

**GENERAL SYNOD ARP CHURCH  
GUIDE FOR CALCULATING ANNUAL BENEFIT COSTS – 2017**

Participant (Enter Name):

**ANNUAL EARNINGS CALCULATION**

|  |                                 |                      |                      |
|--|---------------------------------|----------------------|----------------------|
|  | <b>Select by marking with X</b> |                      |                      |
| A. Enter Annual Base Salary  |                                 |                      | <input type="text"/> |
|  | <b>YES</b>                      | <b>NO</b>            |                      |
| B. IS MANSE OR APARTMENT PROVIDED? (If Manse is provided, add 40% of BASE SALARY.) | <input type="text"/>            | <input type="text"/> | <input type="text"/> |
| C. HOUSING/UTILITY ALLOWANCE PAID TO PARTICIPANT*                                  |                                 |                      | <input type="text"/> |
| D. AUTO/TRAVEL ALLOWANCE PAID TO PARTICIPANT*                                      |                                 |                      | <input type="text"/> |
| E. SOCIAL SECURITY ALLOWANCE PAID TO PARTICIPANT                                   |                                 |                      | <input type="text"/> |
| F. OTHER ALLOWANCES PAID TO PARTICIPANT*   |                                 |                      | <input type="text"/> |
| G. TOTAL ANNUAL EARNINGS (Add "A" Through "F")                                     |                                 |                      | <input type="text"/> |

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

**ANNUAL RETIREMENT PLAN CONTRIBUTION CALCULATION (01/01/2017 – 12/31/2017)**

|  |                      |                      |                      |
|--|----------------------|----------------------|----------------------|
|  | <b>YES</b>           | <b>NO</b>            |                      |
| H. DOES EMPLOYEE PARTICIPATE IN ARP RETIREMENT PLAN?                           | <input type="text"/> | <input type="text"/> |                      |
| I. RETIREMENT PLAN COVERED EARNINGS: Lesser of \$120,000 or the Total from G** |                      |                      | <input type="text"/> |

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

|  |                      |
|--|----------------------|
| J. CONTRIBUTION RATE FOR ACTIVE PARTICIPANTS | 12%                  |
| K. ANNUAL CONTRIBUTION ("I" x "J")           | <input type="text"/> |

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

|   |                      |                      |                       |
|---|----------------------|----------------------|-----------------------|
|   | <b>YES</b>           | <b>NO</b>            |                       |
| IS THE EMPLOYEE FULL-TIME (WORKS AT LEAST 30 HOURS PER WEEK)? | <input type="text"/> | <input type="text"/> | If no, is ineligible. |

| COVERAGE AREA               | Select Coverage (X)  | Annual Rates | Enter Cost           |
|-----------------------------|----------------------|--------------|----------------------|
| <b>Medical (Choose One)</b> |                      |              |                      |
| L. Employee Only            | <input type="text"/> | \$ 7,207.20  | <input type="text"/> |
| M. Employee + 1             | <input type="text"/> | \$ 14,414.52 | <input type="text"/> |
| N. Employee and Family      | <input type="text"/> | \$ 17,801.88 | <input type="text"/> |
| <b>Dental (Choose One)</b>  |                      |              |                      |
| O. Employee Only            | <input type="text"/> | \$ 493.92    | <input type="text"/> |
| P. Employee + 1             | <input type="text"/> | \$ 987.72    | <input type="text"/> |
| Q. Employee and Family      | <input type="text"/> | \$ 1,405.08  | <input type="text"/> |

| Employee Term Life and Accidental Death*** (Choose R or S) | Select Coverage (X)  | Annual Rates | Enter Cost           |
|--|----------------------|--------------|----------------------|
| R. Hourly Employee (\$20,000 Coverage)                     | <input type="text"/> | \$ 59.04     | <input type="text"/> |
| S. Salaried Employee (\$50,000 Coverage)                   | <input type="text"/> | \$ 147.60    | <input type="text"/> |

\*\*\*coverage for those under age 70. If over age 70, coverage and premiums are decreased by 35%

|  |                      |          |                      |
|--|----------------------|----------|----------------------|
| T. Dependent Life (If Participant has Dependents)<br>Spouse - \$5,000; Dependents Over 6 Mo. - \$2,500. Dependent 15 days to 6 Mo - \$200. | <input type="text"/> | \$ 18.00 | <input type="text"/> |
|--|----------------------|----------|----------------------|

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

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

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

**TOTAL PACKAGE (Retirement and Insurance)**