
**BENEFIT EXEMPTION
DETERMINATION FOR MINISTER
SERVING LOCAL CHURCH PART-TIME**

Reformed Church in America
Board of Benefits Services
475 Riverside Drive, Suite 1606
New York, NY 10115
retirement@rca.org
Fax: 212-870-2491



Classis of _____

The undersigned confirms the following:

As the [insert title] _____ of the classis named above (the "Classis").

The Rev. _____ (the "Minister") currently serves [insert church name] _____ (the "Church").

The following determinations were made regarding benefits that may be required to be provided by the Church's consistory to the Minister under the terms of the RCA's Book of Church Order (Chapter 1, Part I, Article 7, Section 2):

[check applicable determinations]

Regarding participation in the RCA 403(b) Retirement Program, the consistory is exempt from fulfilling the provisions of the call form because:

___ the Minister is covered by the retirement plan sponsored by the Regional Synod of Canada or the retirement plan of the communion where the minister's membership is held;

___ the Minister is serving the Church part-time, as defined by the RCA's Board of Benefits Services, and circumstances warrant that the consistory be exempt from this requirement; or

___ the Minister is serving the Church less than part time, as defined by the RCA's Board of Benefits Services and circumstances warrant that the consistory of the Employer be exempt from this requirement.

Regarding group life insurance, the consistory is exempt from fulfilling the provisions of the call form because:

___ the Minister is serving the Church part-time, as defined by the RCA's Board of Benefits Services, and circumstances warrant that the consistory be exempt from this requirement; or

___ the Minister is serving the Church less than 17.5 hours, as defined by the RCA's Board of Benefits Services.

Regarding long term disability insurance, the consistory is exempt from fulfilling the provisions of the call form because:

___ the Minister is serving the Church part-time, as defined by the RCA's Board of Benefits Services, and circumstances warrant that the consistory be exempt from this requirement; or

___ the Minister is serving the Church less than part time, as defined by the RCA's Board of Benefits Services.

The foregoing determination(s) shall remain in effect until Board of Benefits Services receives written notice from the Classis to the contrary.

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ACKNOWLEDGMENT

The undersigned acknowledge receipt of the foregoing Benefit Exemption Determination and agree to its terms.

Classis Clerk

Dated: _____, 20__

Signature: _____

Printed Name: _____

Minister

Signature: _____

Printed Name: _____

Church Consistory

Name of Church: _____

Signature of Authorized Signer: _____

Printed Name and Title of Authorized Signer: _____

When completed and signed, mail to the following address:

RCA Board of Benefits Services
475 Riverside Drive, Suite 1606
New York, New York 10115