



DATE **01/03/2022**

CMIC, S.I. ACCOUNT NO.	
YOUR FEIN	
POLICY NUMBER	07-169347
POLICY TERM	1 YEAR
POLICY PERIOD	1/1/2021 to 1/1/2022

AUDIT PERIOD

TIME SENSITIVE MATERIAL

**WORKERS' COMPENSATION
REQUEST FOR PAYROLL AUDIT INFORMATION**

Please refer to your workers' compensation policy "Part Five - Premium," which states the premium shown on the Information Page, schedules, and endorsements at the time your workers' compensation policy was issued is an estimate. **The final premium is determined after your workers' compensation policy expires.** In order to calculate the final premium, actual payroll figures are needed to compare with the initial estimated payroll figures. Through an audit process, a determination is then made if any premium adjustment is necessary.

The reverse side of this letter is a Payroll Audit Report of Wages Form. **Complete this form and return it to Church Mutual Insurance Company, S.I. by February 15, 2022.** Make sure to keep a copy of the completed audit form for your church's records. Email or fax return is preferred; if you fax or email the form you do not need to mail the hard copy. **Mail the form only if email or fax return is not possible to Church Mutual Insurance Company 3000 Schuster Lane, P.O. Box 357, Merrill, WI 54452-0357.**

A General Instruction Sheet and Sample Form are enclosed for your assistance. If you have any questions concerning the completion of the Payroll Audit Report of Wages Form contact **Becky Meyer** in the Premium Audit Unit at **800.554.2642, press Option 4, Extension 4697**, or email her at **bjmeyer@churchmutual.com** - please reference UMC of Greater New Jersey.

Thank you for your cooperation; we appreciate your business.

CHURCH MUTUAL INSURANCE COMPANY, S.I.

PREMIUM AUDIT UNIT

PLEASE NOTE: DO NOT complete any online workers compensation audit on the Church Mutual website

Church Name:

CMIC, S.I. Account #:

FEIN:

PAYROLL AUDIT REPORT OF WAGES

Policy #: 07-169347

Name of Employee (W-2 Holder), 1099 Contractor, or Uninsured Contractor	Job Title	Company Use Only Code	Gross Payroll for Audit Period	(+)	Parsonage = 25% of Salary (Line 20); OR Housing Allowance (Line 5)	AC, LS, UC (see instructions)
			\$	+		
			\$	+		
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- If more space is needed to provide information, please complete additional pages
- **Submit audit to Church Mutual Insurance** via EMAIL premiumaudit@churchmutual.com or via FAX 715.539.4721. Email or fax return is preferred but if you need to mail the form see reverse side for the mailing address.
- If you have attachments (certificates of insurance), we recommend you mail all documents together.
- If you need help or have any questions on this audit contact Becky Meyer in the Premium Audit Unit at **800.554.2642, Option 4, Extension 4697**, or email her at bjmeyer@churchmutual.com. For questions regarding the housing definition or Housing allowance contact Veronika Varga, Benefits Assistant, at **732.359.1036** or email her at vvarga@gnjumc.org

YES, I hereby certify that the information provided is a true statement of gross earnings paid to all employees for the audit period.

Named Insured: _____ CMIC, S.I. Account No. _____

Contact Person: _____ Signature: _____

Title: _____ Daytime Phone: _____

Email Address: _____ Website: _____