The United Methodist Church
Tennessee-Western Kentucky Conference
Office of Administrative Services

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Tennessee-Western Kentucky Conference Benefits Enrollment Information

If you are newly eligible for participation in Conference Benefits, please review the documents and return the enrollment form(s) to the Office of Administrative Services by June 15th.

IMPORTANT: *Clergy who are newly eligible for the conference health plan will automatically be enrolled into the default HealthFlex Plan H1500, single coverage, with an additional monthly premium of $185.00. If you wish to change your elections, add dependents, or elect health accounts, you can complete your elections online within 31 days of eligibility.*

- **HEALTHFLEX EXCHANGE PLANS** *(includes health, dental and vision)*
  - How Do I Choose My HealthFlex Plans - Page 3
  - 2022 HealthFlex Plans Comparison – Page 7
  - 2022 Monthly Premium Rates – Page 19
  - HSA Considerations for Particiants Nearing Medicare Eligibility - Page 21
- There is a great interactive app "*ALEX Benefits Counselor*" that can help you decide which plan might be best for you.

- **RETIREMENT BENEFITS – CRSP AND UMPIP**
  - Clergy Retirement Security Plan (CRSP) at a Glance – Page 25
  - United Methodist Personal Investment Plan (UMPIP) at a Glance – Page 27
  - Enrollment Form – Page 28
  - Designation of Beneficiary Form – Page 34

If you have any question concerning clergy benefits contact the Office of Administrative Services.

Melinda Parker

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TENNESSEE-WESTERN KENTUCKY CONFERENCE
BENEFITS DISCLOSURE 2022

FULL-TIME: ELDERS, DEACONS and LOCAL PASTORS serving the local church and clergy on conference payroll and campus ministers (¶344.1(a)(1) appointments).

Eligible for pension benefit (Clergy Retirement Security Program) — Paid by the Local Church

*CRSP-DB (Defined Benefit) 9% of total plan compensation**
*CRSP-DB (Defined Contribution) 3% of total plan compensation**
CRSP-DB requires a 1% contribution to UMPIP to receive the full 3% match from the conference. Refer to CRSP Summary Plan Description for more details.

Eligible for Comprehensive Protection Plan (Disability & Death benefit) — Paid by the Local Church

*CPP –3% of total plan compensation **(premium holiday for 2022)***
Compensation must be 25% of the Denomination Average Compensation ($18,893 for 2022)

Eligible for Health Insurance — Paid by the Local Church

2022 cost is $13,440 ($1,120.00/month)
*Depending on the plan you elect, there could be an additional premium***

Eligible for Optional Dental & Vision Benefits — Premiums Paid by the Participant**

LESS THAN FULL TIME APPOINTMENTS: ELDERS, DEACONS and LOCAL PASTORS serving the local church and clergy on conference payroll and campus ministers (¶344.1(a)(1) appointments).

Eligible for pension benefit (UMPIP) — Paid by the Local Church

*9% of total plan compensation**

ELDERS & DEACONS ON LEAVE

Receive no benefits from the TN Conference.
Optional Continuation of Coverage is available at clergy expense for Heath Plan.
Contact the Office of Administrative Services for more details.

PERSONS IN OTHER EXTENSION MINISTRIES

Receive no benefits from the Conference.

**Plan compensation = salary + housing allowance, or 125% of salary if living in parsonage.*

***Premiums will be billed to the lead church but should be handled as pre-tax payroll deduction*

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BENEFITS | INVESTMENTS

HEALTHFLEX

How Do I Choose My HealthFlex Plans?

a general agency of The United Methodist Church

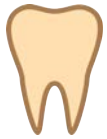
What Is Great About HealthFlex?

Plan Options to Meet Your Unique Needs

Everyone's health care needs are different. What works for one individual may not be the best for a family or person with different medical or financial circumstances. With HealthFlex, you choose the HealthFlex plans that are best for you.

You can select from:

6 Medical



Up to 3 Dental

3 Vision

With flexibility to select the plans that best fit your budget and health care needs, and more choice over how to allocate your Premium Credit, HealthFlex puts you in control.

HOW DO I CHOOSE MY HEALTHFLEX PLANS?

Shop for Coverage With Your Premium Credit

Your annual conference or employer will help pay your monthly premium costs for coverage with a Premium Credit to be used specifically for purchasing the HealthFlex plans you select. Your credit is applied to your plan premiums—offsetting *what you owe.*

Premium Credit Example

	Monthly Premium Credit Amount	Monthly Premium	Difference
Pastor John	$700	$800	-$100

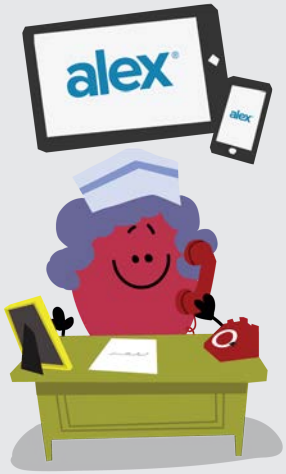
Pastor John's church or employer **withholds** $100/month from his paycheck for additional premium costs.

ALEX Benefits Counselor

ALEX is a tool to help you select the right plans. The "benefits counselor" will ask a series of questions to help determine which plans may be the best fit for participants.

Use ALEX to:

- Estimate out-of-pocket costs, such as deductibles, co-payments or co-insurance
- Compare HealthFlex plans and which might cost the least overall
- Estimate health account contributions



To access ALEX, log into **BenefitsAccess.org**, select the **Health** tab and then choose **Plan Details** at the top of the page. From mid September through the end of annual election on November 18, you also can look for a banner in Benefits Access that will direct you to ALEX..

Medical Plan Comparisons

There are also important differences in how each type of HealthFlex plan covers some services:

		HSA Plans		
Plan Feature		**H1500**	**H2000**	**H3000**
Health Account Employer Contribution		$750 for 1 person $1,500 for > 1 person	$500 for 1 person $1,000 for > 1 person	None
In-network	Deductible Participant pays all	$1,500 per person $3,000 per family	$2,000 per person $4,000 per family	$3,000 per person $6,000 per family
		If > 1 person is covered the family deductible always applies		
	Co-insurance Participant pays part (Plan | Participants pays)	80% | 20%	70% | 30%	40% | 60%
	Out-of-Pocket Max (OOP) After this, plan pays all	$5,000 per person $10,000 per family	$5,000 per person $10,000 per family	$6,000 per person $12,000 per family
Office Visits - All Preventive Visits are Covered at 100%				
Doctor visit **before** deductible is met		Participant pays full discounted cost		
Doctor visit **after** deductible is met		Plan pays 80%	Plan pays 70%	Plan pays 40%
Medical Services				
Hospital stay, lab or x-ray **before** deductible		Participant pays full discounted cost		
Hospital stay, lab or x-ray **after** deductible		Plan pays 80%	Plan pays 70%	Plan pays 40%
Pharmacy		**After** deductible, participant pays copay or co-insurance	**After** deductible, participant pays copay or co-insurance	**After** deductible, plan pays 40%
		Do not need to meet deductible if Rx is on the preventive drug list		
Outpatient Counseling		Participant pays full discounted cost until deductible is met		
		then plan pays 80%	then plan pays 70%	then plan pays 40%

See *HealthFlex Plan Comparisons* for more benefit details by plan.

Medical Plan Comparisons Continued

There are also important differences in how each type of HealthFlex plan covers some services:

HRA Plans		B1000
C2000	**C3000**	**B1000**
$1,000 for 1 person $2,000 for > 1 person	$250 for 1 person $500 for > 1 person	None
$2,000 per person $4,000 per family	$3,000 per person $6,000 per family	$1,000 per person $2,000 per family
80% | 20%	50% | 50%	80% | 20%
$5,000 per person $10,000 per family	$5,000 per person $10,000 per family	$5,000 per person $10,000 per family
Participant pays full discounted cost		$30 PCP*/ $50 specialist
Plan pays 80%	Plan pays 50%	$30 PCP*/ $50 specialist
Participant pays full discounted cost		Participant pays full discounted cost
Plan pays 80%	Plan pays 50%	Plan pays 80%
Participant pays copay or co-insurance	Participant pays copay or co-insurance	Participant pays copay or co-insurance
No deductible		$15
Plan pays 80%	Plan pays 50%	

* PCP: Primary Care Provider

Dental and Vision Plan Comparisons



Dental	Passive PPO 2000	PPO	Dental HMO
Preventive/Diagnostic Services Covered at 100%	✓	✓	✓
Coverage for basic and major restorative care, plus orthodontia up to age 19	✓	✓	✓ (Plus adult orthodontia)
Same benefits whether your dentist is in-network or not	✓		
More generous benefits if you see an in-network dentist[1]		✓	
In-network benefits only, with narrower provider network			✓
Annual maximum benefit	**$2,000**[2]	**$2,000**[2] (in network) **$1,000**[2] (out of network)	No benefit max; see charge schedule

Vision	Exam Core	Full Service	Premier
Basic eye exam for $20	✓	✓	✓
Discount-only for glasses and contacts	✓		
Allowance toward glasses and/or contacts		**$160**[3]	**$200/year**[4] (each)

[1] HealthFlex uses the Cigna PPO Advantage network for the PPO and Passive PPO. The Dental HMO uses the Cigna Dental Care Access Plus Network.
[2] Increases $150/year for 3 subsequent years if you get regular preventive checkups.
[3] Glasses—frames and lenses—or contacts every 12 months.
[4] The Premier plan allows for two pairs of glasses every 12 months, or one pair of glasses and contact lenses.

HOW DO I CHOOSE MY HEALTHFLEX PLANS?

How Do Health Accounts Work?

