

PENINSULA-DELAWARE CONFERENCE ONLINE
HEALTH / DENTAL/ LIFE PAYMENT STUB

EMAIL TO: tcleary@pen-del.org

(302) 674-2626

Please Print or Type

PASTOR'S NAME: _____

CHURCH NAME: _____ CITY _____ STATE _____

Church Premiums.....Premium	Sub-Total
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Health....._____

Dental....._____

Participant Salary Reductions

Contributions..._____

Health HSA....._____

Health FSA....._____

Dep Care FSA.._____

Admin FSA....._____

Life Insurance...._____

Grand TOTAL _____