

2026 APPOINTED CLERGY COMPENSATION

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 where pastor is appointed.
Church Name: _____

Church Address: _____ Church City: _____
Church email: _____ Church Phone: _____
Church Mailing Address: _____
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. (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. 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)