**Compensation Information**

 Complete this form now and retain for reference when completing call documents.

**Salary Information**

Basic cash salary for 12 months: $

Salary paid: [ ] Monthly [ ] Semi-Monthly [ ] Weekly [ ] Every Two Weeks [ ] Other

**Do not include the amounts entered below in the "Basic Cash Salary" listed above.**

**Housing Information**

Does the congregation own a parsonage? [ ]  Yes [ ]  No

## If a parsonage is provided, complete the following section. If a housing allowance is provided, proceed to the Housing Allowance Information section below.

**Parsonage/Utilities Information**

(Please note: It is recommended that the congregation pay all costs associated with providing a parsonage and basic utilities such as heat, electricity, water, sewer, and telephone.)

 Description of parsonage:

 Average annual parsonage utility cost: $

 Utilities paid in full by congregation? [ ]  Yes [ ]  No

 Housing equity provided by the congregation? [ ]  Yes [ ]  No Annual Amount: $

**Please note: Any additional amount which the congregation gives to the pastor as "housing equity" is taxable income.**

Pastor has the option to receive a housing allowance to purchase or rent his own home instead of living in the congregation-owned parsonage? [ ]  Yes [ ]  No

## Housing Allowance Information

Annual amount or percentage of housing allowance (including utility allowance) paid to the pastor:

$ or %

Is a down payment loan available to the pastor from the congregation? ☐ Yes ☐ No

If yes, maximum amount of a down payment loan that is available to the pastor: $

Rate of interest for the down payment loan to the pastor: %

What are the provisions for repaying the down payment loan?

Additional housing information:

**Auto Information**

Are both a car and operating expenses provided by the congregation? [ ]  Yes [ ]  No

Mileage reimbursement paid to the pastor (instead of a car allowance)? [ ]  Yes [ ]  No

Rate of reimbursement: IRS rate or $

Maximum amount of mileage reimbursement per year: $

Annual car allowance paid to the pastor? [ ]  Yes [ ]  No

Annual amount of car allowance paid to the pastor: $

Annual amount for car replacement paid to the pastor?  [ ]  Yes [ ]  No

Annual amount paid to the pastor for car replacement: $

**Benefits Information**

Does the congregation provide a benefit package for the pastor through Concordia Plans? [ ]  Yes [ ]  No

If yes, which Plan package is provided: [ ]  The Church’s Plan [ ]  Package 2 [ ]  Package 3 [ ]  Package 4

Date the congregation will begin providing benefit coverage:

If the congregation provides one of the packages that includes the Concordia Health Plan (CHP), which coverage level option, or options, (if you offer worker choice) are currently provided? *If uncertain, contact Concordia Plans before completing this form.*

[ ]  Healthy Me Copay A [ ]  Healthy Me HSA A

[ ]  Healthy Me Copay B [ ]  Healthy Me HSA B

[ ]  Healthy Me Copay C [ ]  Healthy Me HSA C

[ ]  Healthy Me Copay D [ ]  Healthy Me HSA D

[ ]  Healthy Me Copay E [ ]  Healthy Me HSA E

[ ]  Whole Health (Copay) [ ]  Whole Health1000 (Copay) [ ]  Whole Health2000 (HSA)

[ ]  Select HMO-C [ ]  Select HMO-C 2000\*\*\*

With the above plan options, how will the congregation be providing dental benefits?

[ ]  Non-Contributory – Workers do not share in the cost

[ ]  Contributory – Workers do share in the cost

[ ]  Voluntary – Congregation does not share any of the cost

With the above plan options, how will the congregation be providing vision benefits?

[ ]  Non-Contributory – Workers do not share in the cost

[ ]  Contributory – Workers do share in the cost

[ ]  Voluntary – Congregation does not share any of the cost

If the congregation provides the CHP, for whom does the congregation pay premiums? *(Please note: It is recommended that the congregation pay for health care for the entire family. Concordia Plans requires that the employer pay at least 50% of the contributions for enrolled workers. In order to comply with non-discrimination laws, cost sharing must be on a non-discriminatory basis for all enrolled workers.)*

[ ]  Entire Family [ ]  Pastor and child(ren) [ ]  Pastor and spouse [ ]  Pastor only

Does the pastor share in any of the cost of the Concordia Health Plan? [ ]  Yes [ ]  No

 If yes, the amount or percentage of the Concordia Health Plan to be paid for by the pastor: $

If the congregation does not provide the Concordia Health Plan, is another health care plan provided?

[ ]  Yes [ ]  No

Healthcare provider and additional information:

If the congregation provides another health plan, for whom does the congregation pay premiums?

[ ]  Entire Family [ ]  Pastor and child(ren) [ ]  Pastor and spouse [ ]  Pastor only

Does the pastor share in any of the cost of this health care plan? [ ]  Yes [ ]  No

If yes, the amount or percentage of the health care plan to be paid for by the pastor:

$ or %

Does the congregation participate in a Flexible Spending Account (FSA)? [ ]  Yes [ ]  No

Does the congregation participate in a Health Reimbursement Arrangement (HRA)? [ ]  Yes [ ]  No

Does the congregation provide a Health Savings Account (HSA) if it offers an HSA-compatible plan?

