

2024 Brethren in Christ Pension Fund Coupon

(Please Print Clearly)



Name of Congregation: _____

For Plan Year (2023 or 2024): _____

Name of Employee:	Current Pay Period Compensation	Employer Nonelective Contribution		Employer Matching Contribution		Employee Salary Reduction Contribution		Total For Participant:
		Rate	Amount	Rate	Amount	Rate	Amount	
1.	\$	%	\$	%	\$	%	\$	\$
2.	\$	%	\$	%	\$	%	\$	\$
3.	\$	%	\$	%	\$	%	\$	\$
4.	\$	%	\$	%	\$	%	\$	\$
5.	\$	%	\$	%	\$	%	\$	\$
6.	\$	%	\$	%	\$	%	\$	\$
7.	\$	%	\$	%	\$	%	\$	\$
8.	\$	%	\$	%	\$	%	\$	\$
9.	\$	%	\$	%	\$	%	\$	\$
10.	\$	%	\$	%	\$	%	\$	\$
		Totals:	\$	Totals:	\$	Totals:	\$	\$

Total Check Amount: \$ _____

Make check payable to: *Brethren in Christ Pension Fund*
 431 Grantham Rd., Mechanicsburg, PA 17055

Phone: 717.796.4788
 Fax: 717.697.7714

If not already provided to the BIC Foundation, please attach copies of any new 403(b)(9) forms for any new employees listed on this form.

Please notify the BIC Foundation of any employer or employee contribution changes or of any participant employment changes, including status updates (full time, part time, terminations, etc.).