

## PCA CALL PACKAGE GUIDELINES

The 40th PCA General Assembly originally approved the PCA Call Package Guidelines designed by Geneva Benefits.

A survey of PCA Teaching Elders revealed that a significant majority of ordained ministers in the PCA desire more guidance in structuring their call packages. In response, Geneva Benefits created the Guidelines. The Guidelines provide practical guidance regarding call package content and structure, covering the essential elements of TE call packages and review other important compensation and tax issues affecting ministers. REs, TEs and TE spouses are encouraged to review this information to enhance their understanding of well-structured call packages.

The Call Package Guidelines have been updated to include new material based on feedback from our churches and presbyteries. Sections enhanced include those related to salary and the shortcomings of lump-sum call packages; sections added include proper uses of the document, counseling & coaching and sabbaticals.

Copies of the new version of the Call Package Guidelines may be requested from Geneva's office by phone at 678-825-1260, by email at [contact@genevabenefits.org](mailto:contact@genevabenefits.org), or downloaded from Geneva's website – <https://genevabenefits.org/call-package-guidelines/>.

**If you are looking for the Sample Form for Terms of Call, it is on the next page.**

## APPENDIX J

### SAMPLE FORM FOR TERMS OF CALL

Subject to the approval of the \_\_\_\_\_ Presbytery, the \_\_\_\_\_ (*Session, or Congregation, or Session on behalf of the congregation*) of \_\_\_\_\_ Church in \_\_\_\_\_ earnestly calls you, \_\_\_\_\_, to undertake the office of \_\_\_\_\_ in our congregation, promising you, in the discharge of your duty, all proper support, encouragement and obedience in the Lord. That you may be free from worldly care and avocations, we hereby promise and oblige ourselves to provide you with the following:

Annual Cash Salary & Housing Allowance, paid \_\_\_\_\_ (*semi-monthly, etc.*) \$ \_\_\_\_\_

The amount/portion dedicated to housing allowance will be determined by the Minister and approved by the Session before employment with the church in this new position and shall be reviewed prior to each fiscal year.

#### Primary Benefits

Social Security/Medicare Allowance: _____ % of salary + housing	\$ _____
Medical Insurance &/or Medicare Supplement Insurance (specific \$ amount)	\$ _____
Retirement Savings: _____ % of salary + housing	\$ _____
Long Term Disability Insurance: enough to replace _____ % of salary + housing	\$ _____
Life Insurance: amount equal to _____ x (salary + housing)	\$ _____
Equity Allowance if Minister living in a manse	\$ _____
Other _____	\$ _____

#### Secondary Benefits

Dental Insurance	\$ _____
Vision Insurance	\$ _____
Long Term Care Insurance	\$ _____

#### Temporary Benefits

Relocation expenses reimbursed up to a maximum of:	\$ _____
Other _____	\$ _____

Miscellaneous Paid Leaves per year. (Any specific church policies are described in a separate document.)

Vacation _____ days	Sick Leave _____ days
Educational Leave _____ days	Paternity Leave _____ days
Sabbatical Leave accrual _____ days	Funeral Leave _____ days

Any reimbursement of reasonable and necessary business expenses shall be in accord with a Session-adopted Accountable Reimbursement Plan, with a maximum amount specified in the annual church budget.

I, having moderated the \_\_\_\_\_ (*Session or Congregational*) meeting which extended a call to \_\_\_\_\_ for his ministerial services, do certify the call has been made in all respects according to the rules in the PCA *Book of Church Order* and the persons who signed the call were authorized to do so by vote of the \_\_\_\_\_ (*Session or Congregation*).

(Check if applicable) \_\_\_\_\_ Authority to approve these Terms was delegated by the Congregation to the Session at a congregational meeting on \_\_\_\_\_ (date).

Meeting Moderator (sign) \_\_\_\_\_ Print name \_\_\_\_\_

Position \_\_\_\_\_ Phone or e-mail \_\_\_\_\_

Date of Meeting \_\_\_\_\_ Vote: # Yes = \_\_\_\_\_ # No = \_\_\_\_\_

Minister-Elect (sign) \_\_\_\_\_ Print name \_\_\_\_\_

Send a copy to the Presbytery Clerk.