[ ]  Yes [ ]  No

Does the congregation pay for/help offset any of the annual individual/family deductibles? [ ]  Yes [ ]  No

Does the congregation participate in a Cafeteria Plan? [ ]  Yes [ ]  No

If the congregation does not provide The Church's Plan package, does it provide the CRSP with another package?

[ ]  Yes [ ]  No

If the congregation provides The Church's Plan package *(or has added the CRSP to another plan package)*, does the congregation provide an employer match? [ ]  Yes [ ]  No

If yes, what amount is matched by the congregation? %

If the congregation does not provide a match to the CRSP, does it provide a flat contribution? [ ]  Yes [ ]  No

If yes, what is the amount of the flat contribution? $

If the congregation doesn't provide a package that includes the Concordia Retirement Savings Plan CRSP), does it provide another plan or additional retirement benefits in the form of another 403(b), etc.? [ ]  Yes [ ]  No

Is additional income paid to the pastor to enable him to pay a portion of his self-employment tax? [ ]  Yes [ ]  No

**Moving Information**

Personal travel expenses paid when moving to the new location? [ ]  Yes [ ]  No

Is there a maximum amount of personal travel expenses paid by the congregation? [ ]  Yes [ ]  No

If yes, maximum amount: $

Personal moving expenses paid when moving to the new location? [ ]  Yes [ ]  No

Is there a maximum amount of moving expenses paid by the congregation? [ ]  Yes [ ]  No

If yes, maximum amount: $

Moving arrangements (professional moving company, U Haul, etc.):

Is there an additional amount given to the pastor as a relocation grant to cover misc. moving expenses?

[ ]  Yes [ ]  No If yes, amount of relocation grant: $

**Miscellaneous Information**

If calling a seminary graduate, will the congregation support his involvement in a post-seminary support program (e.g., PALS program, District mentoring program, etc.)? [ ]  Yes [ ]  No

Is the congregation willing/able to assist the pastor in the reduction of his educational debt? [ ]  Yes [ ]  No

If yes, please describe:

Continuing education allowance: [ ]  Yes [ ]  No

If yes, annual amount for continuing education /graduate school: $

If yes, how much time does the congregation grant to the pastor per year for continuing education/graduate school purposes?

Does the congregation offer a sabbatical leave? [ ]  Yes [ ]  No

If yes, please describe:

Maximum amount of reimbursement for professional expenses (books, periodicals, memberships, vestments, etc.): $

Days off per week:

Annual days of vacation, including the number of Sundays (should be based upon the pastor's total years of service in the ministry):

Does the congregation follow the District's salary compensation guidelines? [ ]  Yes [ ]  No

If no, describe the salary compensation guidelines used by the congregation:

**Compensation for Pastor - 2024**

There are several components that your congregation will consider when estimating the compensation needed to support a full time Pastor. The two examples below use the 2024 Kansas District Salary Guidelines in determining a beginning salary and benefit package.

Both examples include the following contribution rates with Concordia Plan Services:

* Congregational enrollment in the “Church's Plan”,
* 100% of family coverage under the HSA-A health plan (including vision and dental) with Concordia Health Plan

 (HDHP rate based on zip code 66604, rates in other zip codes will vary.)

* Dependent rates for the Concordia Survivor and Disability Plan.

Both examples exclude the following:

* A parsonage and/or utility allowance as part of compensation,
* Additional salary multipliers for circuit index, congregational size, or additional duties as recommended in the Salary Guidelines,
* Employer contributions to a Health Reimbursement or Health Savings Account,
* Employer contributions to the Concordia Retirement Savings Plan (CRSP).

If your congregation is enrolled in plans other than those mentioned above, or the Pastor does not have enrolled dependents, your contribution rates will vary from the amounts listed. If your congregation provides a parsonage, the guidelines recommend a 15% deduction to the salary for the parsonage use.

**Pastor – New Graduate from Seminary**

|  |  |  |
| --- | --- | --- |
| Salary  |  |  $ 58,400  |
| Concordia Retirement Plan (CRP) - 8.7% |  |  $ 5,080 |
| Concordia Disability & Survivor Plan (CDSP) - 2.25%  |  |  $ 1,314 |
| Concordia Health Plan (CHP) |  |  |
|  (HSA-A plan, vision, dental with 100% cost paid for family participation) \* |  $ 30,882  |
| Self-Employment Tax Allowance - 7.65% |  |  $ 4,468  |
|  | **Total**  | **$ 100,144** |

**Pastor – 5 years of Pastoral Experience**

|  |  |  |
| --- | --- | --- |
| Salary |  |  $ 64,400  |
| Concordia Retirement Plan (CRP) - 8.7%  |  |  $ 5,603 |
| Concordia Disability & Survivor Plan (CDSP) - 2.25%  |  |  $ 1,449  |
| Concordia Health Plan (CHP) |  |  |
|  (HSA-A plan, vision, dental with 100% cost paid for family participation) \* |  $ 30,882 |
| Self-Employment Tax Allowance - 7.65% |  |  $ 4,927 |
|  | **Total**  | **$ 107,260** |

\*HSA-A, vision & dental rate based on zip code 66604 – rates in other zip codes will vary.