

**Salary Reduction Agreement  
(For health insurance premium only)**

**Participant Name** \_\_\_\_\_

**Name of Employer/Salary-Paying Unit** \_\_\_\_\_

**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 Dakotas Annual Conference of the United Methodist Church for Healthflex, a health plan administered by the Dakotas Annual Conference of the United Methodist Church and Wespath Benefits and Investments of the United Methodist Church. These contributions are defined in section 125 of the Internal Revenue Code.
- Such contributions do not appear in Box 1 of the W-2 to the participant.

**Term of the Agreement:**

- The term of this agreement shall end on December 31st of the current year, or the termination of the participant's employment with the employer/salary-paying unit, or the participant's death.

**Agreement:**

Beginning date of this agreement \_\_\_\_\_ (*specify month, day and year*).

The participant's annual compensation on the beginning date of this agreement shall be reduced by \$\_\_\_\_\_ **for the participants share of the health premium.**

This reduction in compensation will occur: \_\_\_\_\_ twice a month \_\_\_\_\_ monthly.

**Acceptance by the Employer/Salary Paying Unit and the Participant**

Employer/Salary Paying Unit Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

***When completed this form should be given to the church treasurer to keep for their records.  
Clergy should NOT send this form to Wespath Benefits and Investments or the Conference Office.***