

1. Clergy Full Name: _____
2. Clergy Date of Birth: _____
3. District: _____
4. Compensation will be effective on _____ and was approved at a _____ Conference on _____
5. Appointment Status: Full Time: Part Time: 75% 50% 25%

6. Please list name of church(es) where pastor is appointed. If serving more than one church, list each church.

a. Church Name: _____
 Church Address: _____ Church City: _____

b. Church Name: _____
 Church Address: _____ Church City: _____

7. Base Annual Salary: \$ _____

8. Housing: Parsonage Housing Allowance Annual Amount: \$ _____
 (Complete Housing Resolution Form)

9. Is Pastor participating in Pension Benefits? Yes No
 (Pastors appointed 50% or more are automatically enrolled. Senior Clergy are NOT eligible for Pension)
 (Pastors and/or the Churches need to update the contribution amount on their Guidestone EAP website)

10. Is Pastor participating in GMC Health Insurance? Yes No
 Full time clergy are required to be enrolled in GMC health insurance. (Complete the Guidestone HealthFlex New Enrollment or Change Form). There are only four exemptions to **not** enrolling in health Insurance:
 (Please Check if you have an exemption. Complete the GMC HealthFlex Waiver Form. Part time clergy are not eligible for health insurance)

- the pastor is covered under his/her spouse's employer's plan
- the pastor is bi-vocational and is covered by his/her other employer's plan
- the pastor receives Tricare or VA benefits from the U.S. Military
- the pastor is on Medicare

11. Annual amount budgeted for Clergy Reimbursable Account (including continuing education) business expense is \$ _____
 (Complete Accountable Reimbursement Form)

Pastor Signature: _____ Phone #: _____ Date: _____

Pastor Home Mailing Address: _____ Email: _____

SPRC/Treasurer Signature: _____ Phone # _____ Date: _____
 (or equivalent)