



CHURCH
PENSION FUND

19 East 34th Street
New York, NY 10016
www.cpg.org

New Assignment Notice

When you begin a new assignment, please sign and complete this form and return it to us as soon as possible. Representatives of all churches or church-related units that provide compensation should also sign it. Retirement benefits for you and your family are based on the information we have about the amount of your compensation, so it is important that we have accurate, up-to-date information. Please sign, date and return this form to **The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Client Services Operations.** If you have any questions, call us at (866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET (excluding holidays).

As you complete the form, the following definitions may be helpful:

- **Source:** The church (or church-related unit) that pays any or all of the cleric's compensation. Include full name, mailing address, and contact information.
- **Effective Date:** The effective date of the change, which is the date the new compensation began or will begin.
- **Cash Stipend:** Wages and/or stipends received on a regular basis; usually weekly, bi-weekly or monthly.
- **Social Security Tax Reimbursements:** Amounts provided by the employer to offset self-employment taxes imposed by the Internal Revenue Code.
- **ER Paid Tuition for Dependents:** Amount paid by the employer for clergy dependents' tuition.
- **ER Paid 403(b) Contributions:** Employer contributions made to a **qualified** defined contribution retirement plan (e.g., 403(b), 401(a), IRA, etc.).
- **Other Taxable Income:** Other income taxable under the Internal Revenue Code, as determined by the Plan Administrator.
- **Utilities:** Amounts paid to the cleric by the employer to cover the cost of utility bills, including but not limited to fuel, gas, and electricity, or amounts paid on the cleric's behalf.
- **Housing Equity Allowance:** Employer contributions (funded or not funded) to a **non-qualified** deferred compensation plan or a sum stated in a "promise to pay" agreement.
- **Cash Housing Allowance:** Amount provided by the employer to cover the cost of the cleric's housing. Report only an amount that is **in addition to** the Cash Stipend, not the portion of the Cash Stipend that has been designated as a housing allowance. If the cleric receives **both** a Cash Housing Allowance and housing rent-free, see the rule below.
- **Church-Provided Housing and/or Meals:** Indicate whether or not housing and/or meals are provided. This is important for us to know in calculating the total compensation on which assessments are based (called **Total Assessable Compensation**).
 - **If housing is provided rent-free**, the value of housing added to Total Assessable Compensation will be assumed to be 30% of the total of the Cash Stipend, Social Security Tax Reimbursements, ER Paid Tuition for Dependents, and Utilities (referred to as the "**30% Housing Rule**").
 - **If both housing and meals are provided free-of-charge**, the value of housing added to Total Assessable Compensation will be assumed to be 40% of the Cash Stipend, Social Security Tax Reimbursements, ER Paid Tuition for Dependents, and Utilities.
 - **If housing is provided rent-free and the cleric receives an additional Cash Housing Allowance**, the value of housing added to Total Assessable Compensation will be assumed to be the **greater of** (a) the 30% Housing Rule or (b) the actual Cash Housing Allowance received.
 - **If the cleric receives compensation from more than one church or church-related unit but only one provides housing**, all employers are assessed for a proportionate share of the cleric's housing.
- **One-Time Payments:** Includes Bonus, Overtime, Severance, and Special Service Fees.

Do not include insurance premiums, reimbursement of auto expenses, travel expenses, or continuing education expenses in the compensation if they are not taxable income. **Show all amounts on an annual basis.**



New Assignment Notice

Personal Information

First Name	MI	Last Name
Address		
City	State	Zip
Home Phone	Cell Phone	Email
Your Diocese (Canonical Residence)		
Previous Employer		Date Your Compensation Ended
Marital Status	Single Married	Date of Marriage _____
Spouse's Name	Spouse's Social Security #	

New Assignment

List all amounts on an **annual basis**. For explanations of each category, see the first page.

Source

Organization Name	Title
Address	
City	State Zip
Phone	Email

	\$	\$	\$	\$
Effective Date	Cash Stipend	Social Security Tax Reimbursements	ER Paid Tuition for Dependents	ER Paid 403(b) Contribution
Exempt				
Non-Exempt				
	\$	\$	\$	\$
Hours Worked Per Year	Other Taxable Income	Utilities	Housing Equity Allowance	Cash Housing Allowance
	Housing provided?	Yes No	Meals provided?	Yes No

One-Time Payments

	\$	\$	\$	\$
Effective Date	Bonus	Overtime	Severance	Special Service Fees

Employer's Signature	Diocese
Your Signature	Date ID# (CPF use)

Please note that this document is provided for informational purposes only and should not be viewed as investment, tax or other advice. In the event of a conflict between this document and the official plan documents, the official plan documents will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate or modify the terms of any benefit plans described in this document at any time, without notice and for any reason.