THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Validated Ministry Registration Form

Use this form to report a validated ministry for ministers of the Word and Sacrament engaged in validated ministries outside of congregations **within 30 days of effective date**. The form cannot be processed if the presbytery verification is not received.

Minister information

Please note that how you provide your name is how it will appear on all documents and identification cards.

Title: ☐ Dr. ☐ Rev. ☐ Rev. Dr. Name *(first, middle, last)*			
Birth date *(mm/dd/yyyy)*		Social Security number	
Gender: ☐ Male ☐ Female		Marital status: ☐ Single ☐ Married	
Address *(do not use PO Box)*			
City		State	ZIP
Phone	Email		

Service information

All fields must be completed, including Tax ID#, Email, Synod, and Presbytery, for form to be processed.

Effective date of ministry *(mm/dd/yyyy)*			
Benefits begin date *(mm/dd/yyyy)*			
Employer name	Tax ID#	PIN *(if applicable)*	
Address			
City		State	ZIP
Phone	Fax	Email	
Synod	Presbytery		
Number of scheduled hours per week *(excluding overtime)*			
Position title	Ordination date / date received into PC(USA)		

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY: 711).

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Enrollment information

Place a check mark next to each benefit you are interested in offering. An employer services representative from the Board of Pensions will contact you to finalize your Employer Agreement.

- ☐ Medical Plan[1]
- ☐ Dental Plan[2]
- ☐ Vision Plan[2]
- ☐ Defined Benefit Pension Plan[1]
- ☐ Retirement Savings Plan[2]
- ☐ Death and Disability Plan[1, 3] OR ☐ Term Life and Accidental Death and Dismemberment Plan[1]
- ☐ Supplemental death benefits[1]
- ☐ Long Term Disability Plan[1, 3]
- ☐ Temporary Disability Plan[1]
- ☐ Healthcare Flexible Spending Account (FSA)[1]
- ☐ Dependent Care Flexible Spending Account (FSA)[2]
- ☐ Health Savings Account (HSA) *(if offering Medical HDHP)*[1]

[1] *Minister must be scheduled to work a minimum of 20 hours per week for eligibility.*

[2] *No hourly work requirement; may be offered to any employee.*

[3] *Employer may offer the Death and Disability Plan OR the Long-Term Disability Plan, but not both.*

Annual effective salary information

Enter annual amounts or zero if not applicable. Effective salary includes most compensation a minister receives during a plan year from an employer. Refer to the Specific Types of Payments chart in the Understanding Effective Salary booklet, available on pensions.org, for assistance in completing the below.

1. Gross cash salary *[Include employee contributions to 403(b)(9) plans and tax-sheltered annuity plans; salary reduction contributions to FSAs, HRAs, and cafeteria plans; unvouchered book, car, and study allowances; and vacation and overtime pay.]*	1. $
2. Housing, utilities, and furnishings allowances	2. $
3. Employer contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances *[Do not include matching contributions to the Retirement Savings Plan of the Presbyterian Church (U.S.A.).]*	3. $
4. SECA *(Include any reimbursement in excess of 50% of the minister's SECA tax obligation.)*	4. $
5. Other allowances *(Include copayment and medical expense reimbursement allowances. Do not include expenses reimbursed through vouchers or Benefits Plan dues.)*	5. $
6. Bonus *(This is included in the year in which the bonus is paid; if recurring, the employer must report it annually.)*	6. $
7. Manse *(This must be at least 30% of the sum of lines 1-6 for members residing in a manse.)*	7. $
8. Total annual effective salary *(total of lines 1-7)*	8. $

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Employer authorization (Minister must sign if self-employed)

On behalf of the employer, I certify that all the information I have provided is true. I understand that the presbytery must validate and confirm this ministry in writing annually. I further understand that a minister in validated service with a non-PC(USA) employer, who receives a W-2 from that employer, cannot be self-employed and remit dues for themselves. The employer must complete the Employer Agreement and remit dues to the Board of Pensions on behalf of the employed minister.

Authorized person's name *(print)*	
Signature *(required)*	Date *(mm/dd/yyyy)*
Title	
Daytime phone	
Email	

Presbytery authorization

As the authorized representative for the presbytery, I confirm that the applicant is engaged in a presbytery validated ministry in accordance with the Book of Order. I understand that the presbytery must validate and confirm this ministry in writing annually.

Presbytery name	
Authorized representative name *(print)*	
Official capacity	Daytime phone
Signature *(required)*	Date *(mm/dd/yyyy)*

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