



**CATAWBA PRESBYTERY**

**ASSOCIATE REFORMED PRESBYTERIAN  
CHURCH**

**STATED SUPPLY AGREEMENT**

We the officers and members of the Session of \_\_\_\_\_ Associate Reformed Presbyterian Church of \_\_\_\_\_ do hereby agree to the Stated Supply Agreement below with \_\_\_\_\_ to serve \_\_\_\_\_ hours a week effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and we promise and obligate ourselves to:

**NOTE: If a Stated Supply works more than 30 hours per week, the Church shall be obligated to offer enrollment in Synod's Health and Dental Insurance for the minister and his dependents.**

1. Basic compensation:

- 1) Total Compensation of \$\_\_\_\_\_ which includes
  - a. Base Salary \$\_\_\_\_\_
  - b. Housing Allowance \$\_\_\_\_\_
  - c. Travel Allowance \$\_\_\_\_\_

2. Pay 100% of Synod's life, health and dental insurance for the pastor and his family, with the following proviso that if a minister's spouse has group insurance that covers her and/or their dependents for medical and/or dental insurance that it be permitted for the minister to participate and waive medical and/or dental insurance under the single rather than family category of insurance; and further, the pastor may also elect to remain under his wife's policy if he is covered as a dependent.

**{Select a, b, c or d if Stated Supply works more than 30 hours per week.}**

- a. \_\_\_\_ Provide Synod's life, health and dental insurance package for the Stated Supply and his family.
- b. \_\_\_\_ Stated Supply waives \_\_\_\_ medical and/or \_\_\_\_ dental coverage under Synod's group policy for his dependents who are covered under the spouse's group policy.
- c. \_\_\_\_ Stated Supply waives \_\_\_\_ medical and/or \_\_\_\_ dental coverage under Synod's group policy for himself and his dependents who are covered under the spouse's group policy.
- d. \_\_\_\_ Stated Supply is covered under Medicare and waives medical and dental coverage under Synod's group policy for himself and his dependents.

3. The Church provides the cost of Life, Long Term Disability and Accidental Death coverage provided by and as required by the General Synod. **{Required if works 30 hours per week or more}**

4. Grant you an annual vacation of \_\_\_\_ weeks.

5. Other [List each item]

Signed: \_\_\_\_\_  
Clerk of Session

Signed: \_\_\_\_\_  
Stated Supply Candidate