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OKLAHOMA ANNUAL CONFERENCE THE UNITED METHODIST CHURCH

BOARD OF PENSION AND HEALTH BENEFITS

2011

MEMO

To: Participants in the Health Benefits Plan
From: Debbie Ware: questions please call (405) 530-2069
RE: Insurance Remittance Forms

Enclosed are your new insurance remittance forms. Please clip the month corresponding with the **payment due on the first of each month and send it along with your insurance payment to:**

**Health Benefits
Oklahoma Conference The United Methodist Church
1501 NW 24th Street
Oklahoma City, OK 73106**

If your church pays your insurance payments, please give these to your treasurer.
Fill out the bottom portion and return to our office to have auto draft set up on your account.
If you have any questions call (405) 530-2069. Thank you for your cooperation.

Methods of payment:

Option 1: Church check or online payment due the **1st of each month.**

Option 2: ACH bank transfer due on the **15th of each month.**

Benefits of ACH:

1. Church gets two extra weeks before due date.
2. Savings to the church for the cost of writing and processing checks.

Agreement with the Oklahoma Conference Treasurer for automatic payments of pension and health benefits

Church Name _____

Church Mailing Address _____
Street or P.O. Box City, State and Zip Code

Bank Name _____

Bank Address _____
City Zip

Bank Routing Number _____ Checking Acct. Number _____

Monthly Amount Due: CRSP-DB&DC, CPP & UMPIP (Pension): _____

Health premium & Cafe Plan: _____

TOTAL MONTHLY AMOUNT: _____

I understand the first withdrawal will be made on the 15th of the month.

Start in the month of _____.

Authorized By _____, Church Treasurer
Please Print

E-Mail Address _____

Contact Number _____

Signature _____ Date _____