

CANDIDATES FOR MEMBERSHIP IN THE PRESBYTERY OF LOS RANCHOS
STATEMENT OF PARTICIPATION OR NON PARTICIPATION IN SOCIAL SECURITY

The death, disability, and retirement benefits offered to pastors in the Presbyterian Church (U.S.A.) through its Board of Pensions are established based on the assumption that pastors will participate in the United States Social Security System.

When Board of Pensions benefits are combined with Social Security benefits, pastors and their families can anticipate sufficient income to avoid a dramatic decline in standard of living should the pastor retire, become disabled or die. This is especially relevant for younger pastors with families; and Social Security benefits are usually essential for providing sufficient income for raising and educating children if anything happens to the pastor.

Any pastor who has chosen not to participate in Social Security does so understanding that full responsibility for the financial well being of their spouse/family is theirs and theirs alone. For these reasons, **IF YOU ARE NOT ENROLLED IN SOCIAL SECURITY**, the Committee on Ministry requires you to sign the attached statement. A copy of this statement will be maintained by the Presbytery; a copy will be sent to the Pastor Nominating Committee; and you should keep a copy for your records.

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(Complete appropriate section, and cross out other section, initial next to section that is crossed out.)

<p>_____ Pastor</p> <p>_____ Witness</p> <p>_____ Witness</p>	<p>I, Rev. _____, am a participant in the United States Social Security System.</p>
<p>_____ Pastor</p> <p>_____ Witness</p> <p>_____ Witness</p>	<p>I, Rev. _____, affirm and acknowledge that I do not participate in the United States Social Security System, and I hereby notify the Presbytery of Los Ranchos and the _____ Church (Employing Organization) and its Pastor Nominating Committee that I do not participate in Social Security. I am aware of potential adverse financial consequences of not participating in Social Security, and that my non participation is likely to have serious negative consequences for me, my family or survivors in the event of my retirement, disability or death. I understand and agree that the Presbytery of Los Ranchos, the Church, the Presbyterian Church (U.S.A.) and its Board of Pensions have not agreed to, <u>and will not</u>, assume any financial</p>

<p>responsibility for caring for me, my family or survivors as a result of my non participation in Social Security, other than obligations which any of them may have (if any) as a result of benefits to which I am otherwise entitled to receive from the Presbyterian Church (U.S.A.) Board of Pensions at the time of my retirement, death or disability. I acknowledge that I have been advised to seek professional financial planning advice and to take steps to provide an alternative source of income for me, my family and survivors in the event of my retirement, disability or death.</p>

Pastor: _____

Date: _____

Rev. _____
(Signature)

Spouse (if applicable): _____

Date: _____ Signature: _____

Witnessed By: (printed name) _____

Date: _____

Signature: _____

Title _____

Witnessed By: (printed name) _____

Date: _____

Signature: _____

Title _____