



2021
Pension Monthly Remittance Form

Member Name (Pastor or Worker): _____ SS#: _____

Hiring Body (Church or Board): _____

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

Pension Plan contribution: **CHECK IF SALARY INCREASE/DECREASE** (____)

- A. Cash Salary for the month: \$ _____
- B. Housing allowance: actual paid OR parsonage value \$ _____
- C. Utilities allowance for the month (if applicable): \$ _____
- D. Total Compensation: \$ _____
- E. Pension contribution (12% of Line D **minus \$14***): \$ _____
The \$14* is for Life Insurance that is paid directly to the EFC-ER Office. *(lower amount if over 65)

Treasurer Signature: _____

Date: _____

Note any changes in church Treasurer Address and Phone Below:

Make Checks Payable to: Evangelical Friends Pension Plan Trustees

Mail to: EPIC Retirement Plan Services
456 Fulton Street, Suite 345
Peoria, IL 61602

If you have any questions about payment, contact Eric Hoffman (ehoffman@epicrps.com) at 1-800-242-2356.