Evangelical Friends Church
EASTERN REGION

2019
Insurance Monthly Remittance Form

Member Name (Pastor/Pastoral Staff): _____

Hiring Body (Church Name): _____

Thank you for circling the correct month each time you send our form in.

Circle the Payment Month: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

A. Long Term Disability (Mutual of Omaha) $14.00 $_____

B. Life Insurance (Mutual of Omaha) $12.00 (up to age 65) $_____
$9.00 (age 65 to 70)
$6.00 (age 71 plus)

C. Retiree Benevolent Fund $_____
(1/2 of 1% of monthly salary, including housing and utility allowance if applicable) (.005 X monthly salary).

D. Total $_____
Your Check Number _____

Treasurer's Signature: _____

Date: _____

Note any changes in Church Treasurer's Address and Phone Below:
_____
_____
_____

♦♦

Make checks Payable and Mail to: **Evangelical Friends Church - Eastern Region**
5350 Broadmoor Circle NW
Canton, OH 44709

Note: all life and disability insurance payments are due by the 15th of each month.

12/13/18 jb