

PENINSULA-DELAWARE CONFERENCE  
ONLINE HEALTH / DENTAL PREMIUM NOTICE

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Please Print or Type

ACCT # \_\_\_\_\_ NAME: \_\_\_\_\_

Church Premiums.....Premium	Sub-Total_
Health....._____	
Dental....._____	..... _____

Participant Salary Reductions

Contributions..._____	
Health HSA....._____	
Health FSA....._____	
Dep Care FSA.._____	
Admin FSA....._____	..... _____
Life Insurance....._____	..... _____

Grand TOTAL ..... \_\_\_\_\_