

COMMITTEE ON DIACONAL MINISTRIES OF THE ORTHODOX PRESBYTERIAN CHURCH
REV. RONALD E. PEARCE, SECRETARY
HACKETTSTON NEW JERSEY 07840
April 25, 2008

Dear Brothers of the New Jersey Presbytery,

Greetings in the Precious Name of our Savior.

The Committee on Diaconal Ministries (CDM) at its 2008 spring meeting adopted the Policy to Supplement a Minister's Health Insurance Premiums. This policy is enclosed. This policy outlines a new direction CDM is taking. Please note that starting February 1, 2009 several major changes are taking place.

One change is that supplemental aid from CDM will be only be for up to five years. It will not be open ended. And in each of those five years aid will be decreasing from CDM, with the expectation that the presbytery's and the congregation's portion of the health insurance premiums will increase.

A second major change is that starting February 1, 2009, the billing for health insurance for pastors receiving assistance, will be sent directly to the congregation, minister or those responsible for payment of the health insurance. Billing for health insurance premiums of pastors receiving supplemental aid, will no longer go directly to CDM for CDM to pay the premium. Please note that assistance from your presbytery (and funds that come from CDM) should be sent directly to the congregation, so that they may be able to make the payment for the health insurance. If your presbytery has a pastor/congregation you are helping with health insurance premiums, please note this change. Please mail your presbytery's financial assistance to the church, effective with the billing period starting February 1, 2009.

Covering ministers' health insurance premiums is the largest item in CDM's budget. We have been wrestling for years on how better to administer these monies. We anticipate that this new policy may be awkward to implement in some cases, but we hope it won't be. We always want to keep the right balance of tender concern and generosity for those truly in need, and on the other hand, care and responsibility with the funds that the Lord's people have committed to our oversight.

Please note that if your presbytery is requesting supplemental aid for a minister's health insurance, we need to have your request for that aid before October 15, and we need the request each year. If your presbytery's diaconal committee could be sure to have these requests before us, with full documentation, it will help us a great deal to know how to distribute monies for the upcoming year. We trust that the new policy will be self explanatory, but if your presbytery has any questions or concerns, we would welcome your thoughts.

On another matter, CDM is making plans for a OPC-wide diaconal summit June 2009 in Grand Rapids for all deacons to attend. We are praying this will be a very helpful summit for the deacons in your presbytery. Please watch for the notices with more information.

POLICY TO SUPPLEMENT A MINISTER'S HEALTH INSURANCE PREMIUMS

Adopted April 4, 2008

When The Committee on Diaconal Ministries (CDM) takes on the financial assistance for a minister's health insurance, CDM will communicate these guidelines to the presbytery and the presbytery's diaconal committee, that:

This request needs to come from the presbytery or the presbytery's diaconal committee as its agent.

2. We need an annual request for renewal to our committee for continued financial assistance for the

medical premiums of a pastor in need. We need this request to be submitted by October 15 each year so at our fall meeting we can determine which ministers to help in the following year. We fear that if these matters are not investigated and evaluated each year, the tendency is to assume the status quo and expect assistance. We believe that financial assistance from The Committee on Diaconal Ministries is to be temporary.

3. This annual request for financial assistance is not to be used for a church planting situation, or in order to be able to issue a call to a pastor. The Committee on Diaconal Ministries is to respond to crisis situations. This Committee is not to provide an ongoing subsidy to offset a shortfall in a church's annual budget.

4. This annual request needs to indicate that the presbytery / or its committee has investigated the pastor's situation again that year, and has obtained the church's relevant financial records for that year. The request is to report that the research was completed and to state if the needs are still urgent and valid. The presbytery needs to ascertain that the church is providing as much as possible for their pastor's insurance so that the remaining funds requested from this Committee are minimized.

5. This annual request needs to include how the presbytery has discussed its commitment to pay a portion of the premium. It needs to indicate that the presbytery / committee has obtained a commitment from the local church to increase its financial support for their responsibilities. The expectation is that the presbytery and the congregation will increase its support each year and the assistance from Committee on Diaconal Ministries should only be temporary and would decrease each year.

6. This annual request needs to indicate what goals are in place (on the congregation and presbytery levels) to meet the financial needs should they continue, and should CDM no longer be able to underwrite the insurance premiums. For example: Has the church and presbytery considered that the pastor should take a tent-making second income for a while? Has a health co-op been explored instead of more costly insurance, or other such options? Under some circumstances, perhaps the presbytery needs to make hard decisions if the church is no longer viable and able to support a pastor.

Implementation

Health insurance assistance for a pastor will only be extended to a presbytery for a period of five years.

2. CDM will expect the local church and presbytery to contribute a portion of the costs of medical insurance according to an agreed upon schedule where the presbytery and local church are sharing at least 50% of the costs.

3. Assistance will terminate after the fifth year, and should the pastor then choose not to have medical insurance coverage, and should there be major medical expenses incurred, it is understood that the OPC and Committee on Diaconal Ministries should not be expected to respond to cover these expenses.

4. We realize there may be exceptions to this process. We will handle every situation on a case by case basis.

5. The local congregation is responsible for payment of the medical insurance premiums. CDM (and perhaps the presbytery) will provide assistance on a quarterly basis.

6. Churches that request assistance are asked to have the whole amount for the pastor's health insurance premiums as a line item in the church's annual budget, even if CDM and the presbytery are assisting to cover the premiums.