ROCKY MOUNTAIN CONFERENCE OF THE UNITED METHODIST CHURCH

Workers' Compensation Salary Information

Church/Member:
City, State:

Audit Period 01/01/07 to 01/01/08

Person Completing _____ **Phone No.** _____ **Date** _____

Please list the **annual** salaries for all staff members (full & part-time) by name and job title. Your Pastor is a staff member. **If no housing is included in the pastor's salary but a parsonage is provided, please indicate**. If there is a church day care or school, please separate the salaries for church and day care/school. If a seasonal camp, please indicate how many weeks rent-free living is provided. If meals are provided, please indicate value of the meals shown in your records or indicate the total number of meals provided. Also, please do not include independent contractors who have provided you with proof of workers' compensation insurance.

Name	Job Title	2007 Salary	Rent-Free Living Quarters or Housing Allowance	Meals

OFFICE USE ONLY:

8868 _____

9101 _____

Other _____

Please complete and return by ***February 1, 2008***, to:

Attn: Pamela Keeser
Church Mutual Insurance Co
777 S. Wadsworth Blvd., Bldg. 1, Ste. 207
Denver, CO 80226

Fax: (303)988-1086 ***E-mail: pkeeser@churchmutual.com***