Choosing a plan with a health account option may save you money on taxes and help you better manage your health care expenses. HSAs, HRAs and FSAs are all offered by HealthFlex. They share some similar traits, but have important differences.

	HealthFlex HSA	HealthFlex HRA	HealthFlex Health Care FSA
Which Plans?	H1500, H2000, H3000*	C2000, C3000	All
How Funded?	Plan sponsor and individual	Plan sponsor	Individual
Earnings/ Interest	May earn tax-deferred investment earnings	None	None
Tax Implications**	Triple tax advantage: **1.** Contributions are excluded from federal income tax **2.** HSA earnings accrue tax-free **3.** HSA withdrawals, including investment earnings, are tax-free for eligible expenses	**1.** Plan sponsor contributions are excluded from your gross income and are not subject to federal income tax **2.** HRA withdrawals are tax-free for eligible expenses	**1.** Your contributions are excluded from gross income and are not subject to federal income tax **2.** FSA withdrawals are tax-free for eligible expenses
Annual Funding Limit (2022)	$3,650 individual $7,300 family	Determined by plan sponsor	$2,750
Carry-Over at Year-End	Unlimited carry over	Unlimited carry over as long as you remain in HealthFlex (and through retirement)	Thanks to new temporary flexibility, you can carry over all unused 2021 funds for use in 2022. You can carry over up to $550 from 2022 for use in 2023.
If You Retire	Unused balance remains with you indefinitely regardless of employment/appointment	Unused balance remains until exhausted	Eligible expenses through your last date of HealthFlex coverage ***Deadline to file claims:*** 90 days after leaving HealthFlex
If You Terminate Employment or Waive HealthFlex	Unused balance remains with you indefinitely regardless of employment/appointment	Unused balance can be used for eligible expenses for up to 90 days after termination or waiver	Eligible expenses through your last date of HealthFlex coverage ***Deadline to file claims:*** 90 days after leaving HealthFlex

* H3000 has no plan sponsor contribution for HSA unless there is excess premium credit.
** Please consult your tax adviser if you will soon be Medicare-eligible. There may be additional tax implications.

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BENEFITS | INVESTMENTS

HealthFlex—Plan Comparisons 2022

Table of Contents

Choices—Medical, Pharmacy and Behavioral Health

This comparison highlights key differences and similarities between the various plans. Please refer to the *HealthFlex Benefit Booklet* for more details.

For all plans:

- The same network of providers (physicians, hospitals and other health care providers) and the same prescription drug (Rx) formulary apply.
- All wellness and preventive services are covered at 100%, with no deductible required.
- The out-of-pocket maximum includes the deductible, co-payments and co-insurance from medical, behavioral health and pharmacy services.
- Inpatient services and outpatient services/procedures (other than office visits in the B1000) require the deductible to be paid first, then the plan pays the associated co-insurance.

There are also important differences in how each type of plan covers some services. These differences may inform your plan selection:

Plan Feature	HSA Plans (H1500, H2000, H3000) In Network	HRA Plans (C2000, C3000) In Network	B1000 In Network
Deductible	Full family deductible applies if any dependents are covered	Separate deductible for individual vs. family	
Office Visits, Urgent Care, Emergency Room	Deductible must be met; then co-insurance		Co-payments; do not need to meet deductible
Behavioral Health Visits	Deductible must be met; then co-insurance	Co-payment or co-insurance; do not need to meet deductible	
Prescription Drugs (Rx)	Deductible must be met unless on preventive drug list; then co-payment/co-insurance	Co-payment or co-insurance; do not need to meet deductible	
Health Accounts	Includes an HSA*; eligible for limited-use health care flexible spending account (FSA)**	Includes an HRA; eligible for full-use health care flexible spending account (FSA)	Eligible for full-use health care flexible spending account (FSA)

The deductible, co-payments and annual out-of-pocket limit are the participant's share to pay. All other "benefits" are the amounts or percentages that the plan (HealthFlex) pays for a service. If you did not take the Health Check during the 2021 incentive period, your deductible will be increased by $250 (individual coverage) or $500 (family coverage)—see *Standard Deductible* details on page 3 (footnote). Households with family coverage in the H3000 plan in 2022 who do not complete the Health Check in 2021 will have their deductible and individual out-of-pocket maximum increased by $500 so the deductible does not exceed the individual out-of-pocket max.

* H3000 has no plan sponsor HSA funding unless there is excess premium credit.

** Limited to dental and vision expenses only until the participant notifies HealthEquity that the IRS-defined deductible has been met, then for all eligible health care expenses (2022 IRS-defined deductible: $1,400 individual coverage/$2,800 family coverage).

HRA: Health reimbursement account **HSA:** Health savings account

Health Account Contributions

Health reimbursement account (HRA) and health savings account (HSA)—applicable accounts and ***included*** employer contributions.

Health Account Type and Employer Contributions	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
HRA Single/Family	Not applicable			$1,000/$2,000	$250/$500	Not applicable
HSA Single/Family	• $750/$1,500 • personal contribution allowed	• $500/$1,000 • personal contribution allowed	• $0/$0 • personal contribution allowed	Not applicable		

In-Network Medical Plan Benefits Comparison

Plan Feature	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Lifetime Benefit Maximum	None	None	None	None	None	None
Annual In-Network Deductible[1] (Participant pays)	• $1,500 per person • $3,000 per family	• $2,000 per person • $4,000 per family	• $3,000 per person • $6,000 per family	• $2,000 per person • $4,000 per family	• $3,000 per person • $6,000 per family	• $1,000 per person • $2,000 per family
	Deductible applies to medical, behavioral health and pharmacy No individual deductible if more than 1 person is covered			Deductible applies to medical and behavioral health		
In-Network Co-Insurance • Plan pays • Participant pays	• 80% after deductible • 20% after deductible	• 70% after deductible • 30% after deductible	• 40% after deductible • 60% after deductible	• 80% after deductible • 20% after deductible	• 50% after deductible • 50% after deductible	• 80% after deductible • 20% after deductible
Annual In-Network Out-of-Pocket (OOP) Maximum—Combined Medical, Behavioral Health and Pharmacy Costs (Participant pays)	• $5,000 individual • $10,000 family	• $5,000 individual • $10,000 family	• $6,000 individual • $12,000 family	• $5,000 individual • $10,000 family	• $5,000 individual • $10,000 family	• $5,000 individual • $10,000 family
	Includes annual deductible, co-insurance and any co-payments[2]					

[1] **Standard deductible:** Assumes participant and covered spouse met the Health Check incentive requirement in 2021. If not taken, your deductible will be increased by $250 for individual coverage or $500 for family coverage. Households with family coverage in the H3000 plan in 2022 who do not complete the Health Check in 2021 will have their deductible and individual out-of-pocket maximum increased by $500 so the deductible does not exceed the individual out-of-pocket max.

[2] Co-payments do not apply to deductible.

In-Network Medical Plan Benefits Comparison

Services	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Preventive Care • Well person benefits	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician (PCP) Office Visit • Internists • General practitioners • Family practitioners • Obstetricians • Gynecologists • Pediatricians	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	$30 co-payment, then plan pays 100%
MDLIVE Telehealth • Plan pays • Participant pays	• 80% after deductible • $40 until deductible is met; then $8	• 70% after deductible • $40 until deductible is met; then $12	• 40% after deductible • $40 until deductible is met; then $24	• 80% after deductible • $40 until deductible is met; then $8	• 50% after deductible • $40 until deductible is met; then $20	$10 co-payment, then plan pays 100%
Behavioral Health Office Visits • Psychiatrist • Psychologist • Other mental health professionals	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80%; do not need to meet deductible	Plan pays 50%; do not need to meet deductible	$10 co-payment, then plan pays 100%
	In-network benefit level applies even if provider is not in network.					
Outpatient Therapies • Physical therapy • Occupational therapy • Speech therapy • Dietitian visit • Chiropractor visit Visit limits per calendar year apply to coverage for chiropractic	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	$30 co-payment, then plan pays 100%
Specialist Office Visits	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	$50 co-payment, then plan pays 100%
Outpatient Services • Outpatient surgery • Outpatient care and outpatient diagnostic services in a hospital • Independent lab and X-ray facility Includes intensive outpatient and residential behavioral health services	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible
Inpatient Hospital Care (includes behavioral health) Pre-notification required—verify with physician	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible

In-Network Medical Plan Benefits Comparison

Services	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Emergency Care *Notification required within 48 hours if admitted* Includes behavioral health emergencies						
• Physician office						• 30 co-payment[2] per PCP visit or $50 co-payment per specialist visit, then plan pays 100%
• Hospital emergency room • Outpatient facility or other urgent care facility • Ambulance (must be a true emergency as defined in the plan)	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	• $200 co-payment,[2, 3] then plan pays 100% • $100 co-payment,[2, 3] then plan pays 100% • Plan pays 80% after deductible
Maternity Care/ Physician Charges *Pre-notification required (verify with physician)*						
• Prenatal care (except ultrasounds)	• Plan pays 100%	• Plan pays 100%	• Plan pays 100%	• Plan pays 100%	• Plan pays 100%	• Plan pays 100%
• Ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits)	• Plan pays 80% after deductible	• Plan pays 70% after deductible	• Plan pays 40% after deductible	• Plan pays 80% after deductible	• Plan pays 50% after deductible	• Plan pays 80% after deductible
Newborn Routine Nursery Inpatient Services	Plan pays 80% (no deductible unless readmitted)	Plan pays 70% (no deductible unless readmitted)	Plan pays 40% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)	Plan pays 50% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)
Hearing Benefits						
• Hearing exam and evaluation	• Plan pays 80% after deductible	• Plan pays 70% after deductible	• Plan pays 40% after deductible	• Plan pays 80% after deductible	• Plan pays 50% after deductible	• Plan pays 100% after $50 co-payment
• Hearing aid	• Plan pays 50% after deductible, up to $3,000 every 24 months	• Plan pays 50% after deductible, up to $3,000 every 24 months	• Plan pays 50% after deductible, up to $3,000 every 24 months	• Plan pays 50% after deductible, up to $3,000 every 24 months	• Plan pays 50% after deductible, up to $3,000 every 24 months	• Plan pays 50% up to $3,000 every 24 months. Not subject to deductible.

