



eFO
EVANGELICAL FRIENDS CHURCH
 EASTERN REGION

2021 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

<u>Member Name</u> (Pastor/Pastoral Staff)	<u>Long Term Disability</u> (Mutual of Omaha) \$16.00	<u>Life Insurance</u> (Mutual of Omaha) \$14.00 (up to age 65) \$10.00 (age 65 to 70) \$7.00 (age 71 plus)	<u>Retiree Benevolent Fund</u> (1/2 of 1% of monthly salary, including housing and utility allowance if applicable) (.005 X monthly salary).	<u>Total</u>
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.

10/14/20 mh