



December 1, 2014

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**Greater New Jersey Annual Conference
of the United Methodist Church
1001 Wickapecko Drive
Ocean, NJ 07712**

DUE JANUARY 15, 2015

TIME SENSITIVE MATERIAL

**WORKERS' COMPENSATION
REQUEST FOR PAYROLL AUDIT INFORMATION**

Please refer to your workers' compensation policy "Part Five - Premium," which states the premium shown on the Information Page, schedules, and endorsements at the time your workers' compensation policy was issued is an estimate. **The final premium is determined after your workers' compensation policy expires.** In order to calculate the final premium, actual payroll figures are needed to compare with the initial estimated payroll figures. Through an audit process, a determination is then made if any premium adjustment to the Conference insurance premium is necessary.

Please note that failure to complete the audit may result in higher premiums being charged based on your last reported payroll. The audit period is 12/01/2013 to 12/01/2014.

Following this letter is a Payroll Audit Report of Wages Form. Complete this form and, to comply with the paper reduction mandate, fax or email it to Barbara Gruezke, Insurance Coordinator, by **January 15, 2015**. If you fax or e-mail the form you do not need to mail the hard copy. Mail the form only if electronic return is not possible to 1001 Wickapecko Dr, Ocean, NJ 07712.

A General Instruction Sheet and Sample Format are enclosed for your assistance. If you have any questions concerning the completion of the Payroll Audit Report of Wages Form, contact Barbara Gruezke at:

Barbara Gruezke
Insurance Coordinator
Greater NJ Annual Conference
of the United Methodist Church
(732) 359-1037
(877) 677-2594 x 1037 Toll Free
(732) 359-1039 Fax
insurance@gnjumc.org

Thank you for your cooperation.

CHURCH NAME:

GNJAC CHURCH #:

CMIC ACCOUNT #:

RATING GROUP ID:

Total Payroll by Code: 0963: _____ 0891: _____

0963: _____

0891: _____

Provide the total # of employees: _____ **Appointed Clergy:** _____ **Lay/Hired Staff:** _____ **Uninsured Contracted Employees:** _____

- If more space is needed to provide information, please complete additional pages and submit via fax, or e-mail
 - If you have attachments, we recommend you send all documents together.
 - If you need help or have any questions on this audit, call **(732)359-1037**, or email us at insurance@gnjumc.org

YES, I hereby certify that the information provided is a true statement of gross earnings paid to all employees for the audit period.

Contact Person: _____ Signature: _____

Title: _____ **Daytime Phone:** _____

Email Address: _____ **Website:** _____