

**SUSQUEHANNA CONFERENCE OF THE UNITED METHODIST CHURCH**  
*HEALTH INSURANCE PREMIUM SALARY REDUCTION AGREEMENT*

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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 are for one year or 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.

**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 (Base Salary+ SS Offset) on the beginning date of this agreement shall be reduced (deducted from paycheck) by the difference between the premium credit provided and the actual cost of medical and/or dental and vision plans selected during annual election. Additionally, if an FSA, HSA or DCA is selected during annual election, they will also be deducted and handled the same as the health insurance for payroll tax purposes.

The premium credits for 2020 are as follows:

|                                    |   |
|------------------------------------|---|
| Single - \$7,500 per year          | Actual Cost of Premiums (from Annual Election) \$ _____     |
| Participant +1 - \$14,304 per year | Amount to be deducted annually by the salary paying unit    |
| Family - \$20,196 per year         | (diff. between the Premium Credit and Actual Cost) \$ _____ |

FSA \$ \_\_\_\_\_      HSA \$ \_\_\_\_\_      DCA \$ \_\_\_\_\_

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

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

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

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