

2012 Statement of Church's Compensation Package

[This statement reflects the actual costs to the local church for pastoral services, **not** the actual amount paid to the pastor]. PLEASE DO NOT USE CENTS.

Pastor: _____ Church _____

Clergy Classification: _____
(See the Ministerial Classification pages in Section 1 of the National Conference Journal)

(Circle One) Full-time or Part-time [If part-time, enter the number of hours employed per week : _____]

- A. Cash Salary (see Compensation Worksheet Section I.a., I.b, I.c. or I.d for Calculation) \$ _____
(Refer to 2011 Compensation Report for Minimum Salaries)
- B. Housing Allowance (See Compensation Worksheet for calculation) \$ _____
- C. One-half Social Security (See Compensation Worksheet Section III for Calculation) \$ _____
- D. Paid to the Benefits Corporation by the Church
- 1. Health Insurance Premium \$ _____
 - 2. Disability Insurance (due Jan. 16) \$ 100
 - 3. Benefits Service Fee (due Apr. 16) \$ 100
 - 4. Contribution to the 403b retirement plan
(Full-time \$2,040/yr; part-time \$1,020/yr) \$ _____
- E. Health Care Flexible Spending Account (FSA)-(church contribution only) \$ _____
(See NC Rule 1002.7 \$500.00 – for Capital Blue Cross plan participants only)
- F. Continuing Education Assistance Reimbursement (Minimum \$750.00) \$ _____
- G. Accountable Reimbursements
- 1) Travel (at IRS established rate) \$ _____
 - 2) Professional Expenses \$ _____
- H. Housing Equity Account Contribution (optional) \$ _____
- I. Other Fringe Benefits: (Specify purpose and amount)
- _____ \$ _____
- _____ \$ _____
- TOTAL COMPENSATION PACKAGE \$ _____

**Attach this Statement of the Church's Compensation Package to Compensation Worksheet pages.
The signatures below represent approval of this 2012 salary package by the Local Conference.**

Pastor: _____ Date _____

Name and Position/Title: _____ Revised Aug., 2011