



Reform Pension Board

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: 01/01/2012

The Annual Premium rate for the 180 Day Benefit Waiting Period is \$4.80 per \$1,000 of salary.

The Annual Premium rate for the 90 Day Benefit Waiting Period is \$5.44 per \$1,000 of salary.

COVERAGE TERM: 01/01/2012 THROUGH 12/31/2012

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	0.00480	=	\$ _____
1b <input type="checkbox"/> 90 Day Benefit Waiting Period Option	\$ _____,000.00	X	0.00544	=	\$ _____

355 Lexington Avenue, 18th Floor, New York, NY 10017-6603 Voice: 212-681-1818 Fax: 212-681-9340 Email: PensionBoard@rpb.org Web: www.rpb.org