



# CHURCH OF THE BRETHREN PENSION PLAN

A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.  
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# 2017 Pension Plan Remittance Form

(ACH Electronic Payment — Tax Deferred)

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 (includes 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.)

	<b>Annual Contribution</b>	<b>Monthly Contribution</b> <small>Divide Annual Contribution by 12 to determine Monthly Contribution.</small>
<b>Recommended Contribution</b>		
D. Employer (ERB1) _____% or recommended 11%	\$ _____	\$ _____(D)
E. Employer – 1% CWAP*	_____	_____ (E)
F. Member Tax Deferred (BEF1) _____% or recommended 4%	_____	_____ (F)
<b>Additional Contribution</b>		
G. Member Tax Deferred (BEF2) Optional: _____% or dollar amount	_____	_____ (G)
<b>Total Contribution (same as monthly ACH)</b>	<b>\$ _____</b>	<b>\$ _____</b>

\* Per Annual Conference action, a Church Workers' Assistance Plan contribution is required of employers for all employees of local churches, districts, and camps.