

Please use this worksheet to calculate the first month's contribution for each of the plans in which you are enrolling. A church/employer check for this amount is to be sent with the enrollment forms.

Employer Retirement Plan

Total compensation (reported on "Your Compensation Info" of CB Enrollment Application Form).	A.	
Contribution If is a dollar amount, enter <i>monthly</i> amount to be paid.	B.	
Contribution if is a percentage of compensation. Multiply amount on line "A" by percentage entered in the CB Enrollment Application form – under 403b Employer Contribution).	C.	
Do this step if working with a percentage. Divide amount on line "C" by 12 months.	D.	
Initial Month's Contribution to 403(b) Employer Retirement Plan (enter amount from <i>either</i> line "B" or line "D").		E.

Employee Voluntary Payroll Election

Total compensation (reported on "Your Compensation Info" of CB Enrollment Application Form).	F.	
Contribution If is a dollar amount, enter <i>monthly</i> amount to be paid.	G.	
Contribution if is a percentage of compensation. Multiply amount on line "F" by percentage entered in the CB Enrollment Application form – under 403b Employee Contribution).	H.	
Do this step if working with a percentage. Divide amount on line "H" by 12 months.	I.	
Initial Month's Contribution to 403(b) Employee Deferral Plan (enter amount from <i>either</i> line "G" or line "I").		J.

Participation in Life & LTD Insurance (requires a 403(b) Employer RP enrollment to be eligible)

Total compensation (reported on "Your Compensation Info" of CB Enrollment Application Form).	K.	
Multiply amount on line "K" by 2 % (.02).	L.	
Divide amount on line "L" by 12 months.	M.	
Initial Month's Premium for Ins. & Services (line "M").		N.

Amount to be sent with Enrollment Forms

Total of lines "E" + "J" + "N"		\$
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Please keep a copy of this form for your records and return the original to:

Church Benefits Board
160 Clairemont Avenue, Suite 500,
Decatur, GA 30030

Phone: (800) 352-8741
Fax: (770) 220-1661
Web: www.churchbenefits.org