

Remittance Form**2025-2026**Mail Check(s) to: **Diocese of Winona-Rochester Finance Office | Parish/Name:** _____**2907 Jeremiah Lane NW****City:** _____**Rochester, MN 55901****Date:** _____**You may combine the payments from the top two left sections into one check.**

Questions: Ann Ringlien, 507-516-6955 or aringlien@dowr.org

Note: If you use this as a spreadsheet, totals are formulas.

Diocese of Winona-Rochester Invoice(s)

Please make check payable to:

Diocese of Winona-RochesterInvoice #Amount

Diocesan Assessment _____

Clergy Education _____

Other _____

Other _____

Other _____

Non Invoice Payments to Diocese of Winona-RochesterPlease make check payable to: **Diocese of Winona-Rochester**Payment forAmountTotal **Diocese of Winona-Rochester** check \$ -

Check number _____

Diocese of Winona-Rochester Self Insurance Invoice

Please make a separate check made payable to:

Diocese of Winona-Rochester Self InsuranceInvoice #Amount

Self Insurance _____

Check number _____

Employee Benefit Invoice(s)

Please make a separate check payable to:

Diocese of Winona-Rochester Employee BenefitsInvoice #Amount

BenMedDenLifeADDLTD Invoice # _____

BenSuppLife Invoice # _____

BenFlex Invoice # _____

Lay Pension - 2012.07 _____

Priest Health Insurance Invoice # _____

NIFP Assessment Invoice # _____

Total **DOW-R Employee Benefits** check _____

Check number _____

Pension Plan for Priests for the Diocese of Winona-Rochester Invoice

Please make a separate check payable to:

Pension Plan for Priests of the Diocese of Winona-RochesterInvoice #AmountPPP Parish Assessment: N/A (\$0 for 2025/2026)Total **Pension Plan for Priests of the DOW-R** Check \$ -

Check number _____