

# Appointment/Status and/or Plan Compensation Change Report

(For use at the session and for any ad interim situation.)

TO: BOARD OF PENSION AND HEALTH BENEFITS

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ District

RE: \_\_\_\_\_  
(Ministers full name) (Participant Number) (Social Security Number)

Status at Appointment: \_\_\_\_\_

This Memorandum is being used to report: **Effective Date:** \_\_\_\_\_  
\_\_\_ Appointment change \_\_\_ Status Change \_\_\_ Plan Compensation Change

## Appointment Change:

Former Appointment: \_\_\_\_\_ Former District: \_\_\_\_\_

New Appointment: \_\_\_\_\_ GCFA Charge #: \_\_\_\_\_

## Plan Compensation Change:

- Defined Compensation from latest Ministerial Support Form
  - Cash Salary (a)\$ \_\_\_\_\_
  - Personal Investment Plan (b)\$ \_\_\_\_\_
  - HealthFlex/Medical Reimbursement Account / *Dependent Day Care Account* (c)\$ \_\_\_\_\_
  - Parsonage Exclusions (d)\$ \_\_\_\_\_Amount of Equitable Compensation supplement (annualized) \$ \_\_\_\_\_  
Plus any salary paid for Social Security taxes (annualized) \$ \_\_\_\_\_  
Total equals: \$ \_\_\_\_\_

*(Plan Compensation does not include: Business Reimbursement Accounts Utility Allowance, Travel Allowance, Educational Allowance, Ministerial Fees, Gifts, or other Allowances.)*

- Is the minister provided a parsonage? (Yes or No) \_\_\_\_\_  
Does the minister live in the parsonage provided: (Yes or No) \_\_\_\_\_
- Housing Allowance (in lieu of parsonage) (Dollar Amount) \$ \_\_\_\_\_

**Effective date** of the appointment and/or Plan Compensation Change is: \_\_\_\_\_

## Change in Status:

**From:** \_\_\_\_\_ **to** \_\_\_\_\_ **at Annual Conference Session**

Change from Part Time to Full Time Date Effective \_\_\_\_\_

Change from Full Time to Less Than Full Time Date Effective \_\_\_\_\_

Change from Full Time to (circle one) 3/4 Time; 1/2 Time; 1/4 Time (Question 77)

**Local Pastor:** Date listed in Question 19? \_\_\_\_\_;

Will be listed under Question:(Circle One) 21a (full time); 21b (part time); 21d (student local pastors).

(If Student Local Pastor: Number of Semester Hours: \_\_\_\_\_)

**Legal Residence (Home) Address**

**Charge Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phones: Residence: \_\_\_\_\_ Office: \_\_\_\_\_  
FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_