2020 Insurance Monthly Remittance Form
This form can be used if you are paying for multiple pastors or staff members.

Hiring Body (Church Name):

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

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

<table>
<thead>
<tr>
<th>Member Name (Pastor/Pastoral Staff)</th>
<th>Long Term Disability (Mutual of Omaha)</th>
<th>Life Insurance (Mutual of Omaha)</th>
<th>Retiree Benevolent Fund (1/2 of 1% of monthly salary, including housing and utility allowance if applicable) (.005 X monthly salary)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$14.00</td>
<td>$12.00 (up to age 65)</td>
<td>$9.00 (age 65 to 70)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$6.00 (age 71 plus)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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. 10/8/19 jb