

## 2024 Insurance Monthly Remittance Form

This form can be used if you are paying for multiple pastors or staff members.

## 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

Member Name (Pastor/Pastoral Staff)	Long Term Disability (Mutual of Omaha)	Life Insurance (Mutual of Omaha) \$15.00 (up to age 65) \$10.00 (age 65 to 70)	Retiree Benevolent Fund (1/2 of 1% of monthly salary, including housing	Total	
	\$17.00	\$8.00 (age 71 plus)	and utility allowance if applicable) (.005 X monthly salary).		
			, ,		
Total					
eck 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.