WORKER COMPENSATION RENEWAL SELF AUDIT

Client Name _____

Policy Number _____

Signature of responsible person_____

Title or position _____

Date completed _____

Directions :

For retirement **DO NOT** include **403b** and other qualified funds
For insurance **DO NOT** include any **GROUP** plan benefits for health, life coverage under $50,000, Disability, or other group coverage.

Total below for Pastoral Staff, Clerical, and Music positions

Gross Pay	Benefits	Housing	Utilities	Vehicle	Retirement	Insurance	Other	TOTAL

Total below for any daycare teachers, administrators or paid aids

Gross Pay	Benefits	Housing	Utilities	Vehicle	Retirement	Insurance	Other	TOTAL

Total below for any school teachers, administrators or paid aids

Gross Pay	Benefits	Housing	Utilities	Vehicle	Retirement	Insurance	Other	TOTAL

Total for any janitorial or maintenance personal

Gross Pay	Benefits	Housing	Utilities	Vehicle	Retirement	Insurance	Other	TOTAL

Total for any other

Gross Pay	Benefits	Housing	Utilities	Vehicle	Retirement	Insurance	Other	TOTAL