

GENERAL SYNOD ARP CHURCH GUIDE FOR CALCULATING ANNUAL BENEFIT COSTS EFFECTIVE 01/01/2025 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				
H. DOES EMPLOYEE PARTICIPATE IN ARP RETIREMENT PLAN?				YES NO
I. RETIREMENT PLAN COVERED EARNINGS				
J. CONTRIBUTION RATE FOR ACTIVE PARTICIPANTS				12%
K. ANNUAL CONTRIBUTION ("I" x "J")				
ANNUAL INSURANCE PREMIUM CALCULATION – Rates Effective: January 1, 2025				
IS THE EMPLOYEE FULL-TIME (WORKS AT LEAST 30 HOURS PER WEEK)?				YES NO
				If no, is ineligible.
Select Coverage (X)		Annual Rates		Enter Cost
Medical (Choose One)				
<i>Traditional Co-Pay Plan</i>				
Employee Only		\$ 11,066.28		
Employee + 1		\$ 23,792.52		
Employee and Family		\$ 29,878.92		
<i>HDHP Buy-Up Plan</i>				
Employee Only		\$ 10,200.72		
Employee + 1		\$ 21,931.56		
Employee and Family		\$ 27,542.04		
<i>HDHP Base Plan</i>				
Employee Only		\$ 8,180.40		
Employee + 1		\$ 17,587.80		
Employee and Family		\$ 22,086.96		
Dental (Choose One)				
Employee Only		\$ 603.72		
Employee + 1		\$ 1,137.00		
Employee and Family		\$ 1,599.24		
Vision (Choose One)				
Employee Only		\$ 83.52		
Employee + 1		\$ 151.68		
Employee and Family		\$ 225.12		
Employee Term Life and Accidental Death*** (Choose Hourly or Salaried)				
Select Coverage (X)				
Hourly Employee (\$20,000 Coverage)		\$ 67.20		
Salaried Employee (\$50,000 Coverage)		\$ 168.00		
***coverage for those under age 70. If over age 70, coverage and premiums are decreased by 35%)				
Dependent Life (If Participant has Dependents): Spouse-				
		\$ 18.00		
\$5,000; Dependents Over 6 Mo-\$2,500; Dependent 15 days to 6 Mo-\$200				
Long Term Disability (LTD) - Lesser of \$150,000 or Total Earnings (item "G") from above.****				
		Earnings from above	Rate	
Annual Earnings (From "G" above)			0.0043	
TOTAL ANNUAL INSURANCE COST (Sum of All Items Entered)				
**** Maximum earnings for LTD is \$150,000				
TOTAL PACKAGE (Retirement and Insurance)				