



CHURCH OF THE BRETHREN PENSION PLAN

A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.
1505 Dundee Avenue • Elgin, IL 60120-1619
800-746-1505 • 847-695-0200 • Fax 847-622-3399
www.cobbt.org • pension@cobbt.org

2018 Pension Plan Remittance Form

(ACH Electronic Payment)

Member name _____
SSN _____
Person Sending Remittance _____
Email _____
Daytime Phone _____

Plan # _____ Church Code _____

Employer _____ (church, district, camp, etc.)
Church Address _____

**Electronic transfers are posted monthly, on the first business day of each month.
Complete this form annually or if salary and/or housing allowance changes.**

Notify Brethren Pension Plan IMMEDIATELY of ANY CHANGE in employment so that the appropriate adjustment can be made to your ACH withdrawal.

Pension Base Calculation

- A. Base cash salary _____ (A)
- B. If housing allowance (including utilities) is given, use actual amount. _____ (B)
(If parsonage is provided, use 20 percent of (A) or the rental value of the parsonage.)
- C. **Total Annual Pension Base (A) + (B)** _____ (C)

Contribution Calculation

On lines (D), (E), and (F) multiply the Total Annual Pension Base (C) by percentage elected in your supplement to determine the annual employer and member contribution figures. (As a guideline, Annual Conference recommends 11% employer, 4% member, and 1% for CWAP.)

Annual Contribution	Monthly Contribution <small>Divide Annual Contribution by 12 to determine Monthly Contribution.</small>
--------------------------------	---

Recommended Contribution

- D. Employer (ERB1) _____% or recommended 11% \$ _____ \$ _____ (D)
- E. Employer – 1% CWAP* _____ (E)
- F. Member – Tax Deferred (BEF1) _____% or recommended 4% _____ (F)
 - Tax Paid (AFT1) _____% or recommended 4% _____ (F)
 - Roth (RTH1) _____% or recommended 4% _____ (F)

Additional Contribution

- G. Member – Tax Deferred (BEF2) Optional: _____% or dollar amount _____ (G)
 - Tax Paid (AFT2) Optional: _____% or dollar amount _____ (G)
 - Roth (RTH2) Optional: _____% or dollar amount _____ (G)

Total Contribution (same as monthly ACH) (D) + (E) + (F) + (G) \$ _____ \$ _____

* Per Annual Conference action, local churches, districts, and camps are to contribute to the Church Workers' Assistance Plan.