[2] Co-payments do not apply to deductible.
[3] Waived if admitted to hospital.

In-Network Medical Plan Benefits Comparison

Services	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Alternative Therapies • Massage therapy • Acupuncture • Naprapathy Visit limits per calendar year apply to coverage for acupuncture and naprapathy	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 50% Not subject to deductible	Plan pays 50% Not subject to deductible	Plan pays 50% Not subject to deductible
Special Services *Pre-notification required* • Skilled nursing facility (120 days maximum per calendar year) • Private duty nursing • Home health care (60-visit maximum per calendar year) • Hospice	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible

Out-of-Network Medical Plan Benefits Comparison

Please see the HealthFlex Benefit Booklet for more out-of-network details.

Plan Feature	H1500 with HSA	H2000 with HSA	H3000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Out-of-Network Benefits[1, 4, 5]	**Individual/Family** **Deductible:** • $3,000/$6,000 **OOP Max:** • $10,000/ $20,000 Co-insurance (plan pays): 60%	**Individual/Family** **Deductible:** • $4,000/$8,000 **OOP Max:** • $10,000/ $20,000 Co-insurance (plan pays): 50%	**Individual/Family** **Deductible:** • $6,000/12,000 **OOP Max:** • $12,000/ $24,000 Co-insurance (plan pays): 20%	**Individual/Family** **Deductible:** • $4,000/$8,000 **OOP Max:** • $10,000/ $20,000 Co-insurance (plan pays): 60%	**Individual/Family** **Deductible:** • $6,000/12,000 **OOP Max:** • $10,000/ $20,000 Co-insurance (plan pays): 30%	**Individual/Family** **Deductible:** • $2,000/$4,000 **OOP Max:** • $10,000/ $20,000 Co-insurance (plan pays): 60%

1 **Standard deductible:** Assumes participant and covered spouse met the Health Check incentive requirement in 2021. If not taken, your deductible will be increased by $250 for individual coverage or $500 for family coverage. Households with family coverage in the H3000 plan in 2022 who do not complete the Health Check in 2021 will have their deductible and individual out-of-pocket maximum increased by $500 so the deductible does not exceed the individual out-of-pocket max.

4 **Out-of-Network**: Any and all benefits to be paid are subject to Reasonable and Customary provisions, meaning reimbursements are limited to the Maximum Allowance under the plan. Covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance. Behavioral health office visits are paid at in-network level for all plans.

5 **OON Benefits:** Starting January 1, 2022, as required by applicable law, in-network cost sharing rules may apply for certain out-of-network services, including certain emergency services, air ambulance services, and services from an out-of-network provider at an in-network facility. This means the amount you pay for these services may be lower than provided in this chart.

Pharmacy Plan Benefits Comparison

Plan	H1500 with HSA		H2000 with HSA		H3000 with HSA		C2000 with HRA and C3000 with HRA		B1000	
Deductible	• $1,500 individual • $3,000 family Combined with medical/behavioral health deductible[1]		• $2,000 individual • $4,000 family		• $3,000 individual • $6,000 family		None		None	
Annual Out-of-Pocket (OOP)Maximum—Combined Medical, Behavioral and Pharmacy Costs	**In Network** • $5,000 individual • $10,000 family		**In Network** • $5,000 individual • $10,000 family		**In Network** • $6,000 individual • $12,000 family		**In Network** With both medical plans • $5,000 individual • $10,000 family		**In Network** • $5,000 individual • $10,000 family	
Amounts shown: **Participant pays**	**H1500**		**H2000**		**H3000**		**C2000 and C3000**		**B1000**	
	30-Day	**90-Day**	**30-Day**	**90-Day**	**30-Day**	**90-Day**	**30-Day**	**90-Day**	**30-Day**	**90-Day**
Co-Payments—Generic	$10*	$25*	$10*	$25*	Participant pays 60% co-insurance*		$10	$25	$10	$25
Preferred Brand-Name	30%*	30%*	30%*	30%*	Participant pays 60% co-insurance*		30%	30%	30%	30%
• Minimum	$30*	$75*	$30*	$75*			$30	$75	$30	$75
• Maximum	$65*	$165*	$65*	$165*			$65	$165	$65	$165
Non-Preferred Brand-Name	40%*	40%*	40%*	40%*	Participant pays 60% co-insurance*		40%	40%	40%	40%
• Minimum	$50*	$125*	$50*	$125*			$50	$125	$50	$125
• Maximum	$120*	$300*	$120*	$300*			$120	$300	$120	$300

[1] **Standard Deductible:** Assumes participant and covered spouse (if applicable) met Health Check incentive requirement in 2021. If not taken, the deductible will be increased by $250 for individual and $500 for family deductible. Households with family coverage in the H3000 plan in 2022 who do not complete the Health Check in 2021 will have their deductible and individual out-of-pocket maximum increased by $500 so the deductible does not exceed the individual out-of-pocket max.

* Co-payments/co-insurance apply after deductible has been met for most drugs. Deductible does not need to be met for medications on the OptumRx preventive drug list.

There are two changes we are making to HealthFlex's pharmacy benefits starting on January 1, 2022. As explained below, these may impact the amount you pay out-of-pocket for prescription drugs.

- **Point-of-Sale Rebates**: Certain drug manufacturers provide rebates on the purchase of their prescription drugs. Starting January 1, 2022, the price of the drug will be adjusted when you purchase it to reflect the rebate. This means the out-of-pocket cost you pay at your pharmacy may be lower going forward if your prescription drug is eligible for a rebate.
- **Specialty Medication Manufacturer Coupons** (commonly referred to as "copay cards"): If you use a coupon provided to you by a prescription drug manufacturer when purchasing specialty medication at Optum Specialty Pharmacy, starting January 1, 2022, you will only receive credit towards your deductible and out-of-pocket maximum for the amount you actually pay out-of-pocket when you purchase the drug. You will not receive credit for the amount of the coupon because you did not pay that amount. If you have been using such coupons in the past, this means you may have to pay more out-of-pocket to reach your deductible and out-of-pocket maximum than you have paid in previous years.

Health Flex includes a number of drug utilization management programs to maximize safety and cost efficiencies. These include:

- **Mandatory Generics**: HealthFlex (plan) will cover only the cost of the Generic Drug equivalent. If a participant requests a Brand-Name Drug when there is an equivalent Generic Drug available, the participant will be charged the amount equal to the applicable Generic Drug Co-payment (e.g., $10 at retail) plus the cost difference between the Brand-Name Drug and the Generic Drug.
- **Maintenance Medication Requirement**: Under the plan, participants are allowed a total of three 30-day fills of a maintenance medication at a Retail Pharmacy (one original fill plus two refills). After that, the medication must be obtained in 90-day fills through the OptumRx Mail-Order Pharmacy or through a Walgreens Pharmacy. Additional 30-day fills at Retail will not be covered by the plan; the participant will pay for such refills at the full price, even if it is a Participating (in-network) pharmacy.
- **Prior Authorization and Step Therapy Programs**: Some medications are only covered for specific medical conditions or for a specific quantity and duration. OptumRx, in cooperation with your physician, determines the coverage based on clinical guidelines. Prior authorization may include: quantity limits, step therapy, or restriction of coverage to certain populations or conditions.

This summary highlights some of the features of these benefit plans. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the "Documents") maintained by Wespath Benefits and Investments. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.

Choices—Dental

This comparison highlights key differences and similarities between dental plans offered through HealthFlex Exchange: **Passive PPO 2000**, **Dental PPO** and **Dental HMO**. Dental benefits are provided through Cigna.

The annual deductible and co-insurance amounts are your share to pay. All other benefits shown are the amounts or percentages that the plan pays for a service. **The Passive PPO 2000 and Dental PPO use Cigna's PPO Advantage Network. The Dental HMO uses the Cigna Dental Care Access Plus Network. Visit cigna.com to search for in-network providers.**

Note: Only the Dental PPO and the Passive PPO 2000 include Cigna Dental Wellness Plus℠ features. When you or your family members receive any preventive care in one plan year, the annual dollar maximum will increase the following plan year, until it reaches the level specified below.

Refer to the HealthFlex Benefit Booklet for additional plan details.

Network Benefits	Passive PPO 2000	Dental PPO		Dental HMO
		PPO Advantage Network	Out of Network	
Calendar Year Maximum (Class I, II and III expenses)	Year 1: $2,000	Year 1: $2,000	Year 1: $1,000	No benefit maximum
	Year 2: $2,150[1]	Year 2: $2,150[1]	Year 2: $1,150[1]	
	Year 3: $2,300[2]	Year 3: $2,300[2]	Year 3: $1,300[2]	
	Year 4 and beyond: $2,450[3]	Year 4 and beyond: $2,450[3]	Year 4 and beyond: $1,450[3]	
Annual Deductible • Individual • Family	• $50 per person • $150 per family	• $50 per person • $150 per family	• $50 per person • $150 per family	No deductible

Note:

- A "passive" PPO allows you to benefit from discounts when receiving services from a PPO Advantage network provider—without a reduction in benefits if you choose to go out of network.
- All out-of-network reimbursement levels are based on 90th percentile of reasonable and customary allowance.

