



**eFO**  
EVANGELICAL FRIENDS CHURCH  
EASTERN REGION

**2021**  
**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 (Mutual of Omaha) \$16.00 \$ \_\_\_\_\_

B. Life Insurance (Mutual of Omaha) \$14.00 (up to age 65) \$ \_\_\_\_\_  
\$10.00 (age 65 to 70)  
\$7.00 (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.

10/14/2020 mh