



**CHURCH
PENSION FUND**

19 East 34th Street
New York, NY 10016
www.cpg.org

Report of Change in a Cleric's Compensation

Complete this form if a cleric's compensation changes. Accurate information is essential in calculating assessments and subsequent retirement benefits for clergy and their beneficiaries, so inform us of any changes as soon as possible. **Corrections to compensation and/or employment records will only be accepted for two years immediately preceding the current calendar year unless interest is paid on any assessment that becomes payable as a result of a correction.**

How to complete this form:

Please provide or correct the following information for all changes in compensation. Even if the compensation in a category has not changed, include that amount anyway. For example, if the cash salary increases but the utility allowance remains the same, be sure to include the utility allowance anyway. As you complete the form, the following definitions may be helpful:

- **Source:** The church (or church-related unit) that pays any or all of the cleric's compensation. Include full name, mailing address, and contact information.
- **Effective Date:** The effective date of the change, which is the date the new compensation began or will begin.
- **Cash Stipend:** Wages and/or stipends received on a regular basis; usually weekly, bi-weekly, or monthly.
- **ER Paid 403(b) Contributions:** Annual employer contributions made to a qualified retirement plan (e.g., 403(b), 401(a), IRA, etc.).
- **Social Security Tax Reimbursements:** Amounts provided by the employer to offset self-employment taxes imposed by the Internal Revenue Code.
- **Other Taxable Income:** Other income taxable under the Internal Revenue Code, as determined by the Plan Administrator.
- **ER Paid Tuition for Dependents:** Amount paid by the employer for clergy dependents' tuition.
- **Utilities:** Amounts paid by the employer to cover the cost of utility bills, including but not limited to fuel, gas and electricity, or amounts paid on the cleric's behalf.
- Indicate whether or not housing and/or meals are provided. This is important for us to know in calculating the total compensation on which assessments are based (called **Total Assessable Compensation**).
 - **If housing is provided rent-free**, the housing allowance added to Total Assessable Compensation will be assumed to be 30% of the total of the Cash Stipend, Social Security Tax Reimbursements, ER Paid Tuition for Dependents, and Utilities.
 - **If both housing and meals are provided free-of-charge**, the housing allowance added to Total Assessable Compensation will be assumed to be 40% of the Cash Stipend, Social Security Tax Reimbursements, ER Paid Tuition for Dependents, and Utilities.
 - **If the cleric receives a Housing Equity Allowance**, the actual amount received will be added to Total Assessable Compensation. Housing equity may consist of (a) employer contributions made to a qualified plan, (b) employer contributions (funded or not funded) to a non-qualified deferred compensation plan or (c) a sum stated in a "promise to pay" agreement. Make sure you do not report the same amount in the field for ER Paid 403(b) Contributions as you report in this field; otherwise, it will be double-counted.
 - **If the cleric receives a Cash Housing Allowance**, the actual amount received may or may not be added to Total Assessable Compensation. It will be added if the cleric receives only a cash housing allowance. If the cleric receives both a cash housing allowance and free housing, the total housing allowance will be assumed to be the greater of (a) 30% housing or (b) the actual cash housing allowance received.
 - **If the cleric receives compensation from more than one church or church-related unit, but only one provides housing**, both/all are assessed for a proportionate share of the cleric's housing.
- **One-Time Payments**, including Bonus, Overtime, Severance and Special Service Fees.

Do not include insurance premiums, reimbursement of auto expenses, travel expenses, or continuing education expenses in the compensation if they are not taxable income. **Show all amounts on an annual basis.**



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Source

Organization Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

	\$	\$	\$	\$
Effective Date	Cash Stipend	Social Security Tax Reimbursements	ER Paid Tuition for Dependents	ER Paid 403(b) Contribution
	\$	\$	\$	\$
	Other Taxable Income	Utilities	Housing Equity Allowance	Cash Housing Allowance
	Housing provided?	Yes No	Meals provided?	Yes No

One-Time Payments

	\$	\$	\$	\$
Effective Date	Bonus	Overtime	Severance	Special Service Fees

Please sign, date and return this form to **The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Pension Services**. We strongly recommend that the cleric also review and sign this form. If you have any questions, call us at **(866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET** (excluding holidays).

Cleric's Name _____ Diocese _____

Cleric's Signature _____ Date _____

Church Representative's Signature _____ Date _____