Network Benefits	Passive PPO 2000	Dental PPO		Dental HMO (Shows Participant Cost)
		PPO Advantage Network	Out of Network[4]	
Class I—Preventive and Diagnostic Care Oral evaluation, routine cleanings, x-rays, sealants	Plan pays 100% Not subject to deductible	Plan pays 100%	Plan pays 100%	Periodic/comprehensive oral evaluation; prophylaxis: $0 Sealant: $12 per tooth Routine cleaning: First two are free; additional cleanings $45 X-rays panoramic (every 3 years)or bitewings: $0
Class II—Basic Restorative Fillings, endontics, periodontics, oral surgery, anesthesia, bridge/crown/ denture repair	Plan pays 80% Subject to deductible	Plan pays 90%	Plan pays 70%	Each amalgam filling, anterior composite filling: $0 Posterior composite filling: $47 – $115 Oral surgery: Extractions $12 per tooth; removal of impacted tooth: $46 – $125 per tooth Anesthesia: $190 for the first 30 minutes; $84 each additional 15 minutes Molar root canal: $335 Periodontal scaling/root plane: $42 – $83 per quad
Class III—Major Restorative Crowns, dentures, implants	Plan pays 50% Subject to deductible	Plan pays 60%	Plan pays 50%	Crown: $88 – $150, plus $410 – $460 for materials Partial dentures: $525 – $715
Class IV—Orthodontia	Plan pays 50% up to $2,000 (up to age 19) Subject to lifetime maximum	Plan pays 50% up to $2,000 (up to age 19)	Plan pays 50% up to $1,000 (up to age 19)	Child orthodontics: $2,040 Adult orthodontics: $2,376

[1] Increase contingent upon receiving Preventive Services in Plan Year 1.
[2] Increase contingent upon receiving Preventive Services in Plan Years 1 and 2.
[3] Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.
[4] Benefits for out-of-network provider is based on 90th percentile of reasonable and customary allowances.

CHOICES—VISION

VSP® Vision Benefits

This comparison highlights key differences and similarities between vision plans offered through HealthFlex: **Exam Core**, **Full-Service** and **Premier**. Vision benefits are provided through VSP.

To use your VSP benefit, register at **vsp.com**, review your benefit information, and find an eye care provider who is right for you. At your appointment, tell them you have VSP—there is no ID card necessary, but if you would like one as a reference, you can print it at **vsp.com**. There are no claim forms to submit unless you see an out-of-network provider.

VSP provider network: VSP Choice

Benefit	Exam Core	Full-Service	Premier
WellVision Exam *Description* • Focuses on your eyes and overall wellness • Every 12 months	$20 co-payment	$20 co-payment	$20 co-payment
Prescription Glasses	No coverage	$20 co-payment	$20 co-payment (applies to 1st and 2nd pair of glasses)
Frame Details	No coverage	• Includes $160 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 12 months	• Includes $200 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 12 months
Lens Details	No coverage	• Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months	• Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months
Lens Enhancements	No coverage	• Standard progressive lenses: 100% • Average savings of 25%–30% on other lens enhancements • Every 12 months	• Anti-reflective coating: Covered in full after $25 copay • UV Protection: 100% • Standard progressive lenses: 100% • Average savings of 40% on other lens enhancements • Every 12 months
Contact Lenses	No coverage	*Instead of glasses* • Includes $160 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam up to a maximum $50 copay • Every 12 months	*In addition to glasses* • Includes $200 allowance for 2nd pair of glasses, or contacts and contact lens exam fitting and evaluation • 15% off contact lens exam up to a maximum $50 copay • Every 12 months
Additional Coverage	NA	Diabetes Eyecare Plus Program: $20	Diabetes Eyecare Plus Program: $20

VSP Vision Benefits

Benefit	Exam Core	Full-Service	Premier
Out-of-Network Coverage	No coverage	• Exam up to $45 • Frame up to $70 • Single vision lenses up to $30 • Lined bifocal lenses up to $50 • Lined trifocal lenses up to $65 • Progressive lenses up to $50 • Contacts up to $105	• Exam up to $45 • Frame up to $70 • Single vision lenses up to $30 • Lined bifocal lenses up to $50 • Lined trifocal lenses up to $65 • Progressive lenses up to $50 • Contacts up to $105
Extra Savings	• 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam • 15% savings on a contact lens exam (fitting and evaluation)	• Extra $20 to spend on featured frame brands. Go to **vsp.com/specialoffers** for details • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam • No more than $39 co-payment on routine retinal screening as an enhancement to a WellVision Exam • Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities	• Extra $20 to spend on featured frame brands. Go to **vsp.com/specialoffers** for details • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam • No more than $39 co-payment on routine retinal screening as an enhancement to a WellVision Exam • Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility

Coverage with a participating retail chain may be different. Once your benefits are effective, visit **vsp.com** for details.

Health Accounts

Comparing HSA vs. HRA vs. FSA

Health reimbursement accounts (HRAs), health savings accounts (HSAs) and health care flexible spending accounts (FSAs) are all offered by HealthFlex. They share some similar traits, but have important differences. Learn more below.

	HealthFlex HSA	HealthFlex HRA	HealthFlex Health Care FSA
Which Plans?	H1500 with HSA, H2000 with HSA, H3000 with HSA	C2000 with HRA, C3000 with HRA	H1500 with HSA, H2000 with HSA, H3000 with HSA, C2000 with HRA, C3000 with HRA, B1000
How Funded?	• May be funded by plan sponsor* • You may add money to an HSA (optional) • May include extra premium credit (if applicable)	• Funded by plan sponsor • You are not permitted to add money • May include extra premium credit (if applicable)	• You fund your FSA
Earnings / Interest	May earn tax-deferred investment earnings based on account or fund you select	None	None
Tax Implications**	Triple tax advantage: **1.** Contributions are excluded from gross income and are not subject to federal income tax **2.** HSA earnings accrue tax-free **3.** HSA withdrawals, including investment earnings, are tax-free for eligible expenses	• Plan sponsor contributions are excluded from your gross income and are not subject to federal income tax • HRA withdrawals are tax-free for eligible expenses	• Your contributions are excluded from gross income and are not subject to federal income tax • FSA withdrawals are tax-free for eligible expenses
Annual Funding Limit 2022	Annual federal limit for total HSA contributions (plan sponsor + your money). • $3,650 (self-only) or • $7,300 (family) • Individuals 55 and older may contribute extra $1,000 annually ($4,650 self-only, $8,300 family)	• No annual limit • Amount determined by plan sponsor	• $300 minimum—$2,750 maximum
Funds Availability	• Any plan sponsor contributions* are available for use upon deposit at beginning of plan year • Monthly share of participant contributions and any excess premium credit are available each month on the 5th	• Available for use at beginning of plan year	• Available for use at beginning of plan year

** H3000 has no plan sponsor HSA funding unless there is excess premium credit.*

*** There may be additional tax implications for individuals approaching Medicare eligibility within the plan year. Please consult your tax adviser if you will soon be Medicare eligible.*

Comparing HSA vs. HRA vs. FSA

	HealthFlex HSA	HealthFlex HRA	HealthFlex Health Care FSA
Eligible Expenses / Usage	• Use primarily for eligible health care expenses for tax dependents[5] • If used for non-health care expenses, tax penalty may apply • Limited use for premiums: Limited to continuation coverage, long-term care or Medicare (not including Medicare supplement)	• Use only for eligible health care expenses for those covered in the medical plan (not premiums, except after retirement) • After retirement: May use for premiums (medical, dental, vision and long-term care)—primary participant only	• Use for eligible health care expenses for tax dependents and children under 27 at the end of the tax year • May not use for premiums or long-term care
Substantiation / Documentation ("Proof" of Claim)	• Not required by Wespath or HealthEquity, but you are responsible for reporting any taxable HSA distributions to the IRS	• Required[6]	• Required[6]
Carry-Over at Year-End	• Unused balance carries over year to year • No dollar limit on accumulated balance	• Unused balance carries over year to year *as long as you remain in HealthFlex* and through retirement • No dollar limit on accumulated balance	*Special COVID-related rules temporarily apply* • Full unused balance as of Dec. 31, 2020 and Dec. 31, 2021 will automatically carry over to the following plan year *Normal IRS "use it or lose it" rules resume with balance remaining on Dec. 31, 2022* • $550 carryover permitted to the following plan year. Remainder forfeited if not spent by December 31 (run-out period to file claims: through April 30 of the following year)
Compatibility with Other Reimbursement Accounts	• Compatible with limited-use FSA or HRA	• Compatible with FSA • *If contributing to HSA, HRA is limited to dental and vision expenses only****| • Compatible with HRA. FSA pays first—HRA pays only after FSA funds are exhausted. • *If contributing to HSA, FSA is limited to dental and vision expenses only****|
If You Retire	• Unused balance is *portable; remains with you indefinitely* regardless of employment/appointment	• As long as you retire in accordance with retirement rules of the plan and your plan sponsor's policy the unused balance remains until exhausted	• Eligible expenses can only be incurred through your last date of HealthFlex coverage pre-retirement • Deadline to file claims: 90 days after leaving HealthFlex
If You Terminate Employment or Waive HealthFlex	• Unused balance is *portable; remains with you indefinitely* regardless of employment/appointment	• Unused balance can be used for eligible expenses for up to 90 days after termination or waiver	• Eligible expenses can only be incurred through your last date of HealthFlex coverage • Deadline to file claims: 90 days after leaving HealthFlex

[5] As defined in IRS Publication 969 and Internal Revenue Code Section 152

[6] May not be required with debit card use

***Limited use until participant notifies HealthEquity that the IRS-defined deductible has been met; then can be used for all eligible health care expenses. (2022 IRS-defined deductible: $1,400 individual, $2,800 family)

Dependent care FSA: Annual contribution limit—$5,000. Contributions are available monthly as they are deposited to the FSA on 5th of the month.

