

FORM 24: CONTRIBUTION REMITTANCE INSTRUCTIONS

Return a completed contribution remittance form with each contribution to ensure timely and accurate deposits to participants' accounts. An electronic spreadsheet version of the remittance form is available upon request to fcmm@fcmmbenefits.org.

Instructions

1. Enter the contribution amount for each participant in the correct column:

Employer Contribution

An employer contribution is a benefit provided to an employee. It is not withheld from the employee's salary. The amount is determined per the Employer Adoption Agreement (Form 20).

Employee Deferred*

An employee deferred contribution is withheld from an employee's salary on a **pre-tax** basis. A Salary Deferral Agreement (Form 03) must be on file with FCMM.

Employee Roth*

An employee roth contribution is withheld from an employee's salary on an **after-tax** basis. A Salary Deferral Agreement (Form 03) must be on file with FCMM.

*If **XXXXXXXX** appears in a column, no Salary Deferral Agreement (Form 03) authorizing an Employee Deferred or Roth contribution is on file with FCMM. Do not enter any dollar amounts in these fields unless Form 03 is also submitted to FCMM.

- Record the total amount of the check(s) on the total contribution remittance line and list the check number(s).
- Give us your name and contact information. FCMM will use this information to resolve any issues with the contribution and ensure a timely deposit.
- Mail the check, payable to FCMM, and contribution remittance form to FCMM in the envelope provided.

Sample Remittance

Example: John Doe is receiving a \$1000 monthly employer contribution from his church; in addition he is having \$500 withheld from his monthly paycheck as a pre-tax contribution.

Depositor No.	Name	Employer (\$) Contribution	Employee (\$) Deferred	Employee (\$) Roth
55555	John Doe	\$1,000.00	\$500.00	XXXXXXXX
Subtotal Contribution		\$1,000.00	\$500.00	
Total Contribution Remittance		\$1,500.00		
		Check #	1111	
Contact Name:	Thomas D. Bookkeeper	Phone or Email:	(444) 555-6945	

New Employees/Participants

Submit a Participant Enrollment Application (Form 01) & Participant Beneficiary Designation (Form 02) with the first contribution for each new participant. All forms may be found at www.fcmmbenefits.org.