

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 _____
Address _____
City, State Zip _____

Organization #

Depositor No.	Participant Name	EmployER (\$) Contribution	EmployEE (\$) Pre-Tax Deferral	EmployEE (\$) Roth Deferral
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Subtotal Contribution(s)		\$ _____	\$ _____	\$ _____

*All employee salary deferral contributions must be sent **MONTHLY**. FCMM must **receive** these contributions **no later than the 15th of the month following the month of payroll deduction.**

TOTAL Contribution Remittance \$ _____

Check Date _____
Contact Name _____

Check # _____
Phone or Email _____

NOTES: _____

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