

2019 Clergy Compensation Questionnaire

The figures entered on this worksheet will be used by the District Administrative Assistant to complete the final compensation form.
 (Please note: If you qualify for pension and the health insurance allowance, these will automatically be calculated on the final form.)

PASTOR NAME: _____

Conference relationship (FE, PE, FL, PL, etc – leave blank if unknown): _____

Status: Full-time Part-time – what %? ¾ Time ½ Time ¼ Time

CHURCH NAME(S) - For Multi-point Charges Only	Salary Paid
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

BASE COMPENSATION (round to whole dollar amount)

Gross salary \$ _____ (Do not include health insurance allowance)

Equitable compensation \$ _____ (this is not common)

Cash Allowances Paid TO the Pastor (i.e. Pastor does NOT submit mileage log/receipts but is given an allowance for these expenses)

Travel allowance paid to pastor \$ _____

Continuing Education allowance paid to pastor \$ _____ (e.g. books and publications)

Other allowances paid to pastor \$ _____ (e.g., entertainment allowance, memberships, dues, etc.)

For ¼ time, ½ time or Retired Clergy, does the church provide funds for health insurance or other benefits not listed above?

Yes No If Yes, what is the annual amount \$ _____

Deductions from Pastor's salary Optional insurance: (full-time and ¾ time only, check only one if electing coverage)

Learn more about optional insurance offered through the Conference here: www.greatplainsumc.org/optionalplans

****This election is for preparation purposes ONLY! The Pastor MUST ENROLL through the online ADP Website to BE ENROLLED in coverage.****
 Please contact the District Office if you need assistance enrolling through the ADP Website.

Dental?	No	If YES, please choose if you would like the	Base Option	or	Buy-up Option		
		choose type of coverage:	Single		Single + Spouse	Single + Child	Family
Vision?	No		Single		Single + Spouse	Single + Child	Family
Life (after tax)?	No		Single		Single + Spouse	Single + Child	Family
Accident?	No	High Low	Single		Single + Spouse	Single + Child	Family
Critical Illness?	No		Single		Single + Spouse	Single + Child	Family

UMPIP Contribution Learn more about UMPIP here: www.greatplainsumc.org/umpip

- minimum of 1% of total compensation is required to maximize Conference funds to clergy pension
- if clergy does not wish to contribute enter 0, do not leave blank

Tax-deferred UMPIP _____% OR annual \$_____

ROTH Contribution to UMPIP _____% OR annual \$_____

Tax-paid personal contribution to UMPIP _____% OR annual \$_____

Housing-Related Items Learn more about Clergy Housing here: www.greatplainsumc.org/housingresolutions

Does the Church own a parsonage? Yes No

Does the Pastor live in the parsonage? Yes No

Housing allowance paid TO pastor in lieu of parsonage \$_____

Amount excluded by pastor for housing related expenses \$_____

Fair Rental Value of Parsonage \$_____ (estimated annual total if you were to "rent" the parsonage)

Reimbursed Expense Allowance Learn more about reimbursements here: www.greatplainsumc.org/accountablereimbursementplan

(Pastor submits mileage log or receipts after the expense is incurred for reimbursement)

	Church 1	Church 2	Church 3	Church 4
Vouchered Travel expenses	\$_____	\$_____	\$_____	\$_____
Expense for Automobile provided by the church	\$_____	\$_____	\$_____	\$_____
Vouchered Continuing Education e.g., books, publications, business expenses, etc.	\$_____	\$_____	\$_____	\$_____

Are there any other funds paid to or for the clergy?

Any other information we may need to know?