

Appendix A – form 1



Definition of Compensation, Benefits, & Responsibilities – Word & Sacrament Rostered Minister [with parsonage]

Prepared by (congregation name) _____

for the Reverend _____

on a full- or _____ - time basis for the period of _____ to _____.

A. COMPENSATION

- 1) Base Salary \$ _____
(See page 7 for the minimum salary amount for the appropriate years of service.
Also consider pertinent Additional Considerations Box recommended amounts.)
- 2) Social Security Matching for Base Salary [Base Salary x .0765] \$ _____
(Because pastors are considered self-employed by the IRS for social security
computations only and must pay this amount on all salary and allowances and
on the parsonage valuation, the synod council recommends that
congregations/parishes/Synod contribute a minimum of ½ of the total
self-employment social security tax.)
- 3) Parsonage Valuation [(Base Salary + S.S. Matching from line 2) x .30] \$ _____
(Not cash compensation. For Portico benefits and IRS purposes only)
- 4) Utilities Allowance (only when paid directly to the pastor) \$ _____
- 5) Furnishings Allowance (only when paid directly to the pastor) \$ _____
- 6) **Defined Compensation** [Total of lines 1-5] \$ _____
**(NOTE: Line 3 is for valuation purposes only for Portico, lines 1, 2, 4, and 5 figure
into the Minister's actual paycheck.)**

B. PENSION & OTHER BENEFITS

Step by step procedure:

Please note that the Portico Benefit Calculators are no longer accessible without a User Name and Password. Most Congregation Treasurers and current plan members should already have User Names and Passwords. Also, you will need to know the Health Benefit Option chosen by your congregation council or sponsoring Organization before proceeding.

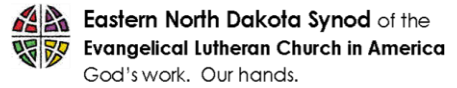
- a) Go online to: <https://porticobenefits.org>
- b) Click on the “myPortico” button for an individual plan member or the “Employer Link” button for a Sponsoring organization.
- c) Enter User Name and Password in the proper boxes. Then click the “Sign In” button.
- d) Click on “Overview & Life Changes.”
- e) Under “Understanding Your Benefits,” click on the “Calculating the Cost of Benefits” line.
- f) Under “Plan Member Benefit Cost,” click on the “Benefits Costs Calculator” button.
- g) On this page, you will need to select the proper plan year, select the proper Health Benefit Option (chosen by your congregation council or your sponsoring organization), select “Eastern North Dakota Synod-3B” in the “Synod, Seminary, or Churchwide Ministry” box, then click on the Continue button.

**Definition of Compensation, Benefits,
& Responsibilities – Word & Sacrament Rostered Minister [with parsonage]**

- h) On this page, you will need to enter the Total Defined Compensation (line 6 of the worksheet).
- i) Next, in the “Plan Member Health Coverage” box, you will need to select between “ELCA primary,” “ELCA Medicare Primary,” and “Waive Health Benefits,” then enter the plan member(s) birthdate.
- j) Next, under “Spouse Health Coverage” and “Children Health Coverage,” you will need to select Between these four options under each: None, ELCA-Primary, ELCA Medicare-Primary and Waive.
- k) Under “Special Circumstances,” you will need to answer “yes” or “no” to two questions.
- l) Under Retirement Contributions, enter Employer Retirement Contribution Percentage. In most Cases, unless otherwise negotiated, this would be 10%. Some long-serving pastors from ELCA predecessor churches are to be compensated at 12%.
- m) Under “Housing Equity Retirement Contribution,” you will need to select between three options: None, Flat Rate, and Percentage of Total Defined Compensation. If the plan member is receiving a housing allowance, in the vast majority of cases, “None” would be the proper selection. If the plan member is to live in housing (a parsonage) provided by the congregation or sponsoring organization, then the latter two options are in play. If you select “Flat Rate,” you will need to enter a dollar figure per month. If you select the “Percentage” option, you will need to enter the proper percentage. [See the Housing Equity section of the guidelines for the recommended percentage.] Click the “Continue” button.
- n) On the next page, you can review the Input Summary by clicking on the small blue downward arrow on the right side of the page.
- o) By clicking on the small blue downward arrow on the right side of the page corresponding to the Health Benefit Option, you will get the calculated numbers of the benefit costs per month and per year.

