



## NCCUMC On-line Data Collection System

District: 2      Church: 81 - DUR - Duke Memorial

Pastor: 2307 - Ginger A. Thomas

### North Carolina Conference

### 2010 Pension Worksheet

     **Waiver of Participation:** Please check here if this is a less than full-time appointment and you have submitted a waiver of participation form or would like additional information on waiving participation in the clergy pension plans.

This appointment is:	1/2-time
<b>PASTOR'S CASH INCOME</b>	
Annual Salary	\$28,010.00 (1)
Cash Allowances (non-vouchered allowances such as travel)	\$0.00 (2)
Utilities Allowance (non-vouchered allowances paid to pastor)	\$0.00 (3)
Cash Housing Allowance paid to pastor	\$0.00 (4)
Subtotal (add lines 1 through 4)	\$28,010.00 (5)
Check if parsonage provided <u>  X  </u> - this adds 25% of line 5	\$7,002.50 (6)
<b>PLAN COMPENSATION (Add lines 5 and 6)</b>	<b>\$35,012.50 (7)</b>

#### **CHARGE PORTION (These items are considered expenses of the church(es)):**

<b>ALL PASTORS: CLERGY RETIREMENT SECURITY PROGRAM</b>	\$1,050.38 (8)
<b>Defined Contribution</b> (3% of Plan Compensation, Line 7). (Send 1/12 per month \$ <u>87.53</u> to the NC Conference Treasurer's Office each month.)	
<b>Defined Benefit</b> (10.4% of Plan Compensation, Line 7). (Send 1/12 per month \$ <u>303.44</u> to the NC Conference Treasurer's Office each month.)	\$3,641.30 (9)
 <b>ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN</b>	 \$0.00 (10)
<ol style="list-style-type: none"> <li>1. 2% of 200% of the Denominational Average Compensation (2% X 200% x \$60,341 = \$2,413.64 per year or \$201.14 per month.)</li> <li>2. 2% of <u>your</u> Plan Compensation (see Line 7) is equal to \$ <u>700.25</u> per year or \$ <u>58.35</u> per month.</li> <li>3. Line 10 is the lesser of the two yearly amounts above.</li> <li>4. Send 1/12 of the amount on Line 10 to the NC Conference Treasurer's Office each month.</li> </ol>	

**PASTOR'S PORTION (These items are withheld from the pastor's monthly salary):****ALL FULL-TIME PASTORS: COMPREHENSIVE PROTECTION PLAN** \$0.00 (11)

1. 1% of 200% of the Denominational Average Compensation  
(1% X 200% x \$60,341 = \$1,206.82 per year or \$100.57 per month.)
2. 1% of **your Plan Compensation** (see Line 7) is equal to \$ 350.13 per year or \$ 29.18 per month.
3. Line 11 is the lesser of the two yearly amounts above.
4. Send 1/12 of the amount on Line 11 to the NC Conference Treasurer's Office each month.

**OPTIONAL: UNITED METHODIST PERSONAL INVESTMENT PLAN (UMPIP)** \$1,620.00 (12)

**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 \$1,620.00

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 12.

Send 1/12 on the amount on line 12, \$135.00, 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.)*

**OPTIONAL: MINISTERS' TRANSITION FUND (MTF)** 0 (13)

1. \_\_\_ Check if you are currently a member of the MTF and have already enrolled to have your contribution withheld from your salary on an after-tax basis and remitted to the NCCUMC on a monthly basis along with your other pension amounts.
2. MTF Contribution is calculated as 1% X (your annual salary (line 1) + your utilities (vouchered or non-vouchered))
3. If you are not a current member of the MTF but would like information about enrolling, please contact JoAnna Cafferty at 1-800-849-4433.

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

**VOUCHERED TRAVEL OR VOUCHER PLAN LIMITS** 2,000.00  
*(Accountable Reimbursement Plan Travel Only)*

**VOUCHERED UTILITIES OR UTILITY PLAN LIMITS** 2,260.00  
*(Utilities paid to utility companies or as a reimbursement plan only)*

**SEND ALL PAYMENTS FOR CRSP, CPP AND MTF IN ONE CHECK FROM THE CHARGE TO THE NC CONFERENCE TREASURER'S OFFICE. PIP PAYMENTS SHOULD BE SENT TO THE GENERAL BOARD OF PENSION AND HEALTH BENEFITS. DO NOT SEND ANY MONEY UNTIL YOU HAVE RECEIVED A BILL FROM THE NC CONFERENCE AND/OR GENERAL BOARD.**