

Definition of Compensation, Benefits, and Responsibilities for Rostered Leader •



Southwestern Minnesota Synod
Evangelical Lutheran Church in America

Prepared by _____ for the Rev _____
on a _____ full or _____ Parttime basis from _____ to _____

A. ANNUAL DEFINED COMPENSATION

The congregation will provide the following annual compensation:
NO PARSONAGE PROVIDED. If you provide a parsonage, please skip to the next section.

| | |
|--|----------|
| 1. Annual base salary..... | \$ _____ |
| 2. Designated housing allowance (payments to pastor)..... | \$ _____ |
| 3. Subtotal (Lines 1 + 2)..... | \$ _____ |
| 4. Social Security (FICA) tax allowance (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) allowance (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 allowance (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 disability, survivor, and medical coverage. Please refer to the calculators at Portico Benefit Services (<https://employerlink.porticobenefits.org/Home/Resources/Calculators>) to complete this section. (Sponsorship will include medical 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 coverage for them under the ELCA Pension and Other Benefits Program.)

| | |
|--|----------|
| 1. Employer Retirement Contribution (10% x Total Annual Defined Compensation)..... | \$ _____ |
| 2. Health Coverage, including Dental (please check one):..... | \$ _____ |
| <input type="checkbox"/> Member only <input type="checkbox"/> Member and spouse <input type="checkbox"/> Member and children <input type="checkbox"/> Member, spouse, and children <input type="checkbox"/> Coverage waived | |
| 3. Required contributions (*) and other benefits: | |
| a. Disability* (___ % x Total Annual Defined Compensation)..... | \$ _____ |
| b. Basic Group Life* (___ % x Total Annual Defined Compensation)..... | \$ _____ |
| c. Retiree support (___ % x Total Annual Defined Compensation)..... | \$ _____ |
| d. Other (optional)..... | \$ _____ |
| 4. Total Pension and Other Benefits (Lines 1 + 2 + 3a-d)..... | \$ _____ |
| 5. TOTAL COMPENSATION: 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.

| | |
|--|----------|
| 1. Automobile and travel allowance | \$ _____ |
| 2. Other professional expenses | \$ _____ |
| 3. Expenses for required meetings of the synod (Synod Assembly, Theological Conf.) | \$ _____ |
| 4. Continuing education (\$1,000 commended; minimum \$0 from calling source) | \$ _____ |
| Other _____ | \$ _____ |
| 6. Pay the moving expenses to field of service as follows: _____ | |

D. AGREEMENT

1. Vacation time of _____ per year, including _____ Sundays;

