



Alliance Benefits 8595 Explorer Dr. Colorado Springs CO 80920
 Toll Free: (800) 700-2651 Fax: (719) 262-5397
 Email: retirement@cmalliance.org Web: alliancebenefits.org

**The Christian and Missionary Alliance Retirement Plan
 MONTHLY CONTRIBUTION REPORT**

CHURCH NAME _____ CITY/STATE _____ CHURCH CODE _____

For Payroll Month of: _____ Year: _____

Please note bank withdrawal will be in the month following the payroll month.

DESCRIPTION	EMPLOYEE INFORMATION	EMPLOYEE INFORMATION	EMPLOYEE INFORMATION	EMPLOYEE INFORMATION	EMPLOYEE INFORMATION
Employee Name: Last					
Employee Name: First					
Employee Name: Middle					
Social Security # (last 4 digits)					
Hire date at your church					
Gender					
Street Address					
Street Address (cont)					
City					
State					
Zip Code					
Date of Birth					
Termination Date					
Housing Allowance (this should be included in the gross paycheck amount)					
Gross Paycheck Amount					
Employee Contribution*					
Employer Matching Contribution**					

*Must be consistent with the amount or percentage on the employee's Paycheck Contribution Election form.	TOTAL MONTHLY EMPLOYEE CONTRIBUTION	
**Must meet or exceed the Plan minimum - see Adoption Agreement	TOTAL MONTHLY EMPLOYER MATCHING CONTRIBUTION	
	TOTAL MONTHLY AMOUNT TO BE WITHDRAWN FROM CHURCH CHECK ACCOUNT	

If you have more than one pay period per month, please add together and report as one monthly amount.
Please update this form annually, or for any month when there is a change. For example, if you have 26 pay periods, you will need to update this form several times a year
This form must reach Alliance Benefits by the 5th day of the month after the payroll month, via fax, mail, or contact us to request a secure e-mail.



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