Evangelical Friends Church
EASTERN REGION

# 2020 Insurance Monthly Remittance Form

*This form can be used if you are paying for multiple pastors or staff members.*

Hiring Body (Church Name): _____

***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

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

Check Number: _____ Treasurer's Signature: _____

Date: _____

Note any changes in Church Treasurer's address and phone below:

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**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