



Instructions: Use this form to inform your **local church/salary-paying unit** of your plan elections/payroll withholding for the 2021 plan year. Enter participant cost's from each section in the respective boxes on the right. **DO NOT** send the Conference benefits office a copy of this form – it is solely for your planning purposes. This form **does not** enroll you in any plans. **Amounts listed are participant's monthly cost.**

Name _____

Signature _____

Date _____

Medical Plan - I have elected to enroll in the following medical plan for 2021:

Medical Plan	Participant Only	Participant + 1	Family
H1500	82.00	575.00	828.00
H2000	-	418.00	613.00
H3000	(102.00)	224.00	348.00
C2000	106.00	619.00	889.00
C3000	(11.00)	398.00	587.00
B1000	143.00	690.00	986.00

Participant Cost Column

Box 1 - Medical

Dental Plan - I have elected to enroll in the following dental plan for 2021:

Dental Plan	Participant Only	Participant + 1	Family
PPO	39.00	77.00	116.00
PPO Passive	47.00	94.00	141.00
HMO	14.00	26.00	45.00

Box 2 -Dental

Vision Plan - I have elected to enroll in the following vision plan for 2021:

Vision Plan	Participant Only	Participant + 1	Family
Exam Core	-	-	-
Full Service	8.08	13.06	20.64
Premier	14.16	22.94	36.38

Box 3 - Vision

TOTAL All HealthFlex Plans Elected

**Box 4 - Total
Participant Share**

Total of boxes 1 -3. This is the monthly amount that should be withheld from the participant's salary pre-tax. **If this amount is negative, this amount will not be billed to the church** but will instead be deposited into the pastor's HSA or HRA account each month.

Health Accounts - I have elected to make contributions to the following health accounts for 2021:

Account Type	Monthly Amount
Health Savings Account*	
Flexible Spending Account - Medical	
Flexible Spending Account - Dependent Care	

Box 5 - Health Account

**HSA Contributions can only be made by participants enrolled in the H1500, H2000, or H3000 plans*

United Methodist Personal Investment Plan (UMPIP) Election

Dollar Amount _____ **Before-Tax** OR _____ **Roth IRA** OR _____ **After-Tax**
 % of Compensation _____ OR _____ OR _____