

2022 Medical Wrap Around (Med Wrap) Dues

New Castle Presbytery Medical Wrap Around Fund

(Approved by the Committee on Ministers & Congregations and facilitated by the NCP Treasurer)

TO: Clerks of Session, Church Treasurers, and Minister Members serving churches
PLEASE SHARE THIS INFORMATION WITH YOUR PERSONNEL/FINANCE CHAIR

This is a request for the 2022 MedWrap dues which are payable no later than **February 15, 2022**.
PLEASE NOTE YOU WILL NOT BE INVOICED FOR THESE DUES.

A revised MedWrap brochure which provides details of the program and instructions for filing claims is attached and **should be circulated to any employees on your staff for whom you are paying dues for this additional benefit**. For your participants (*all employees who are enrolled in the Board of Pensions medical benefits plan are eligible*), dues must be paid by the church and claims submission for 2021 must be made by the participant via email to ncpmedwrap@gmail.com **no later than March 1, 2022**. Please share the brochure with individuals on your staff who are provided with this benefit.

MedWrap dues are **2% of effective salary for 2022**. An *example* for calculating total dues is as follows:

Effective Salary (*as defined by the Board of Pensions to include cash salary, housing allowance, and other compensation*):

Salary	\$36,000
Housing	12,000
TOTAL Effective Salary.....	\$48,000
Church Administrator/Secretary	\$25,000
TOTAL COMPENSATION	\$73,000
MedWrap Dues (2%).....	\$1,460



REMITTANCE ADVICE

(Please detach and mail with payment to:
New Castle Presbytery, 1102 W. Church Road, Newark, DE 19711)

Name of Church and PIN: _____

Name of Treasurer: _____

Treasurer Email: _____

Participant: _____ Salary: _____

Participant: _____ Salary: _____

Participant: _____ Salary: _____

Participant: _____ Salary: _____

Participant: _____ Salary: _____

Participant: _____ Salary: _____

Participant: _____ Salary: _____

Participant: _____ Salary: _____

IMPORTANT UPDATE!
Churches providing the Medwrap benefit to the participants listed on this remittance **MUST** forward a copy of the Medwrap brochure to all participants in order to insure they meet the requirement to submit yearly claims to the Presbytery by the March 1st deadline. Thank you.

TOTAL SALARY \$ _____

MedWrap Dues Enclosed (2% of total) \$ _____

(Should you require additional lines for participants, please attach a separate consolidated list.)