Carry Total From Line 6 (Defined Compensation) to Here	→	\$ _____
7) ELCA Medical, Dental & Pension Plan (enter “Total Benefits Contribution”)		\$ _____
8) Housing Equity Allowance [0-15 years of experience: Defined Compensation x .045; 15+ years of experience: Defined Compensation x .06] (See page 9. The Synod Council recommends that this be A minimum of 3% of the Defined Compensation)		\$ _____
9) Additional Benefits		\$ _____
10) Compensation, Pension & Other Benefits Benefits Total [Add Lines 6-9, subtract 3]		\$ _____

Appendix A – form 1, cont.



**Definition of Compensation, Benefits,
& Responsibilities – Word & Sacrament Rostered Minister [with parsonage]**

C. EXPENSES

- 11) Transportation Milage/Travel Expense Reimbursement \$ _____
(See page 12 of Synod Guidelines)
- 12) Professional Expense Reimbursements \$ _____
(See pages 12 of Synod Guidelines)
- 13) Official Synod Events \$ _____
(Includes Synod Assembly, Synod Assembly, Synod
Theological Day, Theology for Ministry Conference,
and First Call Theological Education Core Events)
- 14) Continuing Education (Minimum \$1000) \$ _____
- 15) Other \$ _____

Total Compensation, Pension & Benefits, and Expenses \$ _____
[Add Lines 10-15]

D. NONFINANCIAL COMPENSATION

- Vacation _____ weeks, including _____ Sundays
- Continuing Education _____ weeks, including _____ Sundays
- New Parent Leave _____ weeks, including _____ Sundays
- Short Term Disability 60 Days

We, the undersigned, certify that the necessary approvals of the congregation and congregation council have been granted for the provisions set forth above.

Date: _____

Congregation President

I certify that I accept the above statement: _____
Council Secretary

The Reverend _____ Date: _____

Note: Retain originals in a record for the congregation/parish. Make a copy for the pastor. Send a copy to the synod office.
A description of the particular responsibilities of this position may be attached to this document.

Appendix A – form 2



Definition of Compensation, Benefits, & Responsibilities – Word & Sacrament Rostered Minister [no parsonage]

Prepared by (congregation name) _____

for the Reverend _____

on a full- or _____ - time basis for the period of _____ to _____.

A. COMPENSATION

- 1) Base Salary \$ _____
(See page 7 for the minimum salary amount for the appropriate year of service. Also consider pertinent Additional Considerations Box recommended amounts.)

- 2) Housing Allowance \$ _____
[Line 1 (base salary x .30)]

- 3) Subtotal of line 1 & 2 \$ _____

- 4) Social Security Reimbursement on subtotal x .0765] \$ _____
[Base Salary and Housing Allowance]
(Because pastors are considered self-employed by the IRS for social security computations only and must pay this amount on all salary and allowances. They synod council recommends that congregations/parishes/Synod contribute a minimum of ½ of the total self-employment social security tax.)

- 5) **Defined Compensation** [Total of lines 3 and 4] \$ _____

B. PENSION & OTHER BENEFITS

Step by step procedure:

Please note that the Portico Benefit Calculators are no longer accessible without a User Name and Password. Most Congregation Treasurers and current plan members should already have User Names and Passwords. Also, you will need to know the Health Benefit Option chosen by your congregation council or sponsoring Organization before proceeding.

- a) Go online to: <https://porticobenefits.org>
- b) Click on the “myPortico” button for an individual plan member or the “Employer Link” button for a Sponsoring organization.
- c) Enter User Name and Password in the proper boxes. Then click the “Sign In” button.
- d) Click on “Overview & Life Changes.”
- e) Under “Understanding Your Benefits,” click on the “Calculating the Cost of Benefits” line.
- f) Under “Plan Member Benefit Cost,” click on the “Benefits Costs Calculator” button.
- g) On this page, you will need to select the proper plan year, select the proper Health Benefit Option (chosen by your congregation council or your sponsoring organization), select “Eastern North Dakota Synod-3B” in the “Synod, Seminary, or Churchwide Ministry” box, then click on the Continue button.

