

The United Methodist Church of Greater New Jersey  
2017 CHURCH BILLING REMIT FORM

NEW ADDRESS: 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 Barbara Gruezk 732-359-1000, ext. 1037 with any questions)

2017 Property & Liability Ins. Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2. CPP - CLERGY DISABILITY PLAN (Call Alexa Taylor 732-359-1000, ext. 1038)

2017 Comp. Protection Plan (CPP) Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2017 Comp. Protection Plan (CPP) Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2017 Comp. Protection Plan (CPP) Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

3. CRSP/UMPIP - CLERGY PENSION PLAN (Call Alexa Taylor 732-359-1000, ext. 1038)

2017 Clergy Pension (CRSP)/UMPIP Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2017 Clergy Pension (CRSP)/UMPIP Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2017 Clergy Pension (CRSP)/UMPIP Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

4. HEALTH INSURANCE\* (Call Alison Walsh 732-359-1000, ext. 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.

2017 Health Insurance Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2017 Health Insurance Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2017 Health Insurance Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2017 Non Participation Fee Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

5. WORKERS COMPENSATION INSURANCE - Annual Premium Bill (Call Barbara Gruezk 732-359-1000 ext. 1037)

2017 Workers Compensation (Church) Inv. # \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

2017 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

**\*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!**