More information is available through the **Benefits Access** website at **benefitsaccess.org**

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2022 Premiums

Medical Plan / Tier	Participant Share per Month (medical only)
B1000	
Employee Only	$246
Employee and One Dependent	$466
Family	$636
C2000 w/ HRA	
Employee Only	$208
Employee and One Dependent	$395
Family	$539
C3000 w/ HRA	
Employee Only	$92
Employee and One Dependent	$174
Family	$238
H1500 w/ HSA	
Employee Only	$185
Employee and One Dependent	$350
Family	$479
H2000 w/ HSA	
Employee Only	$103
Employee and One Dependent	$194
Family	$265
H3000 w/ HSA	
Employee Only	$0
Employee and One Dependent	$0
Family	$0

Dental Plan / Tier	2022 Monthly Rate
None	**$0**
Passive PPO 2000	
Employee Only	$48
Employee and One Dependent	$95
Family	$143
Dental PPO	
Employee Only	$40
Employee and One Dependent	$78
Family	$118
Dental HMO	
Employee Only	$14
Employee and One Dependent	$26
Family	$45

Vision Plan / Tier	2022 Monthly Rate
Exam	**$0**
Full Service	
Employee Only	$7.96
Employee and One Dependent	$12.86
Family	$20.34
Premier	
Employee Only	$14.16
Employee and One Dependent	$22.94
Family	$36.38

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Participants Nearing Medicare Eligibility—Age 65 or Medicare-Disabled
Considerations for HSA Plans

Considering the following factors can help you select the HealthFlex plan that best fits your personal circumstances:

- Family size/covered individuals
- Health status/anticipated utilization
- Financial risk tolerance
- Financial preparedness (household budget and financial safety net)

In addition to these factors, **individuals approaching Medicare eligibility (i.e., nearing age 65 or due to disability) have special considerations related to HSA plans and health savings accounts (HSAs)**. This is because once you apply for or are enrolled in Medicare, you will not be eligible for new HSA contributions that are included with the HealthFlex HSA* plan designs, nor eligible to make your own HSA contributions. (However, you will still have access to any existing HSA balance you may already have, including using the HSA for Medicare premiums other than Medicare supplemental coverage.)

* **HealthFlex H1500 and H2000 with HSA include plan sponsor funding into an HSA, plus optional personal contributions; the HealthFlex H3000 with HSA does not include plan sponsor HSA funding unless there is excess premium credit, but permits optional personal contributions.**

HSA Contribution Ineligibility—HSA Plans May Not Be a Good Match

You are not eligible for any HSA contributions (including plan sponsor and personal contributions) if you fit any of these categories:

- Enrolled in Medicare, including any of the following:
  - Participating in the Medicare Secondary Payer Small Employer Exception (MSPSEE) program
  - Receiving Social Security retirement benefits, and you turn age 65 and are enrolled in Medicare automatically
  - Enrolled in only Medicare Part A
  - Enrolled in Medicare due to disability
- Enrolled in Tricare

Are You or Your Spouse Turning 65 Any Time in the Next Year?

If you or your spouse become eligible for Medicare mid-year, you are subject to additional rules. For example, you may be eligible to contribute a reduced amount to an HSA (prorated based on the amount of time you were not in Medicare). Also, the amount of contributions you make to your HSA depends on whether your HSA plan coverage is for self-only or family coverage. In many cases, if you have elected family coverage, you may not wish to change this election when your spouse turns 65, even if he or she becomes covered by Medicare. If you continue to maintain family coverage, then you may contribute to your HSA up to the family limit.

The *examples on the following pages* may help you understand further.

This document provides general guidelines. If you (or your covered spouse) are close to age 65 (Medicare eligibility age) or may soon become Medicare-eligible due to disability, please consult a tax adviser for more information about how an HSA Plan may affect your personal circumstances. Additional information about HSA plans is available through the Benefits Access website.

Note: Federal annual limits for total HSA contributions include plan sponsor plus optional participant contributions. The maximum HSA contribution (plan sponsor + optional personal contribution) for 2022 is **$7,300** for a family plan (**$3,650** for single coverage) plus **$1,000** in catch-up contributions for a primary participant who is age 55 or older. Mid-year enrollment in Medicare may lower these limits by a prorated amount.

Prorated Contributions Scenarios

Scenario 1: Primary participant turning 65 in June but still working

As long as you are not accepting Social Security benefits on or after you turn age 65 when you are automatically enrolled in Medicare, you can delay enrollment in Medicare Part A and continue to contribute to an HSA (and/or accept your plan sponsor's HSA contributions) up to IRS limits. You can postpone applying for Social Security and Medicare until you stop working without penalty as long as you are covered by an appropriate group health plan** that does not require Medicare enrollment.

If you have signed up for Medicare Part A and not yet applied for Social Security benefits	You can withdraw your application as long as you are actively working and covered by an appropriate group health plan** that does not require Medicare enrollment. There is no penalty, and you can apply for Social Security later. If you do this, you can continue contributing to an HSA and accept your plan sponsor's HSA contributions.
If you have applied for or are receiving Social Security benefits, when you turn age 65—this automatically entitles you to Medicare Part A	You are entitled to Medicare Part A. In this case, you cannot continue to contribute to an HSA—the prorated limit would apply as described below: • Assuming the participant had single (self-only) coverage under HealthFlex, the participant would be eligible for **5/12 of the $3,650** for single coverage (**$1,520.83 for January – May**) plus **5/12 of the $1,000** catch-up contribution (**$416.67**). • The total annual contribution limit for this participant would be **$1,937.50** (**$1,520.83 + $416.67**). ***Note:*** *You may choose to drop Medicare Part A if you have been receiving Social Security benefits for fewer than 12 months—as long as you can pay back the Social Security benefits, including any amount Medicare has paid toward medical claims. If you drop Medicare Part A, then you would be able to contribute the full amount under the HSA limit.*

** An appropriate group health plan would be one that provides "creditable" prescription drug coverage. To avoid penalties for late enrollment in Medicare Part B or Part D (and assuming Medicare Part A is no cost), you must be covered by an employer-sponsored group health plan providing "creditable coverage." HealthFlex is such a plan.

Scenario 2: Spouse turning 65 within the plan year (June); primary participant remains under 65 and changes from family coverage to self-only coverage

Once the spouse enrolls in Medicare (June), if the participant switches to self-only coverage, the family HSA contribution limit will be prorated for the number of months the spouse was enrolled in an HSA-qualified plan before enrolling in Medicare. (If the participant keeps family coverage instead of switching to self-only coverage, the family limit continues to apply for HSA contributions.)

Note: *Medicare enrollment is typically effective on the first day of the month one turns age 65 (if your birthday is the first day of the month, however, your enrollment begins on the first day of the prior month), unless you delay enrollment.*

If the spouse enrolls in Medicare in June

HSA contributions will be prorated for January-May HealthFlex coverage (i.e., the period prior to Medicare enrollment):

- The primary participant is eligible for **5/12 of the $7,300** HSA contribution limit for family coverage (**$3,041.67**).
- The primary participant then switches to single (self-only) coverage (assuming there are no dependent children in the HealthFlex plan) for the rest of the year and is eligible to contribute **7/12 (June – December) of the $3,650** HSA limit for single coverage (**$2,129.17** plus the full **$1,000 catch-up contribution** if over 55 (since the primary participant was enrolled in the HSA plan all year).
- The total annual contribution limit for this participant/family would be **$6,170.84 ($3,041.67 + $2,129.17 + $1,000**).
- If the primary participant covers HSA-eligible dependent children, he or she may still be eligible for the full family contribution (**$7,300**) plus a single **$1,000 catch-up contribution** if over age 55.

See the ***IRS Instructions for Form 8889*** for a worksheet to help you calculate your contribution limit (available at **irs.gov**).

Accumulated HSA funds can be used by the spouse for Medicare Part B, Medicare Part D and Medicare Advantage Premiums, but not for Medicare Supplement or Medigap premiums. Accumulated HSA funds also can continue to be used by both spouses for co-payments, co-insurance and deductibles for medical, pharmacy, behavioral health, vision and dental expenses.

If the spouse delays enrollment in Medicare

The family may still be eligible for the full family contribution in some cases, even if dependent children are not covered. Your spouse can postpone applying for Social Security and Medicare without penalty—as long as he or she is covered by an appropriate group health plan** that does not require Medicare enrollment and you remain actively working.

** An appropriate group health plan would be one that provides "creditable" prescription drug coverage. To avoid penalties for late enrollment in Medicare Part B or Part D (and assuming Medicare Part A is no cost), you must be covered by an employer-sponsored group health plan providing "creditable coverage." HealthFlex is such a plan.

Scenario 3: Participant Becomes Medicare Eligible in June due to disability

Typically, someone becomes Medicare-eligible after 24 months of receiving Social Security disability benefits.

If you remain in HealthFlex	You are required to sign up for Medicare Parts A and B to get the full benefit of your HealthFlex Plan. You would therefore be *ineligible* to contribute to an HSA or accept your plan sponsor's HSA contributions in the months you have Medicare. The prorated limit would apply as described below: • Assuming the participant had single (self-only) coverage under HealthFlex, the participant would be eligible for **5/12 of the $3,650** for single coverage (**$1,520.83**) plus **5/12 of the $1,000 catch-up contribution** if over 55 (**$416.67**). • The total annual contribution limit for this participant would be **$1,937.50** (**$1,520.83 + $416.67**) if over 55, or **$1,520.83** if not over 55.

