

WORKSHEET

DEFINITION OF COMPENSATION, BENEFITS, and OTHER PROVISIONS FOR THE PASTOR

Church (or agency/institution/organization) name _____

Pastor's name _____ For the period _____ to _____
(date) (date)

A. COMPENSATION and Benefits	Current	Guideline goal	Agreed amt.
1. Base salary (including cash housing allowance, if any)	\$ _____	\$ _____	\$ _____
2. Self-employment Social Security payment allowance (recommended 0.765% of base salary)	\$ _____	\$ _____	\$ _____
3. If parsonage is provided and used:			
a. Utilities allowance	\$ _____		\$ _____
b. Furnishings allowance	\$ _____		\$ _____
c. Housing equity allowance	\$ _____		\$ _____

B. PENSION AND OTHER BENEFITS

The congregation will sponsor the pastor in the Pension and Other Benefits Program of the E.L.C.A., which provides retirement, disability, survivor, and medical-dental coverage. (Sponsorship will include medical-dental coverage for the pastor's spouse and children unless they have other employer-provided group medical insurance coverage and the pastor consents to waiving medical-dental coverage for them under the ELCA Pension and Other Benefits Program.)

1. ELCA Pension and Other Benefits Program: [Pension is to be 10-12%; other coverage percentages are set in August for the following year.]

- a. ELCA pension at _____% of defined compensation: \$ _____
(Defined compensation equals salary, cash housing allowance, and Social Security allowance when NO parsonage is provided and used. When a parsonage is used, defined compensation is the sum of 130% of salary plus Social Security allowance.)
- b. ELCA medical and dental insurance (check one below): _____% of defined compensation \$ _____
 ___a. Member only ___b. Member and spouse ___c. Member and children
 ___d. Member, spouse, and children ___e. coverage waived
- c. ELCA disability, survivor, and other coverage: _____% of defined compensation \$ _____

2. Other insurance or benefits: _____ \$ _____

