

**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

[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 PARTICIPANT:

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

Participant Signature: _____ Date: _____