Scenario 4: Retired, taking Medicare, and then re-hired

If you were previously receiving Medicare benefits due to age 65 and retirement and later began working again and therefore eligible for your group employer plan, you would *not be eligible* to contribute to an HSA or receive plan sponsor HSA funding since you would already have Medicare Part A benefits.

Choosing an HSA plan when you are about to become Medicare eligible may still be a good choice for you if you make sure you comply with the rules about proration. You also should note that if you become retroactively approved for Medicare for any reason, you may need to return some of your contributions. Finally, individuals who work more than six months past their retirement age may want to stop HSA contributions six months before applying for Social Security and Medicare, as these can be retroactive for six months.

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Clergy Retirement Security Program

At-a-Glance

The Clergy Retirement Security Program (CRSP) is an Internal Revenue Code section 403(b) retirement plan administered by Wespath Benefits and Investments (Wespath)—the largest denominational pension fund in the world. It is designed to provide you with one element of your overall retirement portfolio.

The Clergy Retirement Security Program (CRSP) is a retirement program that offers:

1. security through a defined benefit (DB) component that gives you lifetime retirement income, and
2. flexibility through a defined contribution (DC) component that provides you with an account balance you can access as your retirement needs require.

ELIGIBILITY

You are eligible to participate if you are a clergy member or local pastor under full-time Episcopal appointment to a conference, church, charge, district or conference-controlled entity or unit and you are receiving compensation. Your conference may also elect to cover clergy appointed at least half-time or at least three-quarter time.

CRSP FEATURES

- You are automatically enrolled by your plan sponsor.
- You receive account statements quarterly or upon demand.
- Account information is accessible 24/7 through the website (**www.benefitsaccess.org**).
- Representatives are available to answer calls at **1-800-851-2201** business days from 8:00 a.m. to 6:00 p.m., Central time.

DEFINED BENEFIT (DB) COMPONENT

- Provides a monthly retirement benefit that is calculated using the following formula:

$$\left(\begin{array}{l}\text{1.25\% x Denominational Average Compensation (DAC)}^{1} \\ \text{at retirement x years of credited service}^{2} \\ \text{from 1/1/07 through 12/31/13}\end{array}\right) + \left(\begin{array}{l}\text{1.00\% x DAC}^{1}\text{ at retirement x years} \\ \text{of credited service}^{2}\text{ after 12/31/13}\end{array}\right) \div 12$$

- You will have various DB payment options when you retire
- There are annual cost-of-living increase options for retirees

[1] *Final compensation substitutes for DAC for periods of service as a bishop.*
[2] *Reduced for less-than-full-time appointments.*

(over)

Clergy Retirement Security Program

At-a-Glance

(continued)

Investment and Distribution Assistance

Wespath offers services at no additional cost to you that can help you manage your DC account:*

- LifeStage Investment Management is an investment service that selects a mix of Wespath funds for your retirement account(s) based on your individual circumstances.
- EY Financial Planning Services assists you with financial planning and investment needs.
- LifeStage Retirement Income automatically issues monthly benefit payments from your DC account that are intended to last your lifetime.**

For more information about LifeStage Investment Management, EY Financial Planning Services and LifeStage Retirement Income, please visit www.wespath.org/retirement/services/.

* Costs for these services are included in Wespath's operating expenses that are paid for by the funds.

** Lifetime payments are not guaranteed (for example, in the event of extreme market conditions or longevity).

DEFINED CONTRIBUTION (DC) COMPONENT

- Every month, the Church contributes 2% of your plan compensation to your DC retirement account. In addition, the Church will match your personal contributions to the United Methodist Personal Investment Plan (UMPIP) up to 1% of your plan compensation.
- Your account—both earnings and contributions—grows tax deferred until you withdraw money.
- Provides convenient distribution options when you are eligible to access the money in your account—including lump sum or partial distributions, or a series of regular payments.
- Account balance can remain in the plan until the later of participant retirement, termination or age 70½.

Wespath
BENEFITS | INVESTMENTS

United Methodist Personal Investment Plan

At-a-Glance

EY Financial Planning Services offers valuable investing and financial planning guidance. This program is available to:

- active participants with an account balance,
- surviving spouses with an account balance, and
- retired and terminated participants with an account balance of at least $10,000.

EY Financial Planning Services are available at no additional cost to you.* Just call EY directly at **1-800-360-2539** business days from 8:00 a.m. to 7:00 p.m., Central time.

** Costs for these services are included in Wespath's operating expenses that are paid for by the funds.*

The United Methodist Personal Investment Plan (UMPIP) is a 403(b) retirement plan administered by Wespath Benefits and Investments (Wespath)—the largest reporting faith-based pension fund. UMPIP is designed to provide one piece of your overall retirement portfolio.

You are immediately eligible to participate if your employer or salary-paying unit sponsors the plan. Participation for plan sponsor contributions begins once you meet the eligibility requirements established by your plan sponsor.

PLAN FEATURES

- Convenient before-tax, Roth and/or after-tax contributions as a percentage of your eligible compensation or in flat-dollar amounts up to Internal Revenue Code limits
- Plan sponsor may elect to contribute matching contributions or a percentage of your eligible compensation to your account[1]
- Taxes are deferred on before-tax contributions and investment earnings until distribution
- Roth contributions are made after taxes are withheld, but Roth contributions and earnings are not taxable at distribution if qualified[2]
- After-tax contributions are made after taxes are withheld, but earnings on after-tax contributions are taxable at distribution
- Accepts eligible rollovers from most retirement plans (including Roth accounts) and traditional IRAs[3]
- Variety of investment fund options
- LifeStage Investment Management and LifeStage Retirement Income account management suite
- Hardship loans and withdrawals
- Age 59 ½ and rollover account withdrawals
- Distributions available upon termination of employment, retirement, disability or death
- Distribution options: cash installments, partial lump sums or a single lump sum
- On-demand and quarterly account statements
- Access account information 24/7 through Benefits Access (**benefitsaccess.org**) and through our automated phone system
- Participant forms and other information available at **wespath.org**
- Representatives available to answer calls at **1-800-851-2201** business days from 8:00 a.m. to 6:00 p.m., Central time

[1] *Contribution rates may vary for each plan sponsor*
[2] *See* Roth Contribution Guide
[3] *Roth IRAs are not accepted*

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Glenview, Illinois 60025-1604
1-800-851-2201
wespath.org

Enrollment—Information and Instructions

Information

This form allows you to enroll in retirement and welfare plans administered by Wespath. To participate in these plans, complete parts 1 through 4 of this form and submit the form to your plan sponsor or employer. You will be enrolled in all of the following plan(s) for which you are eligible:

Retirement Plans
- Clergy Retirement Security Program (CRSP)
- Horizon 401(k) Plan (Horizon)
- Retirement Plan for General Agencies (RPGA)
- United Methodist Personal Investment Plan (UMPIP)

Welfare Plans
- Comprehensive Protection Plan (CPP)
- UMLifeOptions

Instructions

Part 1—Personal Information
Complete your personal information. Use a black pen and print clearly in CAPITAL LETTERS.

Part 2—Contribution Election

This section enables you to elect the percentage or dollar amount you wish to contribute by payroll deduction to UMPIP or Horizon as before-tax, Roth and/or after-tax contributions. You can specify the amount either as a:
- Percentage of compensation **OR**
- Dollar amount

UMPIP and Horizon are subject to contribution limits under the Internal Revenue Code. Your total before-tax and Roth contributions for the year to UMPIP or Horizon (and any other qualified retirement plans) cannot exceed the lesser of your compensation or the 2021 limit of:
- $19,500 if you are under age 50 with less than 15 years of service
- $26,000 (includes $6,500 "catch-up" contribution) if you will be 50 or older by December 31 with less than 15 years of service
- Possibly higher if you are a UMPIP participant and you have at least 15 years of service with all United Methodist-related organizations—call Wespath for further information.

Your total before-tax, Roth and after-tax contributions (but not including "catch-up" contributions), plus any plan sponsor contributions to Wespath administered plans (and any contributions made to other plans sponsored by your plan sponsor) cannot exceed your compensation for the 2021 plan year or $58,000, whichever is less.[1]

For these limit purposes, compensation does not include the value of any parsonage or housing allowance that is excluded from your taxable income.

You cannot withdraw contributions unless you have a financial hardship as defined under the plan, attain age 59½, are disabled as defined under the plan, retire, terminate employment and/or terminate your relationship with the annual conference.

Part 2a—Before-Tax Contribution
Indicate the percentage or dollar amount that you elect to have withheld from your compensation as a before-tax contribution and contributed to UMPIP or Horizon. Your compensation (including the value of any parsonage or housing allowance) will be reduced **before withholding taxes are calculated**. When you receive distributions from UMPIP or Horizon, your before-tax contributions and earnings will be taxable.

Automatic Enrollment
If your plan sponsor has adopted automatic enrollment, review the *Automatic Enrollment Notice* provided by your plan sponsor to determine if this feature applies to you. If you have been automatically enrolled in UMPIP and wish to change your before-tax contribution election, or if you are about to be automatically enrolled and wish to make a before-tax contribution election that is different than the automatic contribution rate described in the *Automatic Enrollment Notice*, indicate that election on the form.

[1] If your plan sponsor offers plans other than those administered by Wespath, the total contributions for all plans to the same plan type [e.g., 403(b), 401(k)] cannot exceed the IRS limits. Call Wespath for assistance regarding these limits.

