



The Christian And Missionary Alliance Retirement Plan MONTHLY CONTRIBUTION REPORT

CHURCH NAME _____ CITY/STATE _____ CHURCH CODE _____

For Payroll Month of: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20____
(PLEASE CIRCLE MONTH) (WRITE IN YEAR)

DESCRIPTION	EMPLOYEE INFORMATION	EMPLOYEE INFORMATION	EMPLOYEE INFORMATION	EMPLOYEE INFORMATION	EMPLOYEE INFORMATION
Employee Name: Last					
First					
Middle					
Social Security Number					
C&MA begin date					
Gender					
Street Address					
City					
State					
Zip Code					
Date of Birth					
Termination Date					
Housing Allowance <i>(this should be included in the gross paycheck amount)</i>					
Gross Paycheck Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Employee Contribution*	% \$ _____	% \$ _____	% \$ _____	% \$ _____	% \$ _____
Employer Matching Contribution**	% \$ _____	% \$ _____	% \$ _____	% \$ _____	% \$ _____

*Percent of Employee Contribution (or dollar amount) = shown on the employee's Salary Reduction Agreement

**Employer Matching Contribution = (percentage or dollar amount) shown on the church Adoption Agreement

TOTAL AMOUNT EMPLOYEE CONTRIBUTIONS \$ _____

TOTAL AMOUNT EMPLOYER MATCHING CONTRIBUTIONS \$ _____

TOTAL AMOUNT TO BE WITHDRAWN FROM CHURCH CHECK ACCOUNT \$ _____

Please complete this information after the last payroll of the month. If your employee is paid more frequently than once a month, please add the amounts of the pays together and report as one amount. This information must reach the Office of Employee Benefits by the 5th day of the month following the month of payroll. Benefits email address or fax number listed above. **It is not necessary to submit this form monthly if there is no change from month to month.**