



**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 (UNUM) \$22.00 \$ \_\_\_\_\_
- B. Life Insurance (UNUM) \$ 18.00 (up to age 65) \$ \_\_\_\_\_  
     \$ 11.00 (age 65 to 70)  
     \$ 9.00 (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.