



2024 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) \$17.00 \$ _____

B. Life Insurance (Mutual of Omaha) \$15.00 (up to age 65) \$ _____
\$10.00 (age 65 to 70)
\$8.00 (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:



Pay On-Line at: <https://www.osvhub.com/efcer/funds>

**Or 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.