



<b>Additional Optional Benefits</b>		
Social Security Offset/SECA Allowance (7.65% of Effective Salary) Please Note: This benefit is taxable, per IRS rules.	\$	\$
Optional Board of Pensions (rates at <a href="http://www.pensions.org">www.pensions.org</a> )		
Vision	\$	\$
Dental	\$	\$
Supplemental Death	\$	\$
403b Employer Matching Contribution	\$	\$
<b>TOTAL</b>	\$	\$
Whitewater Valley Presbytery FSA/HRA**	\$	\$
Sabbatical Leave, after how many years of continuous service?	5	years
<b>Total Investment</b>	\$	\$

\*\* Please contact COM Liaison or Transitional Lead Presbyter for information regarding 2025 Spouse/Dependent Medical coverage **rates and requirements** and/or Whitewater Valley Presbytery FSA/HRA programs.

### **Certification of Call (A to C At Beginning of Call; C only Annually)**

**A. Action by Commission on Ministry for Whitewater Valley Presbytery**

- The Commission on Ministry of the Presbytery of Whitewater Valley has reviewed and approved this call with the compensation listed.

Date of action \_\_\_\_\_ (Signed) \_\_\_\_\_  
COM Chair or Authorized Signer

**B. Acceptance of the Call**

This is to certify that I have received and accepted the call with the compensation listed.

Date of action \_\_\_\_\_ (Signed) \_\_\_\_\_  
Pastor/Minister

**C. Vote of the Call**

This is to certify that the Session and Congregation have voted to accept this call with the compensation listed.

Date of Session Approval \_\_\_\_\_ Date of Congregational Meeting \_\_\_\_\_  
(Signed) \_\_\_\_\_  
Clerk of Session