Wespath
BENEFITS | INVESTMENTS

1901 Chestnut Avenue
Glenview, Illinois 60025-1604
1-800-851-2201
wespath.org

Health Plan Deduction from Benefit Check

Check the applicable box:

☐ HealthFlex program contribution deduction ☐ Non-HealthFlex contribution or premium deductions

Part 1 – Participant Information

Participant name _____ Participant # _____

Plan sponsor _____ Social Security # _____

☐ **Initial deduction**
Amount to be deducted per month: $ _____ Effective date _____
The amount indicated above will be deducted from the benefit check I receive from one or more of the following plans: Retirement Plan for General Agencies (RPGA), Clergy Retirement Security Program (CRSP) [including the Ministerial Pension Plan (MPP) and Pre-82 Plan], United Methodist Personal Investment Plan (UMPIP), Comprehensive Protection Plan (CPP) and/or Basic Protection Plan (BPP).

☐ **Change in deduction**
From: $ _____ to $ _____ Effective date _____
The new amount will be deducted from the benefit check I receive from one or more of the following plans: RPGA, CRSP, UMPIP, CPP and/or BPP.

Comments: _____

Note: When a death occurs, deductions are automatically stopped and will not be transferred to the surviving spouse's record. A new election form for the surviving spouse must be received by Wespath Benefits and Investments (Wespath) to transfer benefits.

Part 2 – Authorization and Release Signatures

I authorize Wespath to deduct the amount(s) I have elected in Part 1 and apply the deductions toward payment of my required contributions or health insurance premiums (contributions) under the terms of the applicable group health plan, either HealthFlex or, as agreed upon between Wespath and annual conference, the health plan maintained by the annual conference. I also authorize Wespath to make changes to these deductions based on any changes in contribution amount due to election changes or otherwise. I acknowledge that I am agreeing to release Wespath, its constituent corporations, directors, officers, attorneys and employees from liability to me, my spouse, my alternate payee, my heirs, named beneficiaries, or successors in interest, for any damages which result from any action or omission taken in reliance on this instrument.

Participant signature _____ Date _____

Plan sponsor signature _____ Date _____

Plan administrator signature _____ Date _____

Please mail this completed form to Wespath Benefits and Investments, Distributions Team, 1901 Chestnut Avenue, Glenview, Illinois 60025. Be sure to keep a copy for your records.
Or you may fax it to the Distributions Team at **1-847-866-2736**.