

Definition of Compensation, Benefits, and Responsibilities of the Pastor



Southwestern Minnesota Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Prepared by _____ for the Rev. _____
on a _____ full- or _____ -time basis for the period _____ to _____.

A. ANNUAL DEFINED COMPENSATION: The congregation will provide the following annual compensation:

NO PARSONAGE PROVIDED <i>If you do provide a parsonage, please skip to the next section.</i>	
1. Annual base salary	\$ _____
2. Designated housing allowance (payments to pastor)	\$ _____
3. Subtotal (Lines 1 + 2)	\$ _____
4. Social Security (FICA) tax allowance (optional) (Recommended: 7.65% of Line 3).....	\$ _____
5. Total Annual Defined Compensation (Lines 3 + 4)	\$ _____

(Continue at B. ELCA Pension and Other Benefits below)

PARSONAGE PROVIDED	
1. Annual base salary	\$ _____
2. Social Security (FICA) tax allowance (optional) (Recommended: 7.65% of Line 1).....	\$ _____
3. Subtotal (Lines 1 + 2)	\$ _____
4. 30% of Line 3 (used only for benefits calculations).....	\$ _____
5. Household furnishings and utilities allowances (optional)	\$ _____
6. Total Annual Defined Compensation (Lines 3 + 4 + 5).....	\$ _____
7. Annual payments to pastor in parsonage (Line 6 minus Line 4).....	\$ _____

(Continue at B. ELCA Pension and Other Benefits below)

B. ELCA PENSION AND OTHER BENEFITS

The congregation will sponsor the pastor in the Pension and Other Benefits Program of the Evangelical Lutheran Church in America, which provides retirement, disability, survivor, and medical-dental coverage. Please refer to the calculators at Portico Benefit Services: (<https://employerlink.porticobenefits.org/Home/Resources/Calculators.aspx>) to complete this section. (*Sponsorship will include medical-dental coverage for the pastor's spouse and children unless they have other employer-provided group medical insurance coverage and the pastor consents to waiving medical-dental coverage for them under the ELCA Pension and Other Benefits Program.*)

- Employer Retirement Contribution (10% x Total Annual Defined Compensation) \$ _____
- Health Coverage, including Dental (*please check **one***): \$ _____
 - Member only Member and spouse Member and children
 - Member, spouse, and children Coverage waived
- Required contributions (*) and other benefits:
 - Disability* (1.5% x Total Annual Defined Compensation) \$ _____
 - Basic Group Life* (.7% x Total Annual Defined Compensation) \$ _____
 - Retiree support* (0% x Total Annual Defined Compensation)..... \$ _____
 - Other (optional) _____ \$ _____
- Total Pension and Other Benefits (Lines 1 + 2 + 3.a-d)** \$ _____
- TOTAL COMPENSATION PAYMENTS: NO PARSONAGE (Line A.5 + Line B.4)**
OR WITH PARSONAGE (Line A.7 + Line B.4)..... \$ _____

C. EXPENSES

The congregation will provide for the following expenses related to this pastor's ministry.

- Automobile and travel allowance \$ _____
- Other professional expenses \$ _____
- *Expenses for official meetings of the synod (Synod Assembly, Theological Conf.) \$ _____

