



Office of Administrative Services

7400 Floydsburg Road, Crestwood, KY 40014
502-425-3884 / 800-530-7236

2018 Appointment Form (A)

For clergy **newly appointed to the Kentucky Conference** or with a change in the conference relationship.

Part 1 – Personal Information. *To be completed by the pastor.*

Name _____ Phone # _____

Mailing Address _____ Email _____

_____ Spouse Name _____

Social Security # _____ Spouse Social Security # _____

Birthdate _____ Spouse birthdate _____

_____ Date of Marriage _____

Part 2 – Appointment Information. *To be completed by the district.*

Effective date of appointment _____

District _____ Charge Name _____

Conference Relationship _____ Appointment percentage (check one): Full-time $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$

Part 3 – Compensation Information. *To be completed by the district.*

Multiple-point Charge: Please list the income for each church separately. List additional churches on separate page.

| | Church Name: | | Church Name (if applicable): | |
|---|--------------|----|------------------------------|----|
| | _____ | | _____ | |
| 1. Cash Salary (excluding housing) | \$ | | \$ | |
| 2. Equitable Compensation | \$ | | \$ | |
| 3. Moving Expense Reimbursement | \$ | | \$ | |
| 4. Health Insurance Allowance | \$ | | \$ | |
| 5. Other Income | \$ | | \$ | |
| 6. Parsonage (YES – must reside in parsonage; complete 7a) | YES | NO | YES | NO |
| 7. (a) Parsonage Equivalent (25% of total salary) OR Add lines 1-5, multiply sum by 0.25 (b) Cash Housing Allowance in lieu of parsonage | \$ | | \$ | |
| TOTAL PLAN COMPENSATION Add lines 1-5, 7 | \$ | | \$ | |



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Part 4 – Housing Allowance Exclusion. *To be completed by the pastor.*

IRC Section 107 Housing Exclusion: Amount that has been designated by the charge conference for housing expenses and expected to be excluded by the minister from federal income taxation.

\$ _____

Part 5 – Pension Plan Enrollment. *To be completed by the district or pastor.*

- If you are a part-time local pastor (or any other clergy status) appointed $\frac{3}{4}$ **COMPLETE** this section.
 - Clergy serving $\frac{3}{4}$ appointments have the option of enrolling in or waiving out of the pension plan (CRSP).
- If you are a part-time local pastor (or any other clergy status) appointed $\frac{1}{4}$ or $\frac{1}{2}$ **SKIP** this section.
- If you are a lay supply pastor, **SKIP** this section.
- All full-time clergy are required to be enrolled in the pension plan and should check the “**Enroll**” box.

Pension Enrollment (check one): Enroll Waive (see paragraph below)

Checking the “Waive” box above DOES NOT officially waive an eligible clergyperson out of the pension plan. A notarized waiver form must be submitted to the conference office if a clergyperson chooses to waive out of the pension plan (CRSP). To obtain a Waiver of Participation form, contact the conference or go to www.kyumc.org/pension. If a Waiver Form is not completed, the clergyperson will be automatically enrolled in CRSP and the charge will be billed for contributions.

Part 6 – Signatures. *The Appointment Form will not be accepted if signatures are missing.*

Clergy signature _____ Date _____

District Superintendent signature _____ Date _____

Please complete this form and send it by:

- Email (scanned copy) to **benefits@kyumc.org** or
- Fax to **502-371-1081** or
- Mail to Kentucky Conference, Benefits Office
7400 Floydsburg Road, Crestwood, KY 40014

The district office and church(es) should keep a copy of the form for their records.