

**Greater New Jersey Annual Conference
The United Methodist Church
--- CHURCH BILLING REMIT FORM 2015 ---
1001 Wickapecko Drive, Ocean, NJ 07712**

1. PROPERTY INSURANCE (Call Barbara Gruezke 1-877-677-2594, ext. 1037 with any questions)

2015 Property & Liability Ins. Inv. # _____ Amt. Pd. _____

2. CPP - CLERGY DISABILITY PLAN (Call Alexa Taylor 1-877-677-2594, ext. 1038)

2015 Comp. Protection Plan (CPP) Inv. # _____ Amt. Pd. _____

2015 Comp. Protection Plan (CPP) Inv. # _____ Amt. Pd. _____

2015 Comp. Protection Plan (CPP) Inv. # _____ Amt. Pd. _____

3. CRSP/UMPIP - CLERGY PENSION PLAN (Call Alexa Taylor 1-877-677-2594, ext. 1038)

2015 Clergy Pension (CRSP)/UMPIP Inv. # _____ Amt. Pd. _____

2015 Clergy Pension (CRSP)/UMPIP Inv. # _____ Amt. Pd. _____

2015 Clergy Pension (CRSP)/UMPIP Inv. # _____ Amt. Pd. _____

4. HEALTH INSURANCE* (Call Barbara Gruezke 1-877-677-2594, ext. 1037)

2015 Health Insurance Inv. # _____ Amt. Pd. _____

2015 Health Insurance Inv. # _____ Amt. Pd. _____

2015 Health Insurance Inv. # _____ Amt. Pd. _____

2015 Non Participation Fee Inv. # _____ Amt. Pd. _____

Note: *HEALTH INSURANCE FOR LAY EMPLOYEES MUST BE PAID IN FULL BY THE DUE DATE. Termination for Non-Payment will take place following the last day of the billed month. Termination will be effective the first day of the month for which non-payment occurred.

5. WORKERS COMPENSATION INSURANCE - Annual Premium Bill (Call Barbara Gruezke 1-877-677-2594, ext. 1037)

2015 Workers Compensation (Church) Inv. # _____ Amt. Pd. _____

2015 Workers Compensation (School)

(school/nursery school/day care) Inv. # _____ Amt. Pd. _____

6. PAYMENTS ON PAST DUE or PRIOR YEAR BALANCES

Item _____ Inv. # _____ Amt. Pd. _____

Item _____ Inv. # _____ Amt. Pd. _____

Item _____ Inv. # _____ Amt. Pd. _____

Item _____ Inv. # _____ Amt. Pd. _____

Church Number _____ TOTAL CHECK AMOUNT \$ _____ Check # _____
(Nursery School or other entity – DO NOT USE CHURCH #)

Church or Group Name _____ Date _____

Name _____ Phone _____

Please return your payment with this remittance form for proper credit. Be sure to include the invoice number!
****Please use a separate check for the church billings – do not include in Shared Ministry payment check***
PAYMENTS MAY BE MAILED IN THE SAME ENVELOPE. Thank you!