCUMC On-line Data Collection System

Brown Bag | Ministerial Relations | Table 1 | Table 2 | Related Forms | Downloads

District: 2

2 Church: 81 - Duke Memorial Pastor: 251 - Ruth Harper Stevens

Form Complete **F** North Carolina Conference

2001 Pension Worksheet Calculated fields may be updated by clicking the Save button.

Directions for this form appear at the bottom of the form.

PASTOR'S <u>CASH</u> INCOME (Salary only. DO NOT include utilities or VOUCHERED travel. Put these amounts in box at the end of this form.)	57,981.00	(1)
If a Parsonage is provided, add 25% (14,495.25) of Line 1.	14,495.25	(2)
<u>OR</u> If a Housing Allowance is provided, enter the actual amount of allowance.	0.00	(3)
Non-Vouchered Travel (flat travel allowance)	0.00	(4)
PLAN COMPENSATION (Add Lines 1 through 4).	72,476.25	(5)
CHARGE PORTION		
ALL PASTORS: MINISTERIAL PENSION PLAN (12% of Plan Compensation, Line 5). (Send 1/12 per month \$_724.76_ to General Board of Pension & Health Benefits.)	8,697.15	(6)
ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN	1,435.92	(7)
1. 3.4% of the Denominational Average Compensation (3.4% X \$42,233 =		

https://forms.nccumc.org/mMinisterialForm.asp?showForm=Pension

\$1,435.92 per year or \$119.66 per month.)

- 2. 3.4% of your Plan Compensation (see Line 5) is equal to \$2,464.19 per year or \$205.35 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.

NOTE: Your bill from Evanston will show 4.4% for CPP. They combine the charge's 3.4% with the pastor's 1% (Lines 7 and 8).

PASTOR'S PORTION

	FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN	422.33	(8)
1.	1% of the Denominational Average Compensation (1% X \$42,233 = \$422.33 per year or \$35.19 per month.)		
2.	1% of <u>your Plan Compensation</u> (sell Line 4) is equal to $\frac{724.76}{24.76}$ per year or $\frac{60.40}{24.76}$ per month.		
3.	Enter on Line 8 the lesser of the two yearly amounts above.		
4.	Send 1/12 of the amount on Line 8 to the General Board of Pension & Health Benefits each month.		
PER	SONAL INVESTMENT PLAN	0.00	(9)
	Please Note: This on-line form draws data from the <i>Contributions</i> to Personal Investment Plan on-line form, which should be completed first. (Although the Conference Board of Pensions recommends a minimum contribution of 3% of Plan Compensation, an individual may chose 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.)		
	Percent or dollar amount should be entered, but not both. Pre-Tax Contribution: % of Plan Compensation (line 5), = \$		
	Pre-Tax Contribution: = \$		
	After-Tax Contribution: % of Plan Compensation (line 5) =		S. A.
	After-Tax Contribution: = \$		
	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 9. Send 1/12 on the amount on line 9, \$0.00, to General Board of		

(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.)

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

UTILITIES ALLOWANCE	+,11/.
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2,531.

TRAVEL FUNDS OR VOUCHER PLAN LIMITS

SEND <u>ALL</u> 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 WORKSHEET TO YOUR D.S. AT CHARGE CONFERENCE.

- 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 funds.** (Please indicate Utilities in the box provided at the bottom of this form.) Also report vouchered travel at the bottom of the form. Non-vouchered travel must be included on line 4.
- If the charge does not provide a parsonage or housing allowance, Plan Compensation (Line 5) 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.

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