



# Office of Administrative Services

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

## 2018 Appointment Form (B)

---

For clergy **previously appointed to the Kentucky Conference** or lay supply pastors.

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

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

### 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) <b>OR</b> Add lines 1-5, multiply sum by 0.25 (b) Cash Housing Allowance in lieu of parsonage	\$		\$	
<b>TOTAL PLAN COMPENSATION</b> Add lines 1-5, 7	\$		\$	



# Office of Administrative Services

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

## 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 clergy person out of the pension plan. A notarized waiver form must be submitted to the conference office if a clergy person 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](http://www.kyumc.org/pension). If a Waiver Form is not completed, the clergy person 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.