

Please print, complete, and mail, fax, or email this form to the Board of Pensions.

### Use this form to:

- confirm current salary
- report annual salary updates
- report changes in existing total effective salary

The effective salary must be reported annually, preferably at the start of your fiscal year.

If the member is serving multiple PINs, each church or employing organization remitting benefits dues for the member must complete a separate Change of Salary form (ENR-111).

The member will receive a form confirming current information on record with the Board of Pensions.

Please indicate why this form is being completed:

- Change in Salary       Confirmation of Current Salary

### Member Information

Name \_\_\_\_\_ SSN \_\_\_\_\_

### Annual Salary Information

Church/organization name \_\_\_\_\_ PIN \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Effective date of change reported on this form** (mm/dd/yyyy) \_\_\_\_\_

Please enter annual amounts or zero if not applicable.

- |   |             |
|---|-------------|
| 1. Cash salary (including employee contributions to 403(b)(9) plans; tax-sheltered annuity plans; unvouchered book, car, and study allowances; vacation pay and overtime)                             | 1. \$ _____ |
| 2. Housing allowance, utilities, and furnishings allowances   | 2. \$ _____ |
| 3. Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans, and equity allowances (matching contributions to the Board's Retirement Savings Plan should not be included) | 3. \$ _____ |
| 4. Bonus (will be included in the year in which the bonus is paid; dues will be billed on a lump-sum basis)   | 4. \$ _____ |
| Year in which bonus is paid _____   |             |
| 5. SECA (for reimbursement in excess of 50% of the teaching elder's SECA tax obligation)  | 5. \$ _____ |
| 6. Other allowances (including copayment and medical expense reimbursement allowances)  | 6. \$ _____ |
| Do not include expenses reimbursed through vouchers or Benefits Plan dues.  |             |
| 7. Manse amount (must be at least 30% of lines 1-6 for members residing in a manse)   | 7. \$ _____ |
| 8. <b>Total Annual Effective Salary</b> (total of lines 1-7)  | 8. \$ _____ |

**Dues are computed and benefits are determined on this amount (subject to minimums and maximums).**



## Authorization

**Employing Organization** - To be completed by the employer's authorized representative, who is not the member.

By signing this form, the authorized representative of the employing organization confirms that the organization agrees to pay all required dues without member contributions for medical, pension, and death and disability benefits. The authorized representative may be the treasurer, clerk of session, business manager, or financial secretary but may not be the member submitting the change.

Name of authorized representative *(please print)*

---

Official capacity

Daytime phone (      )

---

**Signature** *(required)*

Date *(mm/dd/yyyy)*

---