

**DEPENDENT HEALTH INSURANCE PREMIUM
SALARY REDUCTION AGREEMENT**

PARTICIPANT NAME

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 Missouri Annual Conference of the United Methodist Church for HEALTHFLEX, a health plan administered by the Missouri Annual Conference of The United Methodist Church and the General Board of Pension and Health Benefits of The United Methodist Church.

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 on the beginning date of this agreement shall be reduced by:

\$

This reduction in compensation will occur: twice a month monthly

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

Salary-Paying Unit/Employer Authorized Signature _____ Date _____

Participant Signature _____ Date _____