Automatic Contribution Escalation

If your plan sponsor has elected automatic contribution escalation, review the *Automatic Enrollment Notice* provided by your plan sponsor to determine your eligibility for this feature and learn how it works. Check the box to indicate whether you elect to have automatic contribution escalation apply to your before-tax contributions. If you do not make an election and are eligible for automatic contribution escalation, this feature will be applied to your contributions as the default election.

Part 2b—Roth Contribution

Indicate the percentage or dollar amount that you elect to have withheld from your compensation as a Roth contribution and contributed to UMPIP or Horizon. Your compensation (including the value of any parsonage or housing allowance) will be reduced **after withholding taxes are calculated**. When you receive distributions from UMPIP or Horizon, your qualified Roth distributions are non-taxable. See the *Roth Contribution Guide* at **wespath.org/roth** for more information.

Part 2c—After-Tax Contribution (not available in Horizon)

Indicate the percentage or dollar amount that you elect to have withheld from your compensation as an after-tax contribution and contributed to UMPIP. Your compensation (including the value of any parsonage or housing allowance) will be reduced **after withholding taxes are calculated**. When you receive distributions from UMPIP, your after-tax contributions are non-taxable but earnings are taxable.

Part 3—Investment Election

This section enables you to specify how you want to invest your defined contribution (DC) account balances. You may either:

- Elect LifeStage Investment Management to automate the investment of your account balances, or
- Choose among Wespath investment funds for your accounts.

If you do not make any elections in Part 3, Wespath will invest your contributions using LifeStage Investment Management. LifeStage Investment Management is an investment management service that determines your investment fund allocation based on your answers to the LifeStage Personal Investment Profile (see Part 3b). You may discontinue using the service and choose among Wespath investment funds at any time; however, you may be subject to a 60-day waiting period in accordance with Wespath's policy on interfund transfers.

Consider an investment's objectives, risks and expenses carefully before making your selection. This and other important information is available in the *Understanding Your Investment Options* brochure and the *Investment Funds Description.* Go to **wespath.org**—under **Retirement & Investments**, choose "**Publications & Reports**."

If eligible, you may contact EY Financial Planning Services at **1-800-360-2539** for investment allocation guidance at no additional cost.[2]

Part 3a—LifeStage Investment Management Election

Indicate whether you would like to:

- Enroll in LifeStage Investment Management to automate your investment elections (complete 3b and SKIP 3c), or
- Choose your own investment fund elections (SKIP 3b and complete 3c)

Part 3b—LifeStage Personal Investment Profile

Answer the questions displayed so that Wespath can direct the investment of your account through LifeStage Investment Management. If you elect the service and do not complete this profile, the default elections for each question will be used.

1. Choose your risk tolerance. Risk tolerance is defined at **wespath.org/r/risktolerance**.
2. Indicate whether you expect to receive Social Security in retirement. Most people are eligible unless they have not worked the required number of quarters and/or have opted out.

You may change these variables as often as you wish. Refer to the *Understanding Your Investment Options* brochure.

Part 3c—Investment Election

Complete only if you elected to self-manage the investment of your account(s) in Part 3a. If you do not complete this section, your accounts will be managed by LifeStage Investment Management. Indicate your investment fund election for **future contributions** to your retirement accounts. Investment elections must be entered in 1% increments.

Part 4—Participant Signature

Read and, if you agree, sign and date the form. Then return all pages of the form to your conference, church or employer. Keep a copy for your records.

IMPORTANT: Designate your beneficiary(ies) online as soon as you are enrolled. A beneficiary receives plan benefits, if any, after you die or if you cannot be located when a benefit is payable. When you receive your *Welcome Letter* from Wespath, register for Benefits Access at **benefitsaccess.org**. After logging in, select "**Profile**" from the toolbar, then choose "**Manage Beneficiaries**." For important information regarding beneficiary designations, go to **wespath.org/r/beneficiaries**.

Part 5—Employment Information—To be completed by your plan sponsor

Part 6—Plan Sponsor Information—To be completed by your plan sponsor

[2] EY Financial Planning Services are available to active participants and surviving spouses with account balances, and to retired and terminated participants with account balances of at least $10,000. Costs for EY Financial Planning are included in Wespath's operating expenses that are paid for by the funds.

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Enrollment

Part 1—Personal Information

Participant name _____ Primary phone # (_____) _____

Home address _____ Alternate phone # (_____) _____

City, State, ZIP _____ Country of citizenship _____

E-mail _____ Spouse name _____

Social Security # ___ ___ ___-___ ___-___ ___ ___ ___ Spouse Social Security # ___ ___ ___-___ ___-___ ___ ___ ___

Birth date ____/____/____ Spouse birth date ____/____/____

Gender: ❑ Male ❑ Female Marriage date ____/____/____

Part 2a – Before-Tax Contribution

Review the Instructions for important information about automatic enrollment and automatic contribution escalation.

Choose one:

❑ **Percentage of compensation:** _____ % of compensation

❑ **Dollar amount:** $ _____ per month (cannot exceed your monthly compensation)

❑ I elect **not** to make before-tax contributions (Skip to Part 2b)

Automatic Contribution Escalation (choose one if this feature applies to you—see Instructions):

❑ I elect to have automatic contribution escalation apply to my before-tax contributions (default)

❑ I elect **not** to have automatic contribution escalation apply to my before-tax contributions

Part 2b – Roth Contribution

Choose one:

❑ **Percentage of compensation:** _____ % of compensation

❑ **Dollar amount:** $ _____ per month (cannot exceed your monthly compensation)

❑ I elect **not** to make Roth contributions

Part 2c – After-Tax Contribution (not available in Horizon)

Choose one:

❑ **Percentage of compensation:** _____ % of compensation

❑ **Dollar amount:** $ _____ per month (cannot exceed your monthly compensation)

❑ I elect **not** to make after-tax contributions

Part 3—Investment Election

Part 3a—LifeStage Investment Management Election

Choose one:

❑ I elect **LifeStage Investment Management** to manage my defined contribution accounts. **(Complete Part 3b and SKIP Part 3c.)**

❑ I elect to choose the investment funds for my defined contribution accounts. **(SKIP Part 3b and complete Part 3c.)**

Part 3b—LifeStage Personal Investment Profile

1. My risk tolerance is: ❑ Conservative ❑ Moderate *(default)* ❑ Aggressive
   *Definitions available at **wespath.org/r/risktolerance**.*
2. I will qualify to receive Social Security benefits when I retire: ❑ Yes *(default)* ❑ No

Part 3c—Investment Election

If you have no "election for future contributions" on file, your accounts will be managed by LifeStage Investment Management.

Funds	Election for Future Contributions
Stable Value Fund	%
U.S. Treasury Inflation Protection Fund	%
Inflation Protection Fund	%
Social Values Choice Bond Fund	%
Fixed Income Fund	%
Extended Term Fixed Income Fund	%
Multiple Asset Fund	%
U.S. Equity Fund	%
Social Values Choice Equity Fund	%
International Equity Fund	%
Total	**100 %**

Part 4—Signature

I have read the instructions, and understand and accept the actions I have taken with this *Enrollment* form. I acknowledge that:

- The indicated before-tax, Roth and/or after-tax contributions will be withheld from my pay and contributed to my UMPIP or Horizon account.
- My before-tax contribution percentage will increase each year up to a maximum percentage as specified in the ***Automatic Enrollment Notice***, if I am eligible, unless I elected not to have automatic contribution escalation apply to my before-tax contributions in Part 2a.
- I cannot withdraw contributions from UMPIP or Horizon unless I have a financial hardship as defined under UMPIP or Horizon, attain age 59 ½, am disabled as defined under UMPIP or Horizon, retire, terminate employment and/or terminate my relationship with my annual conference. (These limitations do not apply to funds rolled into UMPIP and Horizon.)
- The contribution election in Part 2 will remain in effect with my current plan sponsor/salary-paying unit until I submit a new *Contribution Election* form.
- I have read and understand the *Understanding Your Investment Options* brochure and the *Investment Funds Description* and have considered the objectives, risks and expenses carefully before making investment elections.
- I may be eligible to contact EY Financial Planning Services for investment allocation guidance at no additional cost (see Instructions).
- I understand that I can designate beneficiary(ies) for my account(s) online at **benefitsaccess.org** when I am enrolled.

Print Name _____

Signature _____ Date _____

Complete Parts 1-4 and return all pages of the form to your conference, church or employer. Keep a copy for your records. Be sure to designate your beneficiaries online once you receive your enrollment Welcome Letter.

The remainder of this form is to be completed by the Plan Sponsor

Part 5—Employment Information

Church/employer name _____ Church/Employer # _____

Address _____ Conference _____

City, State, ZIP _____ Phone # _____

Part 5a - Complete this section for Clergy

Appointed to:

❑ Full-time service ❑ ¾ time service ❑ ½ time service ❑ ¼ time service

Compensation

1. Cash Salary: $ _____
   (Cash paid to clergyperson by the church/charge and/or conference. Cash salary consists of base pay, cash bonuses, equitable compensation, cash allowances, cash to clergyperson for benefit programs, before-tax, Roth and after-tax contributions to UMPIP and other 403(b) programs, Section 125 medical reimbursement and designated housing exclusion.)
   Do not include cash allowances provided in lieu of parsonage or conference-provided group health plan or conference-provided group health plan.

   IRC Section 107 Housing Exclusion: $ _____
   (Amount included in Cash Salary above that has been designated by the charge conference for housing expenses and not subject to federal income taxation.)

   Health Care Compensation: $ _____
   (Compensation in lieu of conference-provided group health plan.)
   This amount should not be included in Cash Salary above.