**Definition of Compensation, Benefits,
& Responsibilities – Word & Sacrament Rostered Minister [no parsonage]**

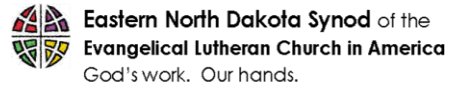
- h) On this page, you will need to enter the Total Defined Compensation (line 6 of the worksheet).
- i) Next, in the “Plan Member Health Coverage” box, you will need to select between “ELCA primary,” “ELCA Medicare Primary,” and “Waive Health Benefits,” then enter the plan member(s) birthdate.
- j) Next, under “Spouse Health Coverage” and “Children Health Coverage,” you will need to select Between these four options under each: None, ELCA-Primary, ELCA Medicare-Primary and Waive.
- k) Under “Special Circumstances,” you will need to answer “yes” or “no” to two questions.
- l) Under Retirement Contributions, enter Employer Retirement Contribution Percentage. In most Cases, unless otherwise negotiated, this would be 10%. Some long-serving pastors from ELCA predecessor churches are to be compensated at 12%.
- m) Under “Housing Equity Retirement Contribution,” you will need to select between three options: None, Flat Rate, and Percentage of Total Defined Compensation. If the plan member is receiving a housing allowance, in the vast majority of cases, “None” would be the proper selection. If the plan member is to live in housing (a parsonage) provided by the congregation or sponsoring organization, then the latter two options are in play. If you select “Flat Rate,” you will need to enter a dollar figure per month. If you select the “Percentage” option, you will need to enter the proper percentage. [See the Housing Equity section of the guidelines for the recommended percentage.] Click the “Continue” button.
- n) On the next page, you can review the Input Summary by clicking on the small blue downward arrow on the right side of the page.
- o) By clicking on the small blue downward arrow on the right side of the page corresponding to the Health Benefit Option, you will get the calculated numbers of the benefit costs per month and per year.

Carry Total From Line 5 (Defined Compensation) to Here	→	\$ _____
6) ELCA Medical, Dental & Pension Plan (enter “Total Benefits Contribution”)		\$ _____
7) Additional Benefits		\$ _____
8) Compensation, Pension & Other Benefits Benefits Total [Add Lines 5-7]		\$ _____

C. EXPENSES

- 9) Transportation Milage/Travel Expense Reimbursement
(See page 12 of Synod Guidelines) \$ _____
- 10) Professional Expense Reimbursements (cellphone, vestments, etc)
(See page 12 of Synod Guidelines) \$ _____

Appendix A – form 2, cont.



**Definition of Compensation, Benefits,
& Responsibilities – Word & Sacrament Rostered Minister [no parsonage]**

11) Official Synod Events \$ _____
(Includes Synod Assembly, Synod Assembly, Synod
Theological Day, Theology for Ministry Conference,
and First Call Theological Education Core Events)

12) Continuing Education (Minimum \$1000) \$ _____

Total Compensation, Pension & Benefits, and Expenses \$ _____
[Add Lines 9-12]

D. NONFINANCIAL COMPENSATION

Vacation _____ weeks, including _____ Sundays

Continuing Education _____ weeks, including _____ Sundays

New Parent Leave _____ weeks, including _____ Sundays

Short Term Disability 60 Days

We, the undersigned, certify that the necessary approvals of the congregation and congregation council have been granted for the provisions set forth above.

Date: _____
_____ Congregation President

I certify that I accept the above statement: _____
Council Secretary

The Reverend _____ Date: _____

Note: Retain originals in a record for the congregation/parish. Make a copy for the pastor. Send a copy to the synod office.
A description of the particular responsibilities of this position may be attached to this document.

