PRESBYTERY OF TROPICAL FLORIDA

2026 TERMS OF CALL REPORT FORM

Applies to Called and Installed Pastoral Positions

Church: _____ **Minister Name**: _____

This call is for: _____ full time ***OR*** _____ % FTE (serving approximately _____ hours per week)

Effective Salary

1. $ _____ Cash Salary
2. $ _____ Housing Allowance
3. $ _____ Manse Amount (must be at least 30% of lines 1, 2, 4-8 for members in a manse)
4. $ _____ Equity allowance (for those residing in a manse-403 (b)(9) contribution)
5. $ _____ Non-Vouchered Allowances
6. $ _____ Bonus
7. $ _____ SECA (for reimbursement in excess of 50% of the minister's SECA tax obligation (#10))
8. $ _____ Employing Organization Contributions to 403(b)(9) plans

9. $ _____ **Total Effective Salary (sum of lines 1-8)**

SECA (Self-Employed Contribution Act)

10. $ _____ SECA Tax Allowance (7.65% of line 1, 2, 5-7)

Board of Pensions

11. Congregational Pastors Package for 2026

$ _____ Medical Benefits (29% of Effective Salary (# 9))

Member Only - - - $ 9,413.00
Member and Children - - $19,363.00
Member and Spouse - - $21,663.00
Member and Family - - $31,613.00

OR

$ _____ Transitional Pastors's Plan

$ _____ Pension, Death & Disability, and Temporary Disability Benefits (10% of Effective Salary (# 9))

Minimum Dues $ 1,620.00, Maximum Dues $ 33,000.00

12. $ _____ Additional Coverages (Dental, Supplemental Death & Disability)

Vouchered Professional Expenses (Note: any non-vouchered allowances must be included in cash salary)

13. $ _____ Medical Flexible Spending Account

Limited to the maximum amount allowed by law - in 2026 it is $3,400.00.
Single 1.5% of Effective Salary (# 9)
Family 3% of Effective Salary (# 9)

14. $ _____ Professional Expenses
15. $ _____ Continuing Education _____Amount accumulated
16. $ _____ Other Vouchered reimbursements _____

17. **$ _____ Total Package (sum of lines 9-16)**

Vacation and Continuing Education Time

18. _____ Vacation Time (1 month/year minimum)
19. _____ Continuing Education Time (2 weeks/year min) _____Amount accumulated

Terms of Call were approved at a Congregational Meeting held on (date): _____.

_____ _____ _____

Clerk of Session Signature | Print Name | Date

Send completed form by February 27, 2026 to **sandra@vibrantpresbytery.org.**
For assistance completing the report please call the **Susan at 954-785-2220, ext. 104**