



# Office of Administrative Services

7400 Floydsburg Road, Crestwood, KY 40014  
502-425-3884 / 800-530-7236

## 2017 Appointment Form (A)

For clergy **newly appointed to the Kentucky Conference** or with a change in the conference relationship.

### Part 1 – Personal Information. To be completed by the clergy person.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Spouse Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_

Birthdate \_\_\_\_\_ Spouse birthdate \_\_\_\_\_

\_\_\_\_\_ Date of Marriage \_\_\_\_\_

### Part 2 – Appointment Information. To be completed by the district.

Effective date of appointment \_\_\_\_\_

District \_\_\_\_\_ Charge Name \_\_\_\_\_

Conference Relationship \_\_\_\_\_ Appointment percentage (check one): Full-time  ¾  ½  ¼

### Part 3 – Compensation Information. To be completed by the district.

**Multiple-point Charge: Please list the income for each church separately. List additional churches on separate page.**

	Church Name:		Church Name (if applicable):	
	_____		_____	
1. Cash Salary (excluding housing)	\$		\$	
2. Equitable Compensation	\$		\$	
3. Other Income*	\$		\$	
4. Parsonage (YES – must reside in parsonage; complete 5a)	YES	NO	YES	NO
5. (a) Parsonage Equivalent (25% of total salary) <b>OR</b> Add lines 1-3, multiply sum by 0.25 (b) Cash Housing Allowance in lieu of parsonage	\$		\$	
<b>TOTAL PLAN COMPENSATION</b> Add lines 1, 2, 3 and 5	\$		\$	

\* Other Income can include but is not limited to: payments to social security (paid by the church), payments to an IRA or other outside retirement plan (paid by the church), gym memberships and payments for any items classified as taxable income by the IRS. Do not include payments for Wespeth retirement plans or amounts for travel or professional expenses that are reimbursed through an accountable reimbursement plan.



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## Part 4 – Pension Plan Enrollment. *To be completed by the district or pastor.*

- If you are a part-time local pastor (or any other clergy status) appointed  $\frac{3}{4}$  **COMPLETE** this section.
  - Clergy serving  $\frac{3}{4}$  appointments have the option of enrolling in or waiving out of the pension plan (CRSP).
- If you are a part-time local pastor (or any other clergy status) appointed  $\frac{1}{4}$  or  $\frac{1}{2}$  **SKIP** this section.
- If you are a lay supply pastor, **SKIP** this section.
- All full-time clergy are required to be enrolled in the pension plan and should check the “**Enroll**” box.

Pension Enrollment (check one):     Enroll     Waive (see paragraph below)

**Checking the “Waive” box above DOES NOT officially waive an eligible clergy person out of the pension plan. A notarized waiver form must be submitted to the conference office if a clergy person chooses to waive out of the pension plan (CRSP). To obtain a Waiver of Participation form, contact the conference or go to [www.kyumc.org/pension](http://www.kyumc.org/pension). If a Waiver Form is not completed, the clergy person will be automatically enrolled in CRSP.**

## Part 5 – Signatures. *The Appointment Form will not be accepted if signatures are missing.*

Clergy signature \_\_\_\_\_ Date \_\_\_\_\_

District Superintendent signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and send it by:

- Email (scanned copy) to **benefits@kyumc.org** or
- Fax to **502-371-1081** or
- Mail to Kentucky Conference, Benefits Office  
7400 Floydsburg Road, Crestwood, KY 40014

The district office and church(es) should keep a copy of the form for their records.