



Salary Report Form

INSTRUCTIONS		
Please complete by making corrections or changes regarding your employment status. This form is required to be signed by you and your employer. Upon completion of the form, you must forward it to us so that we may update your account accordingly.		
EMPLOYER INFORMATION		
Please check below for billing purposes: <input type="checkbox"/> New Employer <input type="checkbox"/> Existing Employer: ID _____ (locate Employer ID on billing statement)		<input type="checkbox"/> Changes in Employer Information <input type="checkbox"/> Changes in Employee Information
Employer Name	Address (number and street)	City/State/ZIP
Telephone number (with area code) () -	E-mail address	
PERSONAL INFORMATION		
Name of employee (last, first, middle initial)	Member ID (located on Quarterly Statement) XXXX - XXX	
Address (number and street)	City/State/ZIP	
Telephone number (with area code) () -	E-mail address @	
SALARY INFORMATION		
	Submitted	Corrected
Salary	\$	\$
Housing Allowance	\$	\$
Total Annual Salary Basis*	\$	\$
Salary Effective Date	/ /	/ /
Date Approved by Church	/ /	/ /
Employer Contribution	% \$	% \$
ERCA**	\$	\$
Employee After-Tax Contribution**	\$	\$
Insurances (Please check all that apply) <input type="checkbox"/> Life Insurance and Disability Income Benefit Plan <input type="checkbox"/> Medical Benefits Plan <input type="checkbox"/> Dental Benefits Plan <input type="checkbox"/> Vision Benefits Plan		
*Please provide the average or typical number of hours worked per week	Full-time	Part-time
**Please complete a Employee Retirement Contribution Agreement (formerly the TSA Salary Reduction Agreement) form if making pre-tax contributions or post-tax contributions by salary reduction. This form is to be signed by the employer and submitted to the Pension Boards prior to the effective date of the first payroll deduction.		

SIGNATURE AND DATE

Signature of employee	Date / /20
The undersigned hereby agrees to make payments to the Pension Boards for the individual noted in this report, based on the effective date and salary data shown.	
Signature of the Treasurer or Other Officer	Date / /20