



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.
- **Social Security Tax Reimbursements:** Amounts provided by the employer to offset self-employment taxes imposed by the Internal Revenue Code.
- **ER Paid Tuition for Dependents:** Amount paid by the employer for clergy dependents' tuition.
- **ER Paid 403(b) Contributions:** Employer contributions made to a **qualified** defined contribution retirement plan (e.g., 403(b), 401(a), IRA, etc.).
- **Other Taxable Income:** Other income taxable under the Internal Revenue Code, as determined by the Plan Administrator.
- **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.
- **Housing Equity Allowance:** Employer contributions (funded or not funded) to a **non-qualified** deferred compensation plan or a sum stated in a "promise to pay" agreement.
- **Cash Housing Allowance:** Amount provided by the employer to cover the cost of the cleric's housing. Report only an amount that is **in addition to** the Cash Stipend, not the portion of the Cash Stipend that has been designated as a housing allowance. If the cleric receives **both** a Cash Housing Allowance and housing rent-free, see the rule below.
- **Church-Provided Housing and/or Meals:** 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 value of housing 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 (referred to as the "**30% Housing Rule**").
 - **If both housing and meals are provided free-of-charge**, the value of housing 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 housing is provided rent-free and the cleric receives an additional Cash Housing Allowance**, the value of housing added to Total Assessable Compensation will be assumed to be the **greater of** (a) the 30% Housing Rule 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**, all employers are assessed for a proportionate share of the cleric's housing.
- **One-Time Payments:** Includes 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.**



Report of Change in a Cleric's Compensation

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: Client Services Operations**. 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 _____