

**CENTRAL PENNSYLVANIA CONFERENCE
THE UNITED METHODIST CHURCH**

**HEALTH INSURANCE PREMIUM
SALARY REDUCTION AGREEMENT**

Participant Name: _____ S.S. # _____

Salary-Paying Unit/Employer: _____

PURPOSE OF THIS AGREEMENT:

This agreement is to set forth the terms of making before-tax (salary reduction) contributions to the payment of health premiums owed by the participant named above to the Central Pennsylvania Conference of the United Methodist Church for the conference's self-insured health coverage. This plan is administered by the Central Pennsylvania Conference of the United Methodist Church and Health Flex.

Such contributions DO NOT APPEAR IN Box 1 of the W-2 to the participant.

TERMS OF THE AGREEMENT

The term of this agreement shall end on the date the agreement is terminated or changed, the termination of the participant's employment with the salary-paying unit/employer, or the participant's death. If the agreement is continued for subsequent years, each of these shall be an annual period coinciding with the participant's tax year.

AGREEMENT

Beginning date of this agreement (specify month, day and year): _____

(NOTE: This must be a date subsequent to the date on which this agreement is signed. This agreement will be in effect until a new agreement is in place.)

The participant's annual eligible compensation (designated as 'Base Salary') on the beginning date of this agreement shall be reduced by

_3 _per cent or \$ _____

This reduction in compensation will occur: ___twice a month; ___bi-weekly; ___monthly

[NOTE: THIS AMOUNT IS TO BE DEDUCTED FROM THE CHURCH'S HEALTH INSURANCE PREMIUM BILLING (thereby reducing the amount the church is responsible for).] It can be submitted to the conference on one check.

ACCEPTANCE BY THE SALARY-PAYING UNIT/EMPLOYER and the PARATICPANT:

Salary-Paying Unit/Employer Authorized Signature: _____ Date: _____

Participant Signature: _____ Date: _____