EVANGELICAL FRIENDS CHURCH - EASTERN REGION
2017
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.

Premium for: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

A. Long Term Disability (UNUM) $____ $_____

B. Life Insurance -------- $____ $_____

C. Retiree Benevolent Fund $_____
(1/2 of 1% of monthly salary, including housing and utility allowance if applicable) (.005 X monthly salary).

E. Total Your Check Number _____ $_____

Treasurer's Signature: _____

Date: _____

Note any changes in Church Treasurer's Address and Phone Below:

_____

_____

_____

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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.

10/18/16 jb