



Pension and Group Benefits Remittance Form

For PCC Ordained or Diaconal Ministers serving in a Congregation

Date: _____

Employer Code: _____ *Required

Employer Name: _____

Address: _____ Prov: _____

Treasurer: _____ Day Phone #: _____

Treasurer Email: _____

Member Information

Member Name: _____

ID# _____ *Required

Each member is assigned a unique alpha-numeric ID# specific to Pension and Benefits.
Please confirm ID# with member or contact our office.

Member MQI: _____ *Required

Payment Information

Payment From: _____ To: _____ Cheque #: _____
MM/DD/YYYY MM/DD/YYYY

Member Pension Contributions: _____

Basic Group Insurance: _____

Optional Insurance: _____

Congregational Assessment: _____ Total Remittance: _____

Please make cheques payable to **THE PRESBYTERIAN CHURCH IN CANADA.**

Mail to: The Pension and Benefits Board: 50 Wynford Dr Toronto ON M3C 1J7