



# NCCUMC On-line Data Collection System

District: 2 Church: 81 - DUR - Duke Memorial  
Pastor: 1376 - Robert James Irvine

## North Carolina Conference 2003 Pension Worksheet

### PASTOR'S CASH INCOME

Annual Salary	\$42,156.00 (1)
Cash Allowances (non-vouchered allowances such as travel)	\$0.00 (2)
Utilities Allowance	\$0.00 (3)
Cash Housing Allowance or Exclusion paid to pastor	\$0.00 (4)
Subtotal (add lines 1 through 4)	\$42,156.00 (5)
Parsonage provided <input type="checkbox"/> - this adds 25% of line 5	\$0.00 (6)
<b>PLAN COMPENSATION (Add lines 5 and 6)</b>	<b>\$42,156.00 (7)</b>

### CHARGE PORTION

**ALL PASTORS: MINISTERIAL PENSION PLAN** (12% of Plan Compensation, Line 7). (Send 1/12 per month \$ 421.56 to General Board of Pension & Health Benefits.) \$5,058.72 (8)

**ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN** \$1,433.30 (9)

1. 3.4% of 200% of the Denominational Average Compensation  
(3.4% X 200% x \$45,717 = \$3,108.75 per year or \$259.06 per month.)
2. 3.4% of **your Plan Compensation** (see Line 7) is equal to \$ 1,433.30 per year or \$ 119.44 per month.
3. Line 9 is the lesser of the two yearly amounts above.
4. Send 1/12 of the amount on Line 9 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 9 and 10).**

### PASTOR'S PORTION

**ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN** \$421.56 (10)

1. 1% of 200% of the Denominational Average Compensation  
(1% X 200% x \$45,717 = \$914.34 per year or \$76.20 per month.)
2. 1% of **your Plan Compensation** (see Line 7) is equal to \$ 421.56 per year or \$ 35.13 per month.
3. Line 10 is the lesser of the two yearly amounts above.
4. Send 1/12 of the amount on Line 10 to the General Board of Pension & Health Benefits each month.



PERSONAL INVESTMENT PLAN

~~\$0.00~~ (11)  
\$ 1264.68

**Please Note: This on-line form draws data from the *Contributions 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: 0% of Plan Compensation (line 7) = \$0 or specified dollar amount of \$0.00

After-Tax Contribution: 0% of Plan Compensation (line 7) = \$0 or specified dollar amount of \$0.00

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 11.

Send 1/12 on the amount on line 11, ~~\$0.00~~, to General Board of Pension and Health Benefits each month. \$ 105.39

*(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.)*

**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.**

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

TRAVEL FUNDS OR VOUCHER PLAN LIMITS 0.00