



**Travel Accident Coverage Premium Report Form**  
**July 1 through January 31**  
**PLEASE RETURN BY MARCH 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 MARCH 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**