

Ministerial Excellence Fund

2 Corinthians 9:8

TO: ABC/IN-KY and ABC/GI
FROM: Marc L. Kirchoff, Minister of Grants and Fundraising
RE: MEF Insurance Premium Increase Assistance Grants
DATE: October 2011

I am sure you have, or soon will be, receiving word that health insurance premiums continue to increase. In an effort to help congregations provide insurance benefits for their Professional Church Leaders (PCLs) we are pleased to announce the extension of Insurance Premium Increase Assistance Grants (IPIAGs).

Through calendar year 2012 only, the Ministerial Excellence Fund (MEF) will offer grants to assist congregations who provide health insurance benefits to PCLs.

A PCL is defined as anyone employed by a local church or ministry and serving at least 30 hours in a paid ministry position within the ABC/IN-KY or ABC/GI Regions. Grant amounts of 50 percent of the increase in premiums from 2011 to 2012 are available. Grants require a dollar-for-dollar match from the applicant's local church.

- Grants and matching funds will provide the full amount of premium increase paid by the congregation on behalf of any or all members of the PCL's family covered.
- Insurance coverage may come from any provider – including plans in which the PCL's spouse is the primary insured. Grants will only cover increases in amounts paid by the congregation (for example, if a congregation pays for a pastor to be covered by insurance provided through the spouse's employer).
- Congregations may not reduce any part of the PCL's salary or benefits from the current (2011) levels in order to compensate for the increase in insurance premiums.
- Congregations may not require PCLs to pay any portion of the premium increase for calendar year 2012.
- The congregation must provide the full 50 percent of the premium increase as a match for grant funds.
- No grants will be awarded as partial fulfillment of premium increases. Insurance premium increases must be verified by completing the detailed application for each PCL.
- Applications (form included with this notice) must be accompanied by a statement from the church certifying that compensation packages are being maintained or increased from 2011 to 2012.

These grants are targeted to help congregations pay only for increases in premiums for health insurance currently provided to their PCLs. If a PCL is facing other insurance issues, they may contact me directly to discuss application for our regular MEF grants in the next cycle.

Applications are accepted immediately and any time during calendar year 2012. An abbreviated MEF Application Form has been developed and accompanies this memo.

NOTE: We offer no assurance that this initiative will be renewed for 2013. Therefore we encourage congregations to plan accordingly.

Questions should be directed to me at: 812-235-9303 or marckirchoff@abc-indiana.org

**Application for Ministerial Excellence Fund Insurance Premium Increase
Assistance Grant (one application required for each PCL covered)**

Name (Last, First, MI):		Email Address:	
Date of Birth:		Title: []Rev. []Dr. []Mr. []Mrs. []Miss []Ms.	
Home Address:		Home phone:	
		Cell Phone:	
Spouse's Name:		Have you discussed your application with church leaders? ___ Yes ___ No	
Date of Birth:		May we contact church leaders to discuss your application? Yes ___ No ___	
Dependents' Names and Dates of Birth:		May we contact your Area Resource Minister to discuss your application? ___ Yes ___ No	
		May we share your story (anonymously) to encourage others to participate in the MEF Ministry? ___ Yes ___ No ___	
Name & Address of Church:		Role: ___ Full-time ___ Part-time	
Phone number:		# Years at Church:	
		Ave. attendance:	
		Annual budget:	
		Ave. weekly offerings:	
To be completed by the Ministerial Excellence Team			
Date received:		Date Reviewed:	
Approved? ___ Yes ___ No		Date:	
MEF Director's Signature:		Date:	
Marc L. Kirchoff			

Amount of Request: \$

Applicant's compensation	Salary: Housing Allowance: Other:
Benefits provided by the church ___ Applicant only ___ Applicant and spouse ___ Family coverage	Health Insurance Provider: Dental Insurance Provider: Disability Insurance Provider: Life Insurance (death benefit): Retirement (please describe type and contributions):

2011 HEALTH INSURANCE INFORMATION

GROUP	INSURANCE PROVIDER	WHO IS COVERED	PREMIUM AMOUNT
		<input type="checkbox"/> SINGLE <input type="checkbox"/> COUPLE <input type="checkbox"/> FAMILY <input type="checkbox"/> SINGLE & CHILD(REN)	\$ _____ PER YEAR

What is the payment arrangement for your insurance?

1. Fully paid by the church.
2. Partially paid by the church and partially paid by you. How much? _____
3. Reimbursed by the church for coverage from the spouses employment?
4. Other payment arrangements. Please explain:

You must include a copy of a 2011 insurance premium statement or a pay stub that will support the amount and the frequency of payment.

You must include any correspondence that shows what the 2012 increase will be.

2012 HEALTH INSURANCE INFORMATION

GROUP	INSURANCE PROVIDER	WHO IS COVERED	PREMIUM AMOUNT
		<input type="checkbox"/> SINGLE <input type="checkbox"/> COUPLE <input type="checkbox"/> FAMILY <input type="checkbox"/> SINGLE & CHILD(REN)	\$ _____ PER YEAR

Treasurer's Name _____ Treasurer's Phone No. _____

Please return completed application to:

Mary Kassel, ABC/IN-KY, 1350 North Delaware Street, Indianapolis, IN 46202 or
marykassel@abc-indiana.org