

2024 Workers' Compensation Worksheet

INUMC Annual Conference

Church Name: _____ Senior Pastor: _____

Church ID: _____ Employer ID Number (EIN): _____

Enter the number of Parsonages occupied by the pastor(s):

*(Enter a fraction or percentage if your church contributes less than 100% to the parsonage)
(e.g if you are on a 2 point charge and split the costs evenly, enter ½ or 50% or 0.5)*

Annual 2024 Clergy Salaries:

(Enter the full year anticipated Salary- NOT pro-rated)

1) All Senior and Associate Pastors Anticipated Annual 2024 Salary: **1**

Staff Salaries:

2) All School professional and Clerical Anticipated 2024 Annual Salaries: **2**

3) All Childcare Professional Staff Anticipated 2024 Annual Salaries: **3**

4) All other Anticipated 2024 Annual Church Lay Staff Salaries:
(Included but not limited to: all lay employees, diaconal ministers, other staff leaders, youth directors, secretaries) **4**

5) All other Religious Anticipated 2024 Annual Salaries:
(Included but not limited to: custodians, facilities, etc) **5**

6) All Camp Employees 2024 Annual Salaries: **6**

Total Salaries (Clergy + All Staff)

Add boxes 1+2+3+4+5+6 and enter result in box 7 **7**

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301 Pennsylvania Parkway
Suite 300
Indianapolis, IN 46280
317-924-1321

Premium Rate for 2024

- A) Multiply Box 1 by 0.0031 =
- B) Multiply Box 2 by 0.0031 =
- C) Multiply Box 3 by 0.0069 =
- D) Multiply Box 4 by 0.0031=
- E) Multiply Box 5 by 0.021=
- F) Multiply Box 6 by 0.0157 =

Total Payment by Category (Clergy + All Staff)

Add boxes A+B+C+D+E+F and enter result in box 8 8

Assessment – Short Term Incapacity Fund – mandatory \$35.00 **+ \$35.00**

Total Payment Due (Box 8 plus \$35.00) Total:

Payment Procedure
Return this form and a check payable to:
INUMC 301 Pennsylvania Parkway
Suite 300 Indianapolis, IN 46280 or
email worksheet to
Angela.Byrd@inumc.org

Prepared By: _____
Check Number: _____
Phone: _____
Email: _____

Payment Due March 31, 2024