

**GENERAL SYNOD ARP CHURCH  
GUIDE FOR CALCULATING ANNUAL BENEFIT COSTS – 2018**

Participant (Enter Name): \_\_\_\_\_

**ANNUAL EARNINGS CALCULATION**

Select by marking with X

A. Enter Annual Base Salary \_\_\_\_\_

**YES**      **NO**

B. IS MANSE OR APARTMENT PROVIDED? (If Manse is provided, add 40% of BASE SALARY.)

C. HOUSING/UTILITY ALLOWANCE **PAID** TO PARTICIPANT\*

D. AUTO/TRAVEL ALLOWANCE **PAID** TO PARTICIPANT\*

E. SOCIAL SECURITY ALLOWANCE **PAID** TO PARTICIPANT

F. OTHER ALLOWANCES **PAID** TO PARTICIPANT\*

G. TOTAL ANNUAL EARNINGS (Add "A" Through "F")

\* Do not include reimbursements under an "Accountable Expense Reimbursement Plan"

**ANNUAL RETIREMENT PLAN CONTRIBUTION CALCULATION (01/01/2018 – 12/31/2018)**

**YES**      **NO**

H. DOES EMPLOYEE PARTICIPATE IN ARP RETIREMENT PLAN?

I. RETIREMENT PLAN COVERED EARNINGS: Lesser of \$120,000 or the Total from G\*\*

\*\*2016 IRS maximum earnings for Retirement Plan is \$120,000 (2018 figure to be announced Oct 2017)

J. CONTRIBUTION RATE FOR ACTIVE PARTICIPANTS

12%

K. ANNUAL CONTRIBUTION ("I" x "J")

**ANNUAL INSURANCE PREMIUM CALCULATION – Rates Effective: August 1, 2017**

**YES**      **NO**

IS THE EMPLOYEE FULL-TIME (WORKS AT LEAST 30 HOURS PER WEEK)?

If no, is ineligible

COVERAGE AREA	Select		Annual Rates	Enter Cost
	Coverage (X)			
<b>Medical (Choose One)</b>				
L. Employee Only	<input type="checkbox"/>		\$ 8,192.64	
M. Employee + 1	<input type="checkbox"/>		\$ 16,385.40	
N. Employee and Family	<input type="checkbox"/>		\$ 20,235.84	
<b>Dental (Choose One)</b>				
O. Employee Only	<input type="checkbox"/>		\$ 532.32	
P. Employee + 1	<input type="checkbox"/>		\$ 1,064.52	
Q. Employee and Family	<input type="checkbox"/>		\$ 1,514.40	

Employee Term Life and Accidental Death*** (Choose R or S)	Select		Annual Rates	Enter Cost
	Coverage (X)			
R. Hourly Employee (\$20,000 Coverage)	<input type="checkbox"/>		\$ 59.04	
S. Salaried Employee (\$50,000 Coverage)	<input type="checkbox"/>		\$ 147.60	
***coverage for those under age 70. If over age 70, coverage and premiums are decreased by 35%				
T. Dependent Life (If Participant has Dependents) Spouse - \$5,000; Dependents Over 6 Mo. - \$2,500. Dependent 15 days to 6 Mo - \$200.	<input type="checkbox"/>		\$ 18.00	

Long Term Disability (LTD) - Lesser of \$150,000 or Total Earnings (item "G") from above.\*\*\*\*

	Earnings from above	Rate	Enter Cost
U. Annual Earnings (From "G" above)		\$ 0.00440	
<b>TOTAL ANNUAL INSURANCE COST (Sum of All Items Entered)</b>			

\*\*\*\* Maximum earnings for LTD is \$150,000

**TOTAL PACKAGE (Retirement and Insurance)**