



Conference Board of Pensions 2020 Monthly Benefits Remittance Form

Date	Sender's Name	Sender's Daytime Phone Number / Email Address
Church Number -	Church City / Church Name	Church District <input type="checkbox"/> Sage <input type="checkbox"/> Columbia <input type="checkbox"/> Crater Lake <input type="checkbox"/> Cascadia

Name of Participant: _____

	Employer Share	Participant Share
CPP Comprehensive Protection Plan	\$ _____	\$ _____
CRSP Clergy Retirement Security Plan	\$ _____	\$ _____
Employer Health Insurance Contribution	\$ _____	\$ _____
FSA-DCA Dependent Care Account	\$ _____	\$ _____
FSA-MRA Medical Reimbursement Account	\$ _____	\$ _____
Participant Health Insurance Contribution	\$ _____	\$ _____
HSA Health Savings Account	\$ _____	\$ _____

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- Employer Subtotal	- Participant Subtotal
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Please make checks payable to:

Conference Board of Pensions
1505 SW 18th Avenue
Portland, OR 97201-2524

TOTAL REMITTANCE: \$ _____

Check #: _____

Comments & Treasurer/Finance Chair Name & Address Changes

Please send us blank remittance forms Please send us mailing address labels

*** Please contact your district office if this represents a change in your church leadership report ***

Questions? Please contact Meg Kau at meg@umoi.org or 503-802-9224
Remittance Forms are available online at <http://www.umoi.org/treasurer>