

**ASSOCIATE REFORMED PRESBYTERIAN RETIREMENT PLAN  
REPORT OF CREDITED SERVICE AND EARNINGS  
FOR CALENDAR YEAR \_\_\_\_\_**

**Definitions**

**Employee:** A salaried, ordained minister of the Church serving in a pastoral ministry of the Church, or a career missionary appointed by World Witness, or a salaried employee of the Synod or Synod Agency serving in a supervisory capacity, but excluding employees of Erskine College or Erskine Seminary; provided, however, that the term "Employee" shall include only those Employees whose customary employment is for more than an aggregate of 1,000 hours in a calendar year or who became disabled while engaged in such employment.

**Credited Service:** (1) Service as an **Employee**, including paid furlough time of missionaries, periods of total disability under a Synod or Synod Agency Group LTD Plan and the waiting period applicable thereto. (2) Service of a **Participant** who is: (a) an employee of Erskine College or Erskine Theological Seminary; (b) a military Chaplain; and (c) a salaried, ordained minister of the Church serving in a pastoral ministry of the Church outside the United States under the terms of a Call approved by a Presbytery of the Church.

**Credited Earnings for Service as an Employee:** Except for Value of Manse and Tax Deferred Annuities, include only those allowances **paid to you**.

**Sources of Credited Earnings & Dates of Service, January 1 – December 31**

**(Source will be name of Church or General Synod Agency)**

Source A (Name): \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
 Source B (Name): \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
 Source C (Name): \_\_\_\_\_ Dates of Service: \_\_\_\_\_

**Report of Earnings for \_\_\_\_\_ (For Service as Employee)**

ITEM	Source A	Source B	Source C	TOTAL EARNINGS	Information Budgeted for Next Year
A. Base Salary	\$	\$	\$	\$	\$
B. Tax Deferred Annuity*	\$	\$	\$	\$	\$
C. <b>Sub-Total</b> (Add A+B)	\$	\$	\$	\$	\$
D. Manse Value***	\$	\$	\$	\$	\$
E. Housing/Utility Allowance	\$	\$	\$	\$	\$
F. Auto/Travel Allowance	\$	\$	\$	\$	\$
G. Social Security Allowance	\$	\$	\$	\$	\$
H. Other Allowances	\$	\$	\$	\$	\$
<b>Total Earnings</b> (Add C-H)	\$	\$	\$	\$	\$

\* Enter amount withheld by Salary Reduction Agreement, if any.

\*\*\* If manse is provided, enter 40% Sub-Total on Line "D."

I hereby affirm that the above information is true to the best of my knowledge and belief.

Date: \_\_\_\_\_ Participant's Signature: \_\_\_\_\_

**Return To:** Board of Benefits  
 Associate Reformed Presbyterian Center  
 One Cleveland Street, Suite 110  
 Greenville, SC 29601-3696

Have you opted out of Social Security participation? \_\_\_\_ Yes \_\_\_\_ No