

**SUSQUEHANNA CONFERENCE  
A PENNSYLVANIA CONFERENCE  
OF 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 Susquehanna Conference of the United Methodist Church for the conference's self-insured health coverage. This plan is administered by the Susquehanna 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

- |                    |    |          |
|--------------------|----|----------|
| PPO Single 6.5 %   | or | \$ _____ |
| PPO Married 7.5%   | or | \$ _____ |
| PPO Family 7.5%    | or | \$ _____ |
| CDHP Single 6.25%  | or | \$ _____ |
| CDHP Married 7.25% | or | \$ _____ |
| CDHP Family 7.5%   | or | \$ _____ |

This reduction in compensation will occur: \_\_\_\_\_ twice a month; \_\_\_\_\_ bi-weekly; \_\_\_\_\_ monthly

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

Salary-Paying Unit/Employer Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_