



Travel Accident Coverage Premium Report Form
February 1 through June 30
PLEASE RETURN BY OCTOBER 1

Synodical women's organization treasurer: Please fill in areas highlighted in yellow

REVENUE DISTRIBUTION MEMO

SWO Reg/Synod Code and Name (e.g., 1A Alaska):

Note: The "No. of People" count below includes volunteer board members, consultants, missionaries, volunteers, and members of the public who attend WELCA-sponsored events. Do not include WELCA staff members.

WELCA CHURCHWIDE OFFICE USE ONLY											Date	Event Title	No. of People	x	No. of Days	x	\$0.10	=	Premium
Org Key					Job Key														
Unit	AS	Unit	Program	Activity	Object	/	Unit	Project	Missy/Sta	Object									
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	
1	1	20	000	000	6451	/					/			x		x	\$0.10	=	

SUBMITTED BY:

NAME: _____

PHONE: _____

EMAIL: _____

DATE: _____

RETURN THIS FORM WITH CHECK TO:

WOMEN OF THE ELCA
Attn: Shahina Kanwal
8765 W. Higgins Road
Chicago, IL 60631
E-mail: shahina.kanwal@elca.org
Phone: 800-638-3522 ext. 2955 Fax: 773-380-2419

PLEASE RETURN BY OCTOBER 1

Total Premium: _____

Please Pay This Amount

Questions about coverage or claims must go to:
Rob Thoma, Director, Risk Management, ELCA Office of the Secretary, 1-800-638-3522 ext. 2403, or rob.thoma@elca.org