



**CHURCH/ORGANIZATION REPORT OF MINISTERIAL CHANGE**  
 (Mail to Pension Fund (Disciples of Christ) 130 E. Washington Street  
 Indianapolis IN 46204-3659)



Name of New Minister (or Associate, D.R.E., Custodian, Secretary or \_\_\_\_\_)  
 (Circle which)

Address \_\_\_\_\_  
 \_\_\_\_\_ zip \_\_\_\_\_  
 Location:  
 Church \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Date Ministry Begins \_\_\_\_\_

Name of Former Minister or (\_\_\_\_\_):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date Salary Terminated: \_\_\_\_\_  
 Church or Organization He/She Serves Now:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_

Monthly Compensation:  
 Cash Salary per month ..... \$ \_\_\_\_\_  
 Parsonage Allowances ..... \$ \_\_\_\_\_  
 Pension Plan dues must be paid on the cash salary plus parsonage. If parsonage is provided, add fair rental value (at least 25% of cash salary) plus all utility and housing allowances. Otherwise, add full amount of any and all parsonage, housing, utility allowances.  
 Other Expense Allowances ..... \$ \_\_\_\_\_  
 Other allowances such as auto, assembly, book, etc., may be included and will increase Plan benefits accordingly.  
 Total Monthly Compensation on ..... \$ \_\_\_\_\_  
 which Pension Plan dues will be paid.

Please check how dues will be paid:  
 Church/Organization pays full 14% dues.  
 Church/Organization remits 14% dues, with 3% member dues reduced before taxes from salary.  
 Church/Organization remits 14% dues, with 3% member dues withheld after taxes from salary  
 Church/Organization pays 11% dues and member remits 3% dues personally.  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Member of Churchwide Health Care Program:  
 Yes  No COVERAGE:  Single  Family  
 Full Premium will be paid by the church:  
 Yes  No

If no, please indicate the amount of premium to be paid by the church \$ \_\_\_\_\_.  
 by member \$ \_\_\_\_\_.

Treasurer or Remitting Officer:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ zip \_\_\_\_\_

Board Chair/Moderator  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ zip \_\_\_\_\_

*(REMITTANCES may be returned with this form  
 SEE REVERSE SIDE FOR OTHER INFORMATION.)*

## GENERAL INFORMATION For Remitting Officers and Pension Plan Members

1. The church is encouraged to pay full 14% pension dues, but must pay at least 11% on the average monthly compensation leaving 3% for the member.
2. To compute the monthly compensation, find the total annual salary. This may be done by taking the weekly salary multiplying by 52. The annual salary is divided by 12 and to it must be added any and all parsonage allowances (and/or the fair rental value - at least 25% of salary - if a church-owned parsonage is provided.) *This is the minimum Pension Plan monthly compensation.* Auto, books, travel, convention or assembly or other allowances *may* also be added and will increase the benefits accordingly.

*EXAMPLE "A": Salary \$600.00 a week and parsonage:*

$\$600 \times 52 = \$31,200 \div 12 = \$2,600.00$  plus (25% of \$2,600.00) = \$3,250 monthly  
14% full dues = \$455.00, or 11% church dues = \$357.50 & 3% member dues = \$97.50

*EXAMPLE "B": Salary \$30,000 annually, \$12,000 annual parsonage allowance, \$3,000 annual expense allowance.*

Total base:  $\$30,000 + \$12,000 + 3,000 = \$45,000 \div 12 = \$3,750.00$  monthly  
14% full dues = \$525.00 or 11% church dues = \$412.50 & 3% member dues = \$112.50

3. Where possible, all Pension Plan dues, Additional Benefits and Tax-deferred Payments should be remitted through the church treasurer or remitting officer to the Pension Fund in one monthly mailing, even if separate checks are used.
4. Health Care premiums should be remitted through the church treasurer or remitting officer to the Christian Church Health Care Benefit Trust, P. O. Box 660030, Indianapolis, Indiana 46266-0030.
5. Treasurers are notified of any delinquencies.
6. Detailed information on benefits of the Pension Plan and its auxiliary programs are available from:

Pension Fund of the Christian Church  
(Disciples of Christ)  
130 East Washington Street  
Indianapolis, Indiana 46204-3659  
Ph. 317.634.4504 FAX 317.634.4071