



Evangelical Friends Church
EASTERN REGION

2020 Insurance Monthly Remittance Form

This form can be used if you are paying for one pastor or staff member.

Member Name (Pastor/Pastoral Staff): _____

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

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 \$ _____

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.