

FORM 25: CONTRIBUTION REMITTANCE INSTRUCTIONS

Please complete this form and send it with your contribution payment to FCMM. You may also download a Contribution Remittance Form from our website (www.fcmmbenefits.org/documents). Please direct remittance questions to: remittance@fcmmbenefits.org or call (800) 995-5357.

Contribution Remittance Instructions

Return this page with your next FCMM contribution.

Request an electronic version by sending an email to remittance@fcmmbenefits.org

Organization Name	Organization #		
Address			
City, State Zip			
Depositor No. Participant Name	e [♦] EmployER (\$) Contribution	EmployEE (\$) Pre-Tax Deferral*	EmployEE (\$) Roth Deferral*
*Salary deferral contributions must be sent to FCMM as soon as reasonable for the proper administration of the Plan. An example of reasonable is no later than the 15th business day of the month following the month of deduction.	Total Contribution Remittance Check # or ACH Date Associated Payroll Month Contact Name Contact Email/Phone		

How to submit form

Send via email to: Remittance@fcmmbenefits.org OR

Send by mail to :FCMM Benefits & Retirement, 901 E. 78th Street, Minneapolis, MN 55420