COM Validated Ministry Form E-2

Non-Parish Minister of the Word and Sacrament Compensation

Your Full Name

In addition to completing Form E-1 Non-Parish Minister of the Word and Sacrament request for validation or Form E-3 Renewal of Validated Position Questionnaire, please fill in all the blanks below that apply to your situation.

Compens	ation:	
Line 1:	\$	Cash Salary (regular payroll, salary supplements)
Line 2:	\$	Housing/Utility Allowance (rent, utilities, mortgages, property taxes, furnishings, etc.)
Line 3:	\$	Supplemental Insurance Premiums (optional dental or life insurance, etc.)
		Specify type:
Line 4:	\$	Other Income (Bonus, loans, unvouchered allowances (Such as an auto allowance)
		Specify type:
Line 5:	\$	Fair Rental Value of Manse (must be at least 30% of Lines 1 - 4 + 7 + 8)
Line 6:	\$	Total Compensation Subject to SECA (lines 1-5) enter SECA at 7.65% on line11.
Compens	ation not Subject	to SECA:
		Deferred Income (Board of Pensions 403b) Employer match is reported on line 15.
Line 8:	\$	IRS Section 125 Plan Contributions (Dependent Care FSA, Health Care FSA)
		EXCESS Social Security Offset (above 7.65% of Lines 6) See Line 11first.
		Total Effective Salary (Lines 6-9)
Reimburs	sements:	
		Social Security Offset (at or below 7.65% of Lines 6)
		Business Travel/Automobile Auto miles vouchered at the current IRS mileage rate.
	\$	Continuing Education and Professional Expenses (study leave expenses, books,
		professional journals business meals, cell phones, etc.)2020 Minimum for full-time is \$1,000
Benefits:		
	\$	Board of Pension Dues (37% of Line 10 effective 1/1/2020) regardless of the number of
		hours worked. However, if the amount on Line 10 is less than \$44,000 you need to
		contact the Board of Pensions or Grace Presbytery for the correct calculation.
OR		
Line 14b:	\$	_Menu Plan Benefits from page 2
		-
OR		
Line 14c:	\$	_Other employer benefit plan includinghealth benefitslife insurancedisability
		benefitspension benefits403 B benefitsother, list
Line 15:	\$	Employer 403(b) Match—Employee must contribute, otherwise report
		contributions on Line 3 above.
Line 16:	\$	_Internal Revenue Code Section 105 Health Reimbursement Account Contributions
Line 17:		weeks per year
Line 18:	Vacation Leave:	weeks per year
Line 19:	Sabbatical Leave:	weeks after years (as applicable)
Line 20: \$		Total Compensation Package (Lines 10 through 17)
Line 21: \$		Total Cost to the Church (Line219 minus Line 5)
Line 22: \$		Total Compensation paid directly to the minister or educator (Lines $1+2+4+9+11$)

*NOTES:

- All terms of compensation must be listed above. All other financial agreements (loans, sabbaticals, family leave, etc.) must be attached to this form and approved by the Committee on Ministry.
- Current form approved by COM on 11/19/19.

Menu Plan Benefits Elected by Validated Ministry and Available to Other Ministers of the Word and Sacrament and employees. Please work directly with the Board of Pensions and the minister/educator/CRE to determine proper coverage and cost:

1.	Medical coverage
	aEPO-Total Cost Employer Participation (not less than 50% of individual cost)
	bPPO_Total Cost Employer Participation (not less than 50% of individual cost
2.	Retirement Plan
	aStandard Defined Benefit Pension Plan, Employer Funded
	bRetirement Savings Plan (403b)—Employee Funded \$
	c. Employer Match \$
	d. Employer may make a voluntary contribution
3.	Death and Disability (Employer Funded)
	aIf participating in Defined Benefit Pension Plan, the cost is 1% of effective salary \$
	bIf this is a standalone benefit, the cost is 3.5% of effective salary \$
4.	Supplemental Participatory Plans (Employee or Employer funded):
	a. Dental \$
	b. Death \$
	cDisability\$