ORTHODOX CHURCH in AMERICA

Pension Office
P.O. Box 675
Syosset, NY 11791
Tel: 516-922-0550
Fax: 516-624-3153
pension@oca.org

Election for Electronic Billing

Participant Name: _____ Participant Number: _____

The Pension Board continually strives to serve you better and more efficiently. We have responded to requests that we move toward the electronic distribution and submission of monthly billing statements. Our first step has been to enable our system to send monthly billing statements to you electronically.

Electronic communication will be more cost effective than surface mail. It also provides more timely receipt of communications. Our only concern is that because the position of treasurer often changes routinely, we wish to make certain that the responsibility of submitting timely contributions is not lost in the resulting transition period. Therefore, we are suggesting that the statement be sent to the participant's own personal e-mail address which would allow the participant and the treasurer to work together to respond in a timely way. A second copy of the statement can be sent to an additional address, such as the treasurer.

We encourage your participation in this effort to streamline communication. Please complete the required information below and return the form immediately to pension@oca.org or OCA Pension Office, PO Box 675, Syosset, NY 11791. We will notify each recipient before the first monthly statements are sent electronically.

Sincerely,

Maureen Ahearn   Barbara Anderson
Pension Administrator   Pension Bookkeeper

☐ **YES,** I would like to receive monthly billing statements to the following e-mail address(es). If I choose two addresses, I understand that one must belong to the participant. I understand that I will be responsible for updating the Pension Office if there is any change necessary.

_____
Participant e-mail address

_____
Parish e-mail address

☐ **NO,** I decline at this time to receive monthly billing statements by e-mail. Please send the statements by surface mail to the address below.

Name: _____

Address: _____

_____

Telephone: _____

_____   _____
Signature   Title

_____   _____
Print Name   Date