

**The United Methodist Church of Greater New Jersey  
2016 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 Gruezke 1-877-677-2594, ext. 1037 with any questions)

2016 Property & Liability Ins.                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

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

2016 Comp. Protection Plan (CPP)                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

2016 Comp. Protection Plan (CPP)                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

2016 Comp. Protection Plan (CPP)                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

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

2016 Clergy Pension (CRSP)/UMPIP                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

2016 Clergy Pension (CRSP)/UMPIP                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

2016 Clergy Pension (CRSP)/UMPIP                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

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

**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.**

2016 Health Insurance                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

2016 Health Insurance                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

2016 Health Insurance                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

2016 Non Participation Fee                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

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

2016 Workers Compensation (Church)                      Inv. # \_\_\_\_\_                      Amt. Pd. \_\_\_\_\_

2016 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 Jessica Storer at JStorer@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!**