



Seventh-day Adventist Church
NORTH AMERICAN DIVISION

AdventistRetirement

January 27, 2025

To: Retired Participants
From: Edwin Romero, Administrator
Adventist Retirement

Happy New Year! Your January 2025 benefits distribution statement is enclosed. **Keep this annual statement as a reminder of your 2025 benefits.**

A sample statement at the end of this letter will help you understand your statement. The sample is NOT your actual statement—it's just an illustration.

Your benefit amount is different from last year. Here's why:

When you compare this 2025 statement with last year's statement, you will notice your monthly benefit amount is different. The change in benefits from 2024 to 2025 will not be precisely the percentage of any COLA (cost of living adjustment) announced due to one or more of the reasons below.

Your benefit amount will change due to any of the following:

Church or Hospital Benefit

The Cost-of-Living Adjustment was voted by the North American Division for 2025 and announced in the December 2024 *Reflections* newsletter. Benefits for service in a participating hospital have a policy COLA of 2.5% every year. For church beneficiaries, the North American Division voted to grant a 3.0% COLA.

The Additional CH APS (Accrued Pension Supplement) will not change in 2025

If you are eligible for SHARP, you likely receive Additional CH APS for you and your Joint & Survivor Spouse based on your years of service credit. Eligibility for this benefit requires years of service in the Defined Benefit (Legacy) Plan. Those with Defined Contribution years of service (post-1999) only are not eligible.

SHARP rates are changing in 2025

If you are enrolled in SHARP Pre-Medicare or Non-Medicare, Base Medical or Medicare Extension, the new monthly rates were published in the November issue of *Reflections*. <https://www.adventistretirement.org/wp-content/uploads/2024/11/Reflections2024-November-WEB.pdf>

If you have questions about SHARP, call 443-391-7338, or email SHARP@NADAdventist.org.

Federal Income Tax

The amount withheld for tax, if any, depends on the W-4P form you last provided to us, or any changes to the IRS tax tables. You may submit a new W-4P if you wish to update your withholdings. You can download the form from the IRS website <https://www.irs.gov/pub/irs-pdf/fw4p.pdf>. Please send the completed form to us via fax or postal mail.

IMPORTANT INFORMATION REGARDING YOUR BENEFIT CHECK

Direct Deposit: To make changes to or enroll in direct deposit, US residents may go to <https://www.adventistretirement.org/retiree/payroll/> and download a Direct Deposit form. Instructions are included with the form. Non-US residents can email us at RETPAYROLL@NADadventist.org to request information on setting up or changing IAT direct deposits and wire transfers. **We cannot take bank information via phone or email.**

To get your Monthly Pay Slip via email, go to www.adventistretirement.org/retiree/payroll/ and complete an Add/Change Email Address form. We are happy to set you up to receive this valuable document.

1099-R: You should receive your 1099-R tax form in late January or early February 2025. **You will need this form for your 2024 tax preparation—do not discard it!** Note, we cannot issue this form until the final payroll reconciliation for 2024 is complete. Per IRS requirements they are mailed each year by January 31st. If you have not received your 1099-R tax form by February 14, 2025, please contact us for a replacement form.

This is an illustrative example and is **NOT YOUR** statement:

Retiree ID	Retiree Name	Soc Sec Num		Pay Period	Payment Date	EFT #
12345	MOUSE, Minnie	XXX-XX-XXXX		01/01/202X - 01/31/202X	01/27/202X	12345678
Earnings				Deductions		
Description	Hours/Units	Current	Year To Date	Description	Current	Year To Date
Church Benefit	686.58	686.58	686.58	Federal Income Tax	35.00	35.00
Church Benefit Spouse Allow	338.22	338.22	338.22	SHARP Contribution	74.00	74.00
Hospital Benefit	466.43	466.43	466.43			
Hosp MC Part B Reimb	68.57	68.57	68.57			
Hospital Spouse Allowance	229.76	229.76	229.76			
Additional CH APS	120.25	120.25	120.25			
Total Earnings	1,909.81	1,909.81	1,909.81	Total Deductions	109.00	109.00
				Net Amount	1,800.81	1,800.81
Others				Tax Exemptions Information		
Description	Current	Year To Date	Locality	Exemptions	Class	Additional Amt
1099-R - Gross Distribution Box 1	1,720.99	1,720.99	Federal	99	M	35.00
			YTD Federal Taxable Gross: 1,720.99			
Direct Deposit Information						
Bank Name	Account #	Amount				
First National Bank	XXXXXXXX	1,800.81				
Memo						
This form is proof of the new year's rate. The rate may change @ the death of a spouse or entry into state Medicaid-contact us about either. Your benefit is for life.						

Basic Benefit
Additional
CH APS and Hosp MC
Part B Reimbursement

Federal Withholding
and/or SHARP Deduction

Proof of Income
Statement