ROCKY MOUNTAIN CONFERENCE OF THE UNITED METHODIST CHURCH

Workers' Compensation Salary Information - 2008

Church/Member:
City, State:

Audit Period 01/01/08 to 01/01/09

Person Completing _____ **Phone No.** _____ **Date** _____

- Please list the annual salaries for all staff members (full and part-time) by name and job title. *Your pastor is a staff member*.
- Please indicate housing allowance or rental value of parsonage separately, if applicable.
- If there is a church day care or school, please separate the salaries for each.
- Independent Contractors: Please do not include independent contractors who have provided you with proof of workers' compensation insurance.
- Camps: If a seasonal camp, please indicate how many weeks rent-free living is provided. If meals are provided, please indicate the value of the meals shown in your records or indicate the total number of meals provided.

Name	Job Title	2008 Salary Not Including Housing Allowance	Housing Allowance or Rental Value if a Parsonage is Provided	Meals

OFFICE USE ONLY: 8868 _____

9101 _____

Other _____

Please complete and return by ***March 2, 2009***, to:

Attn: Pamela Keeser
Church Mutual Insurance Company
Building 1, Suite 207
777 South Wadsworth Boulevard
Denver, CO 80226

Fax: (303)988-1086 / E-mail: pkeeser@churchmutual.com