



Evangelical Friends Church
EASTERN REGION

2019
Pension Monthly Remittance Form

Member Name (Pastor or Worker): _____ SS#: _____

Hiring Body (Church or Board): _____

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

Pension Plan contribution: **CHECK IF SALARY INCREASE/DECREASE** (____)

- A. Cash Salary for the month: \$ _____
- B. Housing allowance: actual paid OR parsonage value \$ _____
- C. Utilities allowance for the month (if applicable): \$ _____
- D. Total Compensation: \$ _____
- E. Pension contribution (12% of Line D **minus \$18**): \$ _____
The \$18 is for Life Insurance that is paid directly to EFC-ER.

Treasurer Signature: _____

Date: _____

Note any changes in church Treasurer Address and Phone Below:

Make Checks Payable to: Evangelical Friends Pension Plan Trustees

**Mail to: Alliance Benefit Group of Illinois
456 Fulton Street
Suite 345
Peoria, IL 61602**

If you have any questions about payment, contact John Neilsen at 1-800-242-2356.