

# The United Methodist Church of Greater New Jersey

## 2018 CHURCH BILLING REMIT FORM

205 Jumping Brook Rd, Neptune, NJ 07753

If you prefer, you can use a copy of your statement as the remittance form.

### 1. PROPERTY INSURANCE (Call Veronika Varga 732-359-1036)

2018 Property & Liability Ins. Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

### 2. CPP - CLERGY DISABILITY PLAN (Call Alexa Taylor 732-359-1038)

2018 Comp. Protection Plan (CPP/UM Life Options) Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

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2018 Comp. Protection Plan (CPP/UM Life Options) Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

### 3. CRSP/UMPIP - CLERGY PENSION PLAN (Call Alexa Taylor 732-359-1038)

2018 Clergy Pension (CRSP)/UMPIP Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2018 Clergy Pension (CRSP)/UMPIP Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2018 Clergy Pension (CRSP)/UMPIP Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

### 4. HEALTH INSURANCE\* (Call Alison Walsh 732-359-1055)

**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.**

2018 Health Insurance Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2018 Health Insurance Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2018 Health Insurance Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2018 Non Participation Fee Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

### 5. WORKERS COMPENSATION INSURANCE - Annual Premium Bill (Call Veronika Varga 732-359-1036)

2018 Workers Compensation (Church) Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2018 Workers Compensation (School) 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 # \_\_\_\_\_

Church or Group Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Need to update your EMAIL ADDRESS? Please contact Karen Jankowski at [KJankowski@GNJUMC.org](mailto:KJankowski@GNJUMC.org)

***\*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!**