

<h2 style="margin: 0;">Change of Salary</h2>
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Use this form to report annual salary updates or changes in existing total effective salary. Use form ENR-110 to report all other position or service changes. The member will receive a form confirming current information on record with the Board of Pensions.

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

Do **not** submit TERMS OF CALL. All salary information must be submitted on this form.

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

Home Address *(complete only if there is a change or correction to your current address)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>B Annual Salary Information</b>
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Church/Organization Name \_\_\_\_\_ PIN \_\_\_\_\_

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

Total 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 <i>(including employee contributions to 403(b)(9) plans; tax-sheltered annuity plans; unvouchered book, car, and study allowances; vacation pay and overtime)</i>   | \$ _____        |
| 2. Housing allowance   | \$ _____        |
| 3. Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans and equity allowances<br><i>(Effective 1/1/08 matching contributions to the Board's Retirement Savings Plan should not be included.)</i> | \$ _____        |
| 4. BONUS <i>(will be included for the current year only; if continuing, you will need to report annually)</i>  | \$ _____        |
| Year in which bonus is paid _____  |                 |
| 5. Other allowances <i>(including copayment, medical, furnishings and utility allowances and reimbursement of SECA in excess of 50%)</i>   | \$ _____        |
| Do not include expenses reimbursed through vouchers.   |                 |
| 6. Manse Amount <i>(must be at least 30% of Lines 1-5 for members residing in a manse)</i>   | \$ _____        |
| <b>Total Annual Effective Salary</b> <i>(total of lines 1-6)</i>   | <b>\$ _____</b> |

**Dues are computed and benefits are determined on this amount (subject to minimums and maximums).**

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

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**C Authorization**

The member and the authorized representative of the employing organization must sign this section before the form can be processed.

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, 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 *(print)*

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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 Web site at [www.pensions.org](http://www.pensions.org).

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**Please mail or FAX the 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