



Reform Pension Board

SEMI-ANNUAL LONG TERM DISABILITY INVOICE

Please Circle Your Membership Organization:

CCAR URJ NATA NATE

PARDeS PDRJ ECE-RJ

CONGREGATIONAL EMPLOYEE

Name

Congregation

Address

City, State & Zip

Social Security Number

Gender

Date Of Birth

RETURN THIS INVOICE ALONG WITH A CHECK FOR THE FULL PREMIUM DUE TO THE RPB OFFICE BY: 07/01/2010

**The Semi Annual Premium rate for the 180 Day Benefit Waiting Period is \$3.00 per \$1,000 of salary.
 The Semi Annual Premium rate for the 90 Day Benefit Waiting Period is \$3.40 per \$1,000 of salary.
 COVERAGE TERM: 07/01/2010 THROUGH 12/31/2010
 THE MAXIMUM SALARY COVERED IS \$340,000.**

Please choose option 1a or 1b and enter your current salary and parsonage (if applicable) rounded up to the next \$1,000 in the space provided and calculate the premium due. (For example, to round up to the next \$1,000, \$40,220 should become \$41,000.)

	<u>Salary + Parsonage</u>		<u>Premium Rate</u>		<u>Premium Due</u>
1a <input type="checkbox"/> 180 Day Benefit Waiting Period Option	\$ _____,000.00	X	0.00300	=	\$ _____
1b <input type="checkbox"/> 90 Day Benefit Waiting Period Option	\$ _____,000.00	X	0.00340	=	\$ _____