2. Housing (check only one):
   ❑ Parsonage provided
   ❑ Housing allowance in lieu of parsonage: $ _____
   This amount should not be included in Cash Salary above.

Part 5b - Complete this section for Lay Employees

Date of employment _____

Number of hours regularly worked per week as of date of employment: ❑ 30 or more ❑ 20 - 29.9 ❑ < 20

Annual compensation as of date of employment _____

❑ Open bill*

Complete this section only if employee's work schedule has changed since date of employment.

Effective date of employee schedule change _____

New hours regularly worked per week: ❑ 30 or more ❑ 20 - 29.9 ❑ < 20

Annual compensation _____

❑ Open bill*

*Check this box if the participant is hourly and you do not want us to use this compensation for contribution calculation purposes. If this box is checked, we will use compensation only for retirement income projections; therefore, you may enter any reasonable approximation of annual compensation (e.g., base pay or average earned pay).

Part 6—Plan Sponsor Information

Effective date of participant contributions elected in Part 2:_____ 1, 20_____.
This date should be the first day of a month on or after the participant signed this form in Part 4.

Authorized representative _____ Title _____

Authorized signature _____ Date _____

E-mail _____ Phone # _____

Complete this form and email it to: mparker@twkumc.org

OR by mail:
Administrative Services
304 S. Perimeter Park Drive, Suite 4
Nashville, TN 37211

The plan sponsor/salary-paying unit should keep the original form for its payroll records.

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1-800-851-2201
wespath.org

Beneficiary Designation—Information and Instructions

Information

This form allows you to choose one or more beneficiaries for the Wespath-administered retirement and welfare plans indicated below. A beneficiary receives plan benefits, if any, after you die or if you cannot be located when a benefit is payable.

A beneficiary can be a person, an organization (religious, educational, charitable, etc.), a trust or another legal entity. More than one beneficiary may share benefits. Your spouse is your primary beneficiary if you are married at the time of your death, unless your spouse has provided written consent for another beneficiary.

Beneficiaries may receive:

- Any amount remaining in a plan account,
- Any monthly payments due under a term-certain annuity or life-and-term-certain annuity, if the participant dies before the end of the term-certain, or
- Death or survivor benefits under certain welfare plans

Beneficiary designations may apply to the following plans:

- United Methodist Personal Investment Plan (UMPIP)
- Clergy Retirement Security Program Defined Contribution plan (CRSP DC)
- Ministerial Pension Plan (MPP)
- Pre-1982 Plan (Pre-82)
- Retirement Plan for General Agencies (RPGA)
- Horizon 401(k) Plan (Horizon)
- Comprehensive Protection Plan (CPP)
- Collins Pension Plan for Missionaries (Collins)

Check your beneficiary designations periodically (e.g., each birthday or after a life event like marriage, birth of a child or divorce), and make adjustments as needed. If Wespath cannot locate a beneficiary, that beneficiary will not be able to collect any benefits due.

Your beneficiary designation regarding Wespath-administered plans is binding and supersedes the provisions of your will, your divorce decree or your other wishes.

A beneficiary is not the same as a contingent annuitant. A contingent annuitant is an individual who you elect to receive monthly defined benefits (DB) or annuity benefits upon your death when you apply for these benefits (e.g., MPP, CRSP DB, Pre-82 and Collins monthly benefits). Contingent annuitants cannot be changed.

Beneficiary designations made using this form apply to all Wespath-administered plans listed above. To designate beneficiaries for specific plans, complete your designations online. To designate beneficiaries for UMLifeOptions contact Unum Life Insurance Company at **1-800-985-0242**. For more information regarding beneficiary designations, visit **https://www.wespath.org/retirement-investments/access-manage-your-benefits/designate-a-beneficiary**.

This designation will apply to all accounts you have as a participant, surviving spouse and/or alternate payee.

Instructions

You are encouraged to manage your beneficiaries online. To add or change beneficiaries, or to update beneficiaries' personal information, login to **benefitsaccess.org** and from the **Retirement Details** page, select **"Accounts"** and then select **"Beneficiaries."**

Part 1 – Personal Information

Complete your personal information. Use a black pen and print clearly in CAPITAL LETTERS.

Part 2 – Marital Status

Indicate whether you are single or married. If you are married, provide your marriage date, spouse's name, Social Security number and birth date. If you are changing your beneficiary due to divorce, submit a photocopy of your Divorce Decree or similar court order, if you have not already done so.

Part 3 – Primary Beneficiary(ies)

Enter the personal information for the individual(s) you choose as your primary beneficiary(ies).

If one or more primary beneficiaries is living and can be located at the time of your death, he/she/they will receive 100% of eligible benefits, depending on spousal consent, if applicable.

Wespath-administered plans generally require your surviving spouse to be your sole beneficiary—even if you have submitted a form naming other beneficiaries—unless your spouse has consented to other beneficiaries in Part 5 of this form. Spousal consent is not required for designations relating to accounts you have as a surviving spouse or alternate payee.

If a trust is being named as a beneficiary, a good format to use is:

John Smith, not personally, but as trustee of the Mary Smith Trust (under an agreement dated Month/Day/Year).

If an estate is being named as a beneficiary, a good format to use is:

The estate of John Smith.

If you need more space, complete your beneficiary designations online or print an additional copy of the form, then sign and date both copies.

Part 4 – Secondary Beneficiary(ies)

Enter the personal information for the individual(s) you choose as your secondary beneficiary(ies).

Secondary beneficiaries, if any, are eligible to receive your benefits only when all of your primary beneficiary(ies) die(s) before you or cannot be located.

If you need more space, complete your beneficiary designations online or print an additional copy of the form, then sign and date both copies.

Part 5 – Spousal Consent

Your spouse will be your primary beneficiary if you are married at the time of your death, unless he or she has consented otherwise on this form (or you have named other individuals and are receiving benefits as an alternate payee or beneficiary of a participant who has died). Your spouse can consent to your designation of other beneficiaries named in Part 3 by completing this section of the document.

Your spouse must consent to the statements that appear on the form, and sign the form in the presence of a Notary Public. Spousal consent is not valid without notarization.

Individuals who are accountholders as a result of divorce or inheriting benefits (i.e., as an alternate payee or beneficiary, including surviving spouses) do not need spousal consent when naming someone other than a spouse.

Part 6 – Signature

Read the statement and, if you agree, sign and date the form. Then, mail it to Wespath at the address indicated. Keep a copy of the submitted form for your records.

Wespath will send a confirmation once this form is processed. You should review the confirmation and keep it for your records.

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1901 Chestnut Avenue
Glenview, Illinois 60025-1604
1-800-851-2201
wespath.org

Beneficiary Designation

You are encouraged to manage your beneficiaries online at **benefitsaccess.org**. Log in and from the **Retirement Details** page, select **"Accounts"** and then select **"Beneficiaries."**

Part 1 – Personal Information

Name _____ Social Security # (last 5 digits)_____

Mailing address _____ Birth date _____

_____ Primary phone # (____) _____

Country of citizenship _____ E-mail _____

Part 2 – Marital Status

Marital status: ❑ Single ❑ Married; date _____ Spouse Social Security # _____

Spouse name _____ Spouse birth date _____
LAST NAME FIRST NAME MIDDLE INITIAL

If you are submitting this form due to divorce, please submit a photocopy of your *Divorce Decree* or similar court order, if you have not already done so.

Part 3 – Primary Beneficiary(ies)

For additional primary beneficiaries, see instructions and check here: ❑	Social Security #	Date of Birth	Relationship*	Percentage**
Name _____ Address _____ _____				
Name _____ Address _____ _____				
Name _____ Address _____ _____				
Name _____ Address _____ _____				
Name _____ Address _____ _____				

*** Specify "spouse," "child," "legal dependent," "estate," "trust," "organization" or "other."**

**** Percentages must total 100%.**

Part 4 – Secondary Beneficiary(ies)

For additional primary beneficiaries, see instructions and check here: ❑	Social Security #	Date of Birth	Relationship*	Percentage**
Name _____ Address _____ _____				
Name _____ Address _____ _____				
Name _____ Address _____ _____				
Name _____ Address _____ _____				

*** Specify "spouse," "child," "legal dependent," "estate," "trust," "organization" or "other."**

**** Percentages must total 100%.**

Part 5 – Spousal Consent. Generally required if married and spouse is not named as the sole beneficiary in Part 3 (see instructions). This section must be notarized.

I consent to the specific beneficiary(ies) named on this form. (If your spouse later changes the beneficiary(ies), your consent will be revoked.) I understand that: 1) if I do not sign here, I will receive my spouse's death benefits, if any, if I am married to my spouse at his or her death; 2) by signing here, I consent to the beneficiary(ies) named in this form; and 3) the effect of this consent is to cause any benefits payable upon my spouse's death to be paid to those beneficiary(ies) instead of me.

Spouse signature _____ Date _____

Signed in the presence of _____

Notary Public signature _____

Subscribed and sworn before me on this _____

My commission expires _____

NOTARY SEAL

Part 6 – Signature

I have read the instructions and understand that:

- I designate the person(s) and/or entity(ies) named on this form as my beneficiary(ies) for Wespath-administered plans.
- I reserve the right to revoke the designation(s) at any time by submitting a new beneficiary designation form with spousal consent, if required.
- Information provided here shall replace and supersedes all previous beneficiary designation(s) I have made.
- I understand that naming or changing my beneficiary does *not* affect any contingent annuitant elections I have made or will make.

Print name _____

Signature _____ Date _____

Please complete this form and send it to:

Administrative Services
304 S. Perimeter Park Drive, Suite 4
Nashville, TN 37211
or email: mparker@twkumc.org