Definition of Compensation, Benefits, & Responsibilities -- Word & Service Rostered Minister

Prepared by (congregation name) _____

for (Deacon's name) _____

on a full- or _____-time basis for the period of _____ to _____.

A. COMPENSATION

The congregation will provide the following annual compensation:

1. **Annual Base Salary** \$ _____

2. **Housing Allowance** \$ _____

**A member of the Word & Service Roster should consult with a tax advisor regarding housing allowance questions*

3. **Annual Defined Compensation** (total of lines 1 + 2; amount used by Portico & IRS) \$ _____

B. PENSION AND OTHER BENEFITS

The congregation will sponsor the deacon in the Pension and Other Benefits Program of the Evangelical Lutheran Church in America (Portico), which provides retirement, disability, survivor, and medical/dental coverage. (Sponsorship will include medical/dental coverage for the deacon's spouse and children unless they have other employer-provided group medical insurance coverage and the deacon consents to waiving medical/dental coverage for them under the ELCA Pension and Other Benefits Program.)

1. ELCA Pension at _____% of defined compensation (10, 11 or 12%) \$ _____

2. ELCA Medical-and-Dental Insurance (please check one):

Member only \$ _____

Member and spouse \$ _____

Member and children \$ _____

Member, spouse, and children \$ _____

Coverage waived (if coverage is waived, a Healthcare Allowance should be negotiated)

3. Other insurance or benefits:

_____ \$ _____

_____ \$ _____

C. EXPENSES

The congregation will provide payment or reimbursement for the following expenses related to the ministry:

1. Automobile and travel allowance \$ _____

2. Other professional expenses (cell phone) \$ _____

3. Expenses for official meetings of the synod (registration/lodging/mileage) \$ _____

(e.g. Synod Assembly, Fall Theological Conference – recommended at \$500-\$1000)

4. Continuing Education (\$1,000 recommended; minimum \$700 from congregation) \$ _____

5. Other _____ \$ _____

(e.g. First Call Theological Education (\$300-\$500), etc.)

6. Pay moving expenses to this congregation/parish: \$ _____

D. AGREEMENT

1. Vacation time of _____ per year, including _____ Sundays;

(Guideline: five (5) weeks (25 days), including five (5) Sundays)

2. Continuing education time of _____ weeks per year

(Recommended: minimum of two (2) weeks/year, including two (2) Sundays, may be accumulated up to three years, as reflected in a continuing-education agreement developed by the Deacon and congregation council);

Definition of Compensation, Benefits, & Responsibilities -- Word & Service Rostered Minister

3. Participation in a First-Call Theological Education Program, where applicable;
4. Ongoing care through a Mutual Ministry Committee;
5. Up to two months of continued salary, housing, and contributions to the ELCA Pension and Other Benefits Program (Portico) in a 12-month period in the event that the deacon is physically or mentally disabled (*Provision may be made for further unpaid time for disability recovery as agreed by the congregation, but with the stipulation that unused accumulated sick leave will not be compensated at the end of this call.*); and
6. Where applicable, parental leave up to eight (8) weeks with full salary and benefits.

A description of the particular responsibilities of this position may be attached to this "Definition of Compensation, Benefits, and Responsibilities" form OR the following may be completed.

E. OTHER PROVISIONS

Special emphases of the deacon and special encouragement by the congregation:

1. During this time period, the deacon will give special attention in ministry to the following:

- (a) _____
- (b) _____
- (c) _____
- (d) _____

2. The congregation will encourage this deacon's ministry in the following ways:

- (a) _____
- (b) _____
- (c) _____
- (d) _____

F. OTHER MATTERS

(Ex: accountability matters, service on synodical or churchwide boards and committees, work in church-camp programs, and other such details)

We, the undersigned, certify that the necessary approvals of the congregation and congregation council have been granted for the provisions set forth above.

Date: _____

Congregation President

Council Secretary

I certify that I accept the above statement:

Deacon's Signature: _____ Date: _____

Note: Retain originals in a record for the congregation/parish. Make a copy for the deacon. Send a copy to the synod office.

A description of the particular responsibilities of this position may be attached to this document.