



**Evangelical Free Church of America**  
 Administered by: **FCMM Benefits & Retirement**  
Mail to: 901 East 78th Street, Minneapolis, MN 55420  
 (800) 995-5357 [benefits@fcmmbenefits.org](mailto:benefits@fcmmbenefits.org)  
**Group Long Term Disability Insurance & Term Life/AD&D**  
 Enrollment/Update Form  
 Policy # 930391/Div #001

**FORM 103: SALARY WORKSHEET & INFORMATION/CHANGE**

**Payroll deduction premium payment employees are only eligible to enroll for coverage during the eligibility period** established by employer, or they must then wait until a future open enrollment period, usually in December each year, to apply for coverage.

If the *premium is paid by the employer as a staff benefit*, then new eligible employees are enrolled the first of the month following the eligibility period and premiums are paid beginning on that date.

Prompt completion of enrollment forms to FCMM Benefits and Retirement enables timely coverage. Accurate and current **salary information** is necessary for our carrier. Salary changes as well as other updates should be reported on Form 103: Salary Worksheet & Information/Change, which may be downloaded from [fcmmbenefits.org](http://fcmmbenefits.org). Up-to-date salary information is essential to be on file for full benefits in the event of a claim. Verification will occur at the time of any claim filed.

(PLEASE PRINT)

EMPLOYEE'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYEE'S ADDRESS \_\_\_\_\_

EFCA CHURCH OR ORGANIZATION \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

PERSON PROVIDING THIS INFORMATION \_\_\_\_\_

DATE INFORMATION WAS PROVIDED \_\_\_\_\_

Combined total of salary and housing allowance is considered when figuring a pastor's "salary" for premium and benefit:

**1. Annual Base Salary** \$ \_\_\_\_\_

**Line 1** should report the employee's annual salary which does include:

- Salary added for clergy Social Security offset
- Salary added in lieu of health insurance
- Employee payroll-deducted contribution to Health Savings Account or Flexible Spending Account
- Employee payroll-deducted salary deferral for retirement contribution

**Line 1** should not include:

- Housing Allowance and/or Fair Rental Value for Parsonage (enter this amount in Line 2)
- Reimbursement for business expenses
- Employer retirement contributions
- Other employer-paid nontaxable benefits (example: dental insurance)

**2. Housing Allowance and/or Fair Rental Value** \$ \_\_\_\_\_

*(For qualified pastoral staff only)*

**Line 2** should indicate the employee's approved designated Pastoral Staff housing allowance and/or fair rental value of housing provided by the church (if applicable).

**3. TOTAL SALARY (add lines 1 and 2)\*** \$ \_\_\_\_\_

With initial enrollment, enter this amount on page 1 of enrollment form.

I participate in an employer-sponsored retirement plan.  Yes  No

**Submit pages 1-4 for initial enrollment to FCMM.** Please note: The participating church must have a board minute or resolution stating participation in the plan and type of premium payment on file with the FCMM Benefits office. That form must be in agreement with what the employee has checked on the enrollment form for the method of payment.