



E.C. Church Benefits Corporation
100 W. Park Ave., Myerstown, PA 17067
(717)866-7581

Financial Disclosure Form – Disability Fund

PLEASE PRINT LEGIBLY.

Name: _____ Date of Birth: _____

Address: _____

YEAR: _____

1. Cash Salary (Line I-A from current year's Pastor's Compensation Form) _____

2. Rental Value of parsonage plus utilities or Housing Allowance _____
(Enter figures as recorded on the current year's Pastor's Compensation Form)

3. Retirement income from a previous employer _____

4. Worker's Compensation _____

5. Social Security, State disability, no fault insurance,
Income Benefits from another employer _____

6. Any Other Sources of income: (See By-Laws Article IX, Section B.5.b.) _____

. "Other income" as used in this paragraph is defined as income actually or potentially derived from assets held by the Participant including pension funds.(examples: dividends, interest, inheritance) Such income shall be calculated annually for the current year based upon the fair market value of the assets held by the Participant or his spouse multiplied by the third quarter rate of interest paid by the Guaranteed Income Fund of the 403B management company. The term "assets" shall include both cash assets and non-cash assets excluding the primary residence of the Participant and the furniture and fixtures therein.

7. TOTAL INCOME _____

Have you opted out of Social Security by signing IRS FORM 4361? Yes NO

I am signing this form as a condition for consideration of benefits from the Evangelical Congregational Church Benefits Corporation.

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF THE CURRENT YEAR'S STATEMENT OF PASTOR'S SALARY FORM.

Please return the completed form and the Statement of Pastor's Salary Form to address at the top.

