

<p><b>Change of Salary</b></p>
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**Use this form to:**

- verify 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. This process can also be completed quickly and securely through Benefits Connect. Visit [pensions.org](http://pensions.org) for more information.

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

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

<p><b>A Member Information</b></p>
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Name \_\_\_\_\_ SSN \_\_\_\_\_

<p><b>B Annual Salary Information</b></p>
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Church/organization name \_\_\_\_\_ PIN \_\_\_\_\_

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

Number of hours scheduled to work per week (e.g., 25, 30, 40) \_\_\_\_\_

Please enter annual amounts or zero if not applicable.

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|---|-------------|
| 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<br>(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; if continuing, you will need to report annually)<br>Year in which bonus is paid _____  | 4. \$ _____ |
| 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)<br>Do not include expenses reimbursed through vouchers or Benefits Plan dues.                                      | 6. \$ _____ |
| 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).**

You may use the Total Effective Salary Calculator and the Dues Calculator on [pensions.org](http://pensions.org) to determine the impact the reported effective salary has on dues.

Effective salary is any compensation a member receives during a plan year from an employing organization. For more information, see the *Understanding Effective Salary* booklet, available on [pensions.org](http://pensions.org).

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**C Authorization**

**Member - I certify that the information on this form is complete and accurate.**

**Member signature** *(required)*

Date *(mm/dd/yyyy)*

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**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; may not be the same as the member)*

Official capacity

Daytime phone (      )

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**Signature** *(required)*

Date *(mm/dd/yyyy)*

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For information or publications, please call the Board at 800-773-7752 (800-PRESPLAN) or visit our website at [pensions.org](http://pensions.org).

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**Mail or fax this completed form to:**

The Board of Pensions of the Presbyterian Church (U.S.A.)  
2000 Market Street, Philadelphia, PA 19103-3298  
800-773-7752 (800-PRESPLAN) Fax: 215-587-6215 [pensions.org](http://pensions.org)