

DIOCESE OF WESTERN NEWFOUNDLAND

Report of SUB Plan Payments for illness/disability

Parish _____

Clergy _____

Date of illness/disability _____

Insurable earnings (stipend plus Fair Rental Value) _____

EI Weekly benefits (attach copy of stub) _____

List payments:

<u>Date</u>	<u>Amount</u>	<u>Benefit</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Costs: _____

Date _____

Parish Treasurer _____