

**Salary Reduction Agreement
(For HealthFlex elections – Medical Reimbursement Account)**

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 HealthFlex elections made for a Medical Reimbursement Account (MRA) owed by the participant named above to Wespeth Benefits and Investments of the United Methodist Church.** HealthFlex is a health plan administered by the Dakotas Annual Conference of the United Methodist Church and Wespeth 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*).
(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 compensation on the beginning date of this agreement shall be reduced by \$_____ for a Medical Reimbursement Account (MRA).

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 Wespeth Benefits and Investments or the Conference Office.