

**Foothills Presbytery  
Committee on Ministry  
2025 Healthcare Coverage**

Name of Church \_\_\_\_\_

Name of Pastor \_\_\_\_\_

**2025 Benefits Plan for Pastor:**

Indicate which option this pastor will have in 2025

\_\_\_\_\_ Congregational Pastors Package

\_\_\_\_\_ Transitional Pastor's Participation

Must be enrolled in Pastor's Participation as of 12/31/ 2024.

Note: If this is the plan for 2025, you do not need to complete the rest of this form.

For Pastors in the Congregational Pastors Package:

Does this Pastor have a Spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the Spouse be covered through the Board of Pensions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, at what percentage? \_\_\_\_\_

If no, what is your strategy for ensuring that the Pastor's spouse has medical benefits?

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Does the Pastor have Child(ren) under 27 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

Will Child(ren) be covered through the Board of Pensions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, at what percentage? \_\_\_\_\_

If no, what is your strategy for ensuring that the Pastor's children have medical benefits?

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Submitted by \_\_\_\_\_ Title/Role \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form to Foothills Presbytery by **September 4** via email to Robin Morris at [rmorris@foothillspresbytery.org](mailto:rmorris@foothillspresbytery.org)

If you have more than one pastor at your church, please complete **one form for each pastor**.