



Health Plan Deduction from Benefit Check

Check the applicable box:

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

Part I – 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 and Pre-82], 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, except in conferences with mandatory health plan contribution or premium deductions.

Part 2 – Authorization and Release

I, a participant with a benefit in pay status, do hereby authorize the General Board of Pension and Health Benefits of The United Methodist Church (General Board) to deduct the specific amount(s) I have elected in Part 1 and apply the entirety of such deducted amount(s) toward payment of any required contribution for which I am responsible under the terms of the group health plan known as "HealthFlex," or as agreed upon between the General Board and annual conference for health plan contribution or insurance premium deductions.

I hereby acknowledge that in executing this instrument I am agreeing to release the General Board, its constituent corporations, directors, officers, attorneys, and employees for 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.

Signature _____ Date _____

(continued)

Part 3 – Signatures

I authorize the General Board to make deductions from my benefit check based on the election changes I may make or increases and decreases in HealthFlex required contributions or other health plan contributions or insurance premiums.

Participant signature _____ Date _____

Plan sponsor signature _____ Date _____

Plan Administrator signature _____ Date _____

For General Board use only

• Plan name(s) _____

• Was being paid: _____ \$ _____

• Retro deduction for the month(s) of: _____
as of: _____ \$ _____

• Regular monthly benefits are effective: _____ \$ _____

• Daily check from _____ through _____ \$ _____

Additional comments: _____

Done by _____ Date _____

Checked by _____ Date _____

Please mail this completed form to the General Board of Pension and Health Benefits, 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**.