



**CHURCH
PENSION FUND**

19 East 34th Street
New York, NY 10016
www.cpg.org

New Assignment Notice

When you begin a new assignment, please sign and complete this form and return it to us as soon as possible. Representatives of all churches or church-related units that provide compensation should also sign it. Retirement benefits for you and your family are based on the information we have about the amount of your compensation, so it is important that we have accurate, up-to-date information. Please sign, date and return this form to **The Church Pension Fund, 19 East 34th Street, New York, NY 10016, Attn: Pension Services**. If you have any questions, call us at (866) 802-6333, Monday – Friday, 8:30AM – 8:00PM ET (excluding holidays).

As you complete the form, the following definitions may be helpful:

- **Source:** The church (or church-related unit) that pays any or all of your compensation. Include full name, mailing address, and contact information.
- **Effective Date:** The beginning date for your compensation in your new assignment.
- **Cash Stipend:** Wages and/or stipends received on a regular basis; usually weekly, bi-weekly or monthly.
- **Social Security Tax Reimbursements:** Amounts provided by the employer to offset self-employment taxes imposed by the Internal Revenue Code.
- **ER Paid Tuition for Dependents:** Amount paid by the employer for dependents' tuition.
- **ER Paid 403(b) Contributions:** Annual employer contributions made to a qualified retirement plan (e.g., 403(b), 401(a), IRA, etc.).
- **Other Taxable Income:** Other income taxable under the Internal Revenue Code, as determined by the Plan Administrator.
- **Utilities:** Amounts paid by the employer to cover the cost of utility bills, including but not limited to fuel, gas and electricity, or amounts paid on your behalf.
- Indicate whether or not housing and/or meals are provided. This is important for us to know in calculating the total compensation on which assessments are based (called **Total Assessable Compensation**).
 - **If housing is provided rent-free**, the housing allowance added to Total Assessable Compensation will be assumed to be 30% of the total of the Cash Stipend, Social Security Tax Reimbursements, ER Paid Tuition for Dependents, and Utilities.
 - **If both housing and meals are provided free-of-charge**, the housing allowance added to Total Assessable Compensation will be assumed to be 40% of the Cash Stipend, Social Security Tax Reimbursements, ER Paid Tuition for Dependents, and Utilities.
 - **If you receive a Housing Equity Allowance**, the actual amount received will be added to Total Assessable Compensation. Housing equity may consist of (a) employer contributions made to a qualified plan, (b) employer contributions (funded or not funded) to a non-qualified deferred compensation plan or (c) a sum stated in a "promise to pay" agreement. Make sure you do not report the same amount in the field for ER Paid 403(b) Contributions as you report in this field; otherwise, it will be double-counted.
 - **If you receive a Cash Housing Allowance**, the actual amount received may or may not be added to Total Assessable Compensation. It will be added if you receive only a cash housing allowance. If you receive both a cash housing allowance and free housing, the total housing allowance will be assumed to be the greater of (a) 30% housing or (b) the actual cash housing allowance received.
 - **If you receive compensation from more than one church or church-related unit, but only one provides housing**, both/all are assessed for a proportionate share of your housing.
- **One-Time Payments:** Include any bonus, overtime, severance, and special service fees.

Do not include insurance premiums, reimbursement of auto expenses, travel expenses, or continuing education expenses in the compensation if they are not taxable income. **Show all amounts on an annual basis.**

Please note that this document is for informational purposes only and should not be viewed as investment, tax or other advice. In the event of a conflict between this document and the official plan documents, the official plan documents will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate or modify the terms of any benefit plans described in this document at any time, without notice and for any reason.

Revised effective 8/14



New Assignment Notice

Personal Information

First Name	MI	Last Name
Address		City
		State
		Zip
Home Phone	Cell Phone	Email
Your Diocese (Canonical Residence)		
Previous Employer		Date Your Compensation Ended
Marital Status	Single Married	Date of Marriage _____
Spouse's Name		Spouse's Social Security #

New Assignment

List all amounts on an annual basis. For explanations of each category, see the accompanying letter.

Source

Organization Name	Title			
Address				
City		State	Zip	
Phone	Email			
_____	\$ _____	\$ _____	\$ _____	\$ _____
Effective Date	Cash Stipend	Social Security Tax Reimbursements	ER Paid Tuition for Dependents	ER Paid 403(b) Contribution
Exempt				
Non-Exempt				
_____	\$ _____	\$ _____	\$ _____	\$ _____
Hours Worked Per Year	Other Taxable Income	Utilities	Housing Equity Allowance	Cash Housing Allowance
	Housing provided?	Yes No	Meals provided?	Yes No
Employer's Signature		Date		
Your Signature		Date	ID# (CPF use)	