



DATE	01/01/2024		
CMIC, S.I. ACCOUNT NO.			
YOUR FEIN			
POLICY NUMBER	07-487999		
POLICY TERM	1 YEAR		
POLICY PERIOD	1/1/2023	to	1/1/2024
